UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

LOUISIANA CHILDREN'S MEDICAL CENTER, d/b/a/ LCMC HEALTH, Plaintiff *v.* **MERRICK GARLAND,** in his official capacity as **ATTORNEY GENERAL OF THE UNITED STATES,** **UNITED STATES DEPARTMENT OF JUSTICE,** **FEDERAL TRADE COMMISSION**, and **UNITED STATES OF AMERICA,** Defendants	CIVIL ACTION No. 2:23-cv-1305, c/w 23-cv-1890 JUDGE LANCE M. AFRICK SECTION I MAGISTRATE JUDGE MICHAEL NORTH DIVISION 5
THIS DOCUMENT RELATES TO: Case No. 23-cv-1890	

MOTION FOR SUMMARY JUDGMENT OF RESPONDENTS LOUISIANA CHILDREN'S MEDICAL CENTER AND HCA HEALTHCARE, INC.

Respondents Louisiana Children's Medical Center and HCA Healthcare, Inc. ("the Hospitals") hereby move for summary judgment in Case No. 23-cv-1890 against the Federal Trade Commission pursuant to Rule 56 of the Federal Rules of Civil Procedure. The Commission's petition asserts that the Hospitals violated Section 7A of the Clayton Antitrust Act, 15 U.S.C. § 18a, by consummating their hospital acquisition without complying with Section 7A's requirements of notice, disclosure, and a pre-merger waiting period. Invoking Section 7A(g)(2)(A) and (C), the Commission seeks an injunction (a) mandating that the Hospitals comply with Section 7A's waiting period and disclosure requirements, (b) prohibiting any further integration of the Hospitals "until expiration of the statutory waiting period," and (c) requiring LCMC to give the Commission 30 days' notice "before acquiring any hospital or other medical facility, either directly or indirectly, in the State of Louisiana for the duration of the hold separate order," regardless of whether it is required to do so under Section 7A. Dkt. 1 at 2, 9-10.

The Court should deny each of the Commission's requests for injunctive relief and enter summary judgment in favor of the Hospitals. The petition fails on the merits because the Hospitals are entitled to state action immunity from the federal antitrust laws. The Hospitals are therefore entitled to a judgment entered in their favor stating that they did not violate Section 7A. Separately, the equities do not warrant injunctive relief. The public interest cuts sharply against enjoining an acquisition that was authorized and supervised by a State Legislature and State Attorney General, and is therefore exempt from federal antitrust laws under the state action doctrine.

As explained in the Hospitals' accompanying memorandum of law, this case turns on three questions, all of which can be resolved on undisputed facts. The first question is whether the Hospitals' acquisition satisfies the two well-established requirements for state action immunity. The material facts compelling that conclusion are largely a matter of public record, and none is

subject to genuine dispute. The second question is whether state action immunity applies to Section 7A of the Clayton Antitrust Act. That is a purely legal question, and it should be decided in favor of the Hospitals and the State of Louisiana under a long line of Supreme Court precedent. The third question is whether the Commission can establish that the public interest favors enjoining an intra-state acquisition that the State of Louisiana has determined supports the public interest of the State, and has expressly immunized from federal antitrust law. Louisiana's assessment of the public interest of its citizens is again a matter of public record that cannot be genuinely disputed.

Accordingly, for the reasons set forth in the accompanying memorandum of law, the Hospitals move the Court to deny each of the Commission's requests for injunctive relief and enter summary judgment in favor of the Hospitals.

Dated: July 19, 2023

Respectfully submitted,

/s/ Sara Y. Razi

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UNITED STATES DISTRICT COURT
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LOUISIANA CHILDREN'S MEDICAL CENTER, d/b/a/ LCMC HEALTH, Plaintiff *v.* **MERRICK GARLAND,** in his official capacity as **ATTORNEY GENERAL OF THE UNITED STATES et al.,** Defendants	CIVIL ACTION No. 2:23-cv-1305, c/w 23-cv-1890 JUDGE LANCE M. AFRICK SECTION I MAGISTRATE JUDGE NORTH DIVISION 5 THIS DOCUMENT RELATES TO: Case No. 23-cv-1890

MEMORANDUM IN SUPPORT OF
MOTION FOR SUMMARY JUDGMENT OF RESPONDENTS
LOUISIANA CHILDREN'S MEDICAL CENTER AND HCA HEALTHCARE, INC.

The Supreme Court has long held that conduct attributable to States is exempt from "the federal antitrust laws." *FTC v. Phoebe Putney Health Sys., Inc.*, 568 U.S. 216, 219 (2013); *Parker v. Brown*, 317 U.S. 341, 351 (1943). Respondents Louisiana Children's Medical Center (LCMC) and HCA Healthcare, Inc. (HCA) ("the Hospitals") consummated a hospital acquisition that was authorized and supervised by the Louisiana Attorney General under a Louisiana statute that expressly grants immunity from federal antitrust laws. Under the state action immunity doctrine, the acquisition is exempt from "the federal antitrust laws." *Phoebe Putney*, 568 U.S. at 219.

One federal antitrust law is Section 7A of the Clayton Antitrust Act. 15 U.S.C. § 18a. Section 7A is an enforcement tool for Section 7, which prohibits anticompetitive mergers. When it applies, Section 7A imposes a pre-merger waiting period that can last up to a year, notice to the Federal Trade Commission, and compliance with lengthy, burdensome, and expensive requests for information. Indeed, while the Commission has, in this litigation, almost exclusively focused on Section 7A's pre-merger notification filing, compliance with Section 7A requires much more than just notice. Compliance is a lengthy process that routinely costs millions of dollars, entails

voluminous productions of documents and sensitive company data, and imposes a waiting period that the Commission can extend to a year or more. That process exists, by design, only to enable the Commission to block consummation of mergers that would violate Section 7.

The Commission concedes that the state action doctrine applies to Section 7. There is also no legitimate dispute that the Hospitals' acquisition qualifies for state action immunity. Nevertheless, the Commission asks this Court for an injunction under Section 7A that halts integration of the hospitals and mandates compliance with its waiting period and disclosure requirements.[1] The Commission makes this request on the unprecedented theory that Section 7A, uniquely among the federal antitrust laws, is carved out from the state action doctrine.

No injunction is warranted, and the Hospitals are entitled to summary judgment. On the merits, the Commission fails on both issues presented. First, the acquisition satisfies the "authorization" and "supervision" elements for state action immunity. Under Louisiana law, the State Attorney General issued a "certificate[] of public advantage" (COPA), along with a detailed set of terms and conditions implementing active supervision, thus placing the merged entity under State "supervision and control." La. Stat. § 40:2254.1. Accordingly, for this transaction, the Legislature intends to "substitute state regulation … for competition," and "grant[] … state action immunity … [from] federal antitrust laws." *Id.* Based on these legal provisions and undisputed facts, the acquisition meets the requirements for immunity as a matter of law.

Second, contrary to the Commission's view, the state action doctrine applies to Section 7A of the Clayton Antitrust Act, just as it applies to the other federal antitrust laws. Like each of the other antitrust laws, Section 7A contains no clear statement that Congress intended it to apply to

[1] The logical corollary of the Commission's argument is not only that it needs actual notice of the transaction (which, of course, it already has), but that the Hospitals would also need to comply with a burdensome second request for information if the Commission were to issue one.

States or state-controlled mergers, or that it should be interpreted "to compromise the States' ability to regulate their domestic commerce." *S. Motor Carriers Rate Conf., Inc. v. United States*, 471 U.S. 48, 56 (1985). And—as this case vividly illustrates—applying Section 7A to state-controlled mergers would egregiously interfere with state regulatory programs.

Regardless of the merits as to Section 7A, moreover, the Commission cannot obtain injunctive relief because the discretionary factors overwhelmingly favor Respondents and the State. *On the one hand*, a pointless waiting period does not serve the public interest. And it would indeed be pointless. The purpose of Section 7A is to prevent consummation of mergers that violate Section 7, particularly to avoid the unscrambling problem that arises once an illegal merger has been consummated. For a merger that is exempt from Section 7, however, there will never be any basis to unscramble it, and Section 7A therefore serves no purpose. *On the other hand*, an injunction would affirmatively harm the public interest. The State of Louisiana has determined that the acquisition serves the interest of the people of the State. Enjoining integration would nullify that policy choice and severely impinge on the State's COPA program.

BACKGROUND

A. The Hospitals' Acquisition Was Implemented Under Louisiana's COPA Program, Which Displaces Federal Antitrust Law For Hospital Mergers

Louisiana is one of 19 States that have enacted COPA statutes. SOMF ¶¶ 1–2. Louisiana's statute creates a regulatory program to authorize healthcare mergers and place them under State "supervision and control." La. Stat. § 40:2254.1. The statute dictates "the intent of the legislature" to "substitute state regulation of [healthcare] facilities for competition between facilities," and to "grant[] … state action immunity … [from] federal antitrust laws." *Id.*

The Louisiana Attorney General (AG), as head of the Louisiana Department of Justice ("Department") is tasked with administering the statute. Parties may apply to the Department for

a "certificate of public advantage" (COPA). *Id.* § 40:2254.4. After review, the Department may grant a COPA, subject to "terms and conditions," only if it "finds that the agreement is likely to result in lower health care costs or is likely to result in improved access to health care or higher quality health care without any undue increase in health care costs." *Id.*

After approval, the Department must "active[ly] supervis[e]" the merger. *Id.* § 40:2254.9(3). The Department has authority to promulgate supervision regulations, enforce compliance with a COPA's terms and conditions, and ultimately to "revoke a certificate." *Id.*; *see id.* §§ 40:2254.4, 40:2254.6(A); La. Admin. Code tit. 48, pt. XXV, § 517.

The Hospitals applied for COPA approval on October 10, 2022. SOMF ¶ 13. LCMC is non-profit, community-based health system based in New Orleans, Louisiana. *Id.* ¶ 15. HCA owned and operated three Louisiana hospitals through a joint venture with Tulane University of Louisiana. *Id.* ¶ 16. Under the transaction (the "Acquisition"), LCMC would acquire Tulane University Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital. *Id.* ¶ 17. The Acquisition was designed to increase access to high-quality clinical services and health care in the New Orleans region and to expand hubs for specialty care, innovation, and academic medicine. *Id.* ¶ 19. LCMC committed to making $220 million in capital investments to modernize the facilities (such as investing in robotic surgical systems), offer new medical services (such as kidney, pancreas, liver, bone marrow, and stem cell transplants), and add new specialty care units. *Id.* ¶¶ 20, 62.

The Department reviewed the application's detailed substantive information regarding the transaction, the facilities, and the likely effects on health care and competition in the state. *Id.* ¶¶ 22–28. The Department obtained input from expert consultants, and from the public through a notice and comment period and public hearing. *Id.* ¶ 23–26. Based on this review, the Department

concluded that the Acquisition "is likely to result in lower health care costs or is likely to result in improved access to health care or higher quality health care without any undue increase in health care costs." La. Stat. § 40:2254.4; SOMF ¶¶ 27, 29. The Department approved the Acquisition and granted a COPA on December 28, 2022. SOMF ¶ 29.

The COPA's "Terms and Conditions" provide for comprehensive supervision. *Id.* ¶¶ 30–34, 36–38. Under the "Rate Review" provision, LCMC "may not contract with a third-party payor for a change in rates" without prior written approval. *Id.* ¶ 31. LCMC must also submit quarterly, semi-annual, and annual reports, enabling the Department to ensure that LCMC's activity remains consistent with the State's policy goals. *Id.* ¶¶ 32–33. If the Department determines at any time that LCMC's activities are not consistent with those policy goals, it may impose "a plan to correct any deficiency." *Id.* ¶ 33. And the Department may "revoke the COPA" if it is "not satisfied with any submitted corrective action plan," if LCMC fails to comply with the Terms and Conditions, or if the Department "otherwise determines that the transaction is not resulting in lower health care costs or greater access to or quality of health care." *Id.* ¶ 34. Relying on the COPA and the Department's supervision, the Hospitals closed the transaction on January 1, 2023, and announced the closing on January 3, 2023. *Id.* ¶ 35.

B. Federal Law Regulates Mergers Under Sections 7 And 7A Of The Clayton Act

The principal federal statutes regulating mergers are Sections 7 and 7A of the Clayton Antitrust Act. Under Section 7, "[n]o person shall acquire" ownership or assets of "another person" if "the effect … may be substantially to lessen competition." 15 U.S.C. § 18.

The Hart-Scott-Rodino Antitrust Improvements Act (HSR) added Section 7A. *Id.* § 18a. It prohibits consummation of mergers without notice to the Commission, imposes a pre-merger waiting period, and conditions the ending of that waiting period on compliance with the Commission's information requests. *Id.* The purpose of Section 7A is to enable federal antitrust

authorities to prevent mergers that violate Section 7, and to avoid the difficulty of unwinding an illegal merger after it has already been consummated. H.R. Rep. No. 94-1373, p. 5 (1976). The Commission controls the length of the waiting period and the scope of the information requests, which typically cover a wide range of sensitive company documents and information. This process, known as a "second request" for information, can last up to a year or more. § 18a(e)(1)(A); SOMF ¶¶ 45, 48–49. The cost of responding to a second request routinely exceeds $4 million and can reach $20 million. SOMF ¶¶ 45–47, 50. Parties who merge without compliance are subject to daily penalties that can exceed $50,000 per day. § 18a(g)(1); SOMF ¶ 44. Section 7A also authorizes the Commission to seek injunctive relief. But injunctive relief is discretionary: A court "may order compliance," and "may grant such other equitable relief as the court in its discretion determines is necessary or appropriate." § 18a(g)(2)(A), (C).

C. The Commission Seeks To Enforce Section 7A Against The Hospitals' State-Controlled Merger

To the Hospitals' knowledge, the Commission has never enforced Section 7A against a COPA-approved merger. Instead, the Commission has submitted comments and participated in state-led hearings during COPA review processes without raising Sections 7 or 7A. SOMF ¶ 39.

The Commission has now reversed course. Here, it did not participate in the COPA process. *Id.* ¶ 40. Three months after the Acquisition closed, the Commission insisted that the Hospitals make a Section 7A filing and halt integration of the hospitals while it determined whether the transaction violates Section 7, and threatened penalties for failure to comply. *Id.* ¶¶ 41–43. After the Hospitals sought declaratory relief in this Court, the Commission filed this petition in the District of Columbia, asserting that the Acquisition violated Section 7A. Dkt. 1.

The petition seeks an injunction (a) mandating that the Hospitals comply with Section 7A's waiting period and disclosure requirements, (b) prohibiting any further integration of the Hospitals

"until expiration of the statutory waiting period," and (c) requiring LCMC to give the Commission 30 days' notice "before acquiring any hospital or other medical facility, either directly or indirectly, in the State of Louisiana for the duration of the hold separate order," regardless of whether it is required to do so under Section 7A. Dkt. 1 at 2, 9–10. As authority for these requests, the Commission invokes § 18a(g)(2)(A) and (C). *Id.* at 2.

The Hospitals moved to transfer the petition to this Court. In opposition, the Commission argued that the court should not even decide the underlying immunity question. Dkt. 25 at 13, 17. According to the Commission, Louisiana's COPA statute and the Louisiana AG's approval and supervision of the Acquisition were irrelevant, and the only question was whether state action immunity applies to Section 7A, so there was no need to transfer the case to Louisiana. *Id.*

Judge Amy Berman Jackson disagreed and transferred the case to this Court on May 23, 2023. Dkt. 31. One part of Judge Jackson's reasoning remains particularly relevant. As she explained, "the essential fact here that cannot be ignored is that Louisiana has already granted the COPA and the transaction has already taken place." *Id.* at 21. Thus, "the state action question"—that is, whether this transaction meets the requirements for immunity—"must be resolved first." *Id.* at 22. After all, if the Acquisition is "exempt" from "federal antitrust enforcement"—meaning the FTC cannot obtain relief against the merger under the Clayton Act, regardless of what it determines the Acquisition's competitive effects to be—then requiring a waiting period and costly compliance with information requests would be "an empty exercise now." *Id.* For those reasons, transfer was warranted to permit this Court to determine "the effect of the COPA." *Id.*

LEGAL STANDARD

Summary judgment. Summary judgment is proper if there is no genuine issue of material fact and the moving party is entitled to a judgment as a matter of law. Fed. R. Civ. P. 56(c). While the court must draw reasonable inferences in favor of the nonmovant, the nonmoving party must

do "more than simply show that there is some metaphysical doubt as to the material facts." *Matsushita Elec. Indus. Co., Ltd. v. Zenith Radio Corp.*, 475 U.S. 574, 586 (1986).

Injunctive relief. Injunctive relief is discretionary under Section 7A. 15 U.S.C. § 18a(g)(2)(A), (C) ("may order compliance"; "may grant such other equitable relief as the court in its discretion determines necessary or appropriate"). To obtain an injunction, the Commission must demonstrate that the Hospitals violated Section 7A, *see id.* § 18a(g)(2), and that the well-established equitable factors favor injunctive relief. *See, e.g.*, *VRC LLC v. City of Dallas*, 460 F.3d 607, 611 (5th Cir. 2009) (requiring proof of "success on the merits," "irreparable injury," balancing of harms, and showing of "public interest"). "Mandatory injunctions are particularly disfavored," moreover, "and are generally not granted "unless extreme or very serious damage will result." *FTC v. Lake*, 181 F. Supp. 3d 692, 704 (C.D. Cal. 2016). At minimum, in all cases the Commission must demonstrate that the "public equities" favor an injunction. *See FTC v. CCC Holdings Inc.*, 605 F. Supp. 2d 26, 35–36 (D.D.C. 2009).

ARGUMENT

I. THE ACQUISITION SATISFIES THE REQUIREMENTS FOR STATE ACTION IMMUNITY

A. Conduct Attributable To A State Is Exempt From The Federal Antitrust Laws

The Supreme Court has long presumed that Congress—absent a clear statement to the contrary—would "not intend to compromise the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56; *accord Parker*, 317 U.S. at 351. Accordingly, the Court has consistently interpreted federal antitrust statutes to exempt "state action or official action directed by a state." *Parker*, 317 U.S. at 351. "Relying on principles of federalism and state sovereignty," the state action doctrine provides that "the federal antitrust laws" do "not apply to anticompetitive restraints imposed by the States 'as an act of government.'" *City of Columbia v. Omni Outdoor Advert.*, 499 U.S. 365, 370 (1991).

The Court first applied this principle in *Parker*, holding that the phrase "[e]very person" in the Sherman Act was insufficiently clear to include States or "official action directed by a state." 317 U.S. at 351. The Court has since applied this to merger challenges under Section 7 of the Clayton Act, *Phoebe Putney*, 568 U.S. at 222–25, and has repeatedly held "that federal antitrust laws are subject to supersession by state regulatory programs." *FTC v. Ticor Title Ins. Co.*, 504 U.S. 621, 632–33 (1992); *see Hunnicutt v. Tafoya-Lucero*, 2022 WL 832566, at *4 (D.N.M. Mar. 21, 2022) ("The state action exemption … appl[ies] to all of the federal antitrust laws.").

Crucially, the exemption extends to "nonstate actors carrying out the State's regulatory program." *Phoebe Putney*, 568 U.S. at 219. This is essential, the Court has explained, to avoid "compromis[ing] the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56. "If *Parker* immunity were limited to the actions of public officials, … a State would be unable to implement programs that restrain competition among private parties." *Id.* Any "plaintiff could frustrate" the State's regulatory program "merely by filing suit against the regulated private parties, rather than the state officials who implement the plan." *Id.* at 56–57.

In light of those concerns, "anticompetitive acts of private parties are entitled to immunity" if they satisfy two elements. *Phoebe Putney*, 568 U.S. at 225; *see Cal. Retail Liquor Dealers Ass'n v. Midcal Alum., Inc.*, 445 U.S. 97, 105 (1980) (adopting the two-part test). ***First,*** the State must have authorized the challenged anticompetitive conduct—it must be "clearly articulated and affirmatively expressed as state policy." *Phoebe Putney*, 568 U.S. at 225. "[N]o express mention of anticompetitive conduct" is required. *Town of Hallie v. City of Eau Claire*, 471 U.S. 34, 41–42 (1985). But "the State must have foreseen and implicitly endorsed the anticompetitive effects." *N.C. State Bd. of Dental Exam'rs v. FTC*, 574 U.S. 494, 507 (2015).

Second, the conduct must be "actively supervised" by the State. *Phoebe Putney*, 568 U.S.

at 225 (quoting *Midcal*, 445 U.S. at 105). Active supervision means "that state officials have and exercise power to review particular anticompetitive acts of private parties and disapprove those that fail to accord with state policy." *Dental Exam'rs*, 574 U.S. at 507. Its purpose is "not to determine whether the State has met some normative standard, such as efficiency," *Ticor*, 504 U.S. at 634, but to ensure that the State "exercise[s] ultimate control over" the challenged conduct, *id.* This is an "objective standard[]," and "does not depend on the subjective motivation of the individual actors." *DFW Metro Line Servs. v. Sw. Bell Tel. Corp.*, 988 F.2d 601, 605 (5th Cir. 1993). To satisfy active supervision, a state official must (1) "have the power to veto or modify" the challenged conduct, (2) "review the substance of the anticompetitive decision," and (3) make a "decision" that the conduct "accord[s] with state policy." *Dental Exam'rs*, 574 U.S. at 515.

B. The Acquisition Is Attributable To The State Of Louisiana

The State's express grant of immunity, and its "supervision and control," La. Stat. § 40:2254.1, of the Acquisition, far exceed these two requirements.

1. For clear articulation, the Louisiana Legislature unequivocally authorized "mergers … and consolidations among health care facilities for which certificates of public advantage are granted." La. Stat. § 40:2254.1. The express "intent of the legislature" is to "substitute state regulation … for competition," and to "grant[] … state action immunity" from "federal antitrust laws." *Id.* This crystal clear statement authorizing and immunizing COPA-approved mergers goes well beyond "implicitly endors[ing]" allegedly anticompetitive conduct. *Dental Exam'rs*, 574 U.S. at 507. There is no question that "suppression of competition is the 'foreseeable result'" of the COPA statute. *Columbia*, 499 U.S. at 373. The statute as implemented here meets the clear articulation requirement. *See, e.g.*, *DFW Metro Line*, 988 F.2d at 605 (statute provided that state "regulation shall operate as a substitute for … competition").

2. Next, the Department's review and approval of the Acquisition satisfies active supervision. The Department had power to veto or modify the Acquisition, reviewed its substance, and affirmatively decided to allow the Acquisition as consistent with state policy.

a. The first step in any active-supervision inquiry is to identify the "particular anticompetitive acts" that must be supervised. *Dental Exam'rs*, 574 U.S. at 507, 515; *DFW Metro Line*, 988 F.2d at 605–06 (court must "identif[y] the challenged conduct" to evaluate "active supervision"). Here, the challenged act is the closing of LCMC's Acquisition on January 1, 2023, which the Commission asserts violated Section 7A. Dkt. 1 ¶¶ 5, 10, 13.

Under Louisiana's COPA statute, the Department had "power to veto or modify" the Acquisition as required for immunity. *Dental Exam'rs*, 574 U.S. at 515. The Department may grant or deny a COPA, and an application is automatically *denied* unless the Department acts. La. Stat. § 40:2254.4(A)–(C). The Department could also modify the Acquisition by imposing "terms and conditions" on approval, *id.* § 40:2254.4(C), or by denying a COPA absent modification.

The Department also "review[ed] the substance of" the Acquisition. *Dental Exam'rs*, 574 U.S. at 515. The application exhaustively detailed the substance of the Acquisition and its likely effects on health care and competition. SOMF ¶ 18. The Department reviewed the application and the substance of the Acquisition, retained expert consultants, provided a public notice-and-comment period, received input from a wide range of stakeholders, and held a public hearing on December 8, 2022. *Id.* ¶¶ 22–28. Based on that review, the Department affirmatively decided that the challenged conduct "accord[s] with state policy." *Dental Exam'rs*, 574 U.S. at 515; SOMF ¶ 29. Specifically, the Department concluded that the Acquisition "is likely to result in lower health care costs or … in improved access to health care or higher quality health care without any undue increase in health care costs." La. Stat. § 40:2254.4; SOMF ¶¶ 27, 29. The Department

accordingly approved the Acquisition and granted a COPA. *Id.* ¶ 29.

These undisputed facts easily meet the governing standard for active supervision. *See Dental Exam'rs*, 574 U.S. at 515. These circumstances are worlds apart from cases rejecting active supervision, where there was no state actor involved *at all* in the decision, *id.*; *see Patrick v. Burget*, 486 U.S. 94, 102 (1988); or where the anticompetitive conduct would take effect by default, subject only to a "negative option" by a passive state actor, *Ticor*, 504 U.S. at 638.

b. The Commission appears to contend that the Court must assess whether the Department has engaged in ongoing supervision *after* the Acquisition closed on January 1, 2023. *See* Dkt. 28 at 16. Not so. The relevant time for assessing immunity is the date when the Acquisition closed (January 1, 2023) because that is when the alleged violation of Section 7A occurred. That follows from the statute's text and purpose. The operative provision of Section 7A prohibits persons from "acquir[ing]" assets without observing the waiting period, and it is the "acqu[isition]" that triggers liability. 15 U.S.C. § 18a(a). Thus, the question is whether the State has supervised the *acquisition* itself, not what follows after the acquisition. That makes sense because the purpose of the statute is to identify and prevent anticompetitive mergers *before* they are *consummated*.

Even if post-acquisition supervision were required *for purposes of section 7*, the only forward-looking question for purposes of Section 7A would be whether there are procedures in place at the time of closing that facially provide for supervision in the future.[2] Any further inquiry would arise only in a subsequent, as-applied challenge under Section 7, not in an enforcement

[2] Moreover, no ongoing supervision is required to immunize a merger from Section 7. Under binding precedent, so long as the challenged anticompetitive act is supervised, "the future consequences of the action are irrelevant." *DFW Metro Line*, 988 F.2d at 605–07. And for a Section 7 claim, the challenged act is "the merger itself." *Midwestern Mach. Co. v. Nw. Airlines, Inc.*, 392 F.3d 265, 271 (8th Cir. 2004); *see Z Techs. Corp. v. Lubrizol Corp.*, 753 F.3d 594, 602 (6th Cir. 2014) (explaining that "a merger is a discrete act, not an ongoing scheme").

action for retroactive compliance with Section 7A. *Cf. Ticor*, 504 U.S. at 629–31, 638–40.

And here, the COPA's terms and conditions facially provide for ongoing supervision. SOMF ¶¶ 30–34, 36–38. Under these provisions, the Department controls prices charged to third-party payors, which LCMC may not change without "prior written approval." *Id* ¶ 31. LCMC is subject to regular reporting requirements regarding its progress towards various quality, cost, and access benchmarks, this first of which was filed on May 31, 2023. *Id.* ¶¶ 32, 36, 38. The AG also controls LCMC's ongoing activities, and may at any time impose "a plan to correct any deficiency" if "an activity of [LCMC] is inconsistent with the [State's] policy goals." *Id.* ¶ 33. Finally, the AG may "revoke the COPA" for failure to comply with supervision conditions or if the "transaction is not resulting in lower health care costs or greater access to or quality of health care." *Id.* ¶ 34. These procedures satisfy active supervision against the Commission's facial challenge.

Indeed, even in a context where ongoing supervision is necessary, "[a]ctive supervision need not entail day-to-day involvement in [a supervised entity's] operations or micromanagement of its every decision." *Dental Exam'rs*, 574 U.S. at 494. The State's "review mechanisms" need only provide "'realistic assurance' that [the challenged] anticompetitive conduct 'promotes state policy, rather than merely the party's individual interests.'" *Dental Exam'rs*, 574 U.S. at 515 (citation omitted). That is precisely what the COPA's supervision provisions accomplish.

II. THE STATE ACTION DOCTRINE APPLIES TO SECTION 7A OF THE CLAYTON ACT

A. The Federalism And Textual Rationales For The State Action Doctrine Apply With Full Force To Section 7A

The only question, then, is whether state action immunity applies to Section 7A of the Clayton Antitrust Act, just as it applies to Section 7. It does. Mergers attributable to a State are "exempt" from "the federal antitrust laws." *Phoebe Putney*, 568 U.S. at 219. Section 7A is a federal antitrust law. Like the Sherman Act and Section 7 of the Clayton Act, Section 7A applies

only to a "person," not a State, and lacks a clear statement that Congress intended "to compromise the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56. Federalism principles, too, apply equally to Section 7A, and Section 7A undercuts state COPA programs by imposing waiting periods and penalties on state-controlled mergers.

1. Section 7A of the Clayton Antitrust Act is indisputably a federal antitrust law in both form and function. It exists to prevent mergers that would violate Section 7 because they "substantially lessen competition." 15 U.S.C. § 18; *see United States v. Smithfield Foods, Inc.*, 332 F. Supp. 2d 55, 58 (D.D.C. 2004). Its key provisions prohibit mergers during a waiting period and authorize the Commission to demand information solely for the purpose of assisting a Section 7 challenge. 15 U.S.C. § 18a(a). Section 7A then imposes penalties for merging without observing the waiting period, enforceable "in a civil action brought by the United States." *Id.* § 18a(g)(1). These penalties are a form of antitrust liability, as "there can be no reasonable dispute that an HSR Act civil penalty action arises 'under the antitrust laws.'" *United States v. Blavatnik*, 168 F. Supp. 3d 36, 41 (D.D.C. 2016). And the penalties arise not merely for failure to give notice, but for *merging* too soon. *Id.* § 18a(a). Because Section 7A is a "federal antitrust law[]," *Phoebe Putney*, 568 U.S. at 219, state-controlled mergers are "exempt" from Section 7A just like Section 7. *Id.*

2. *Parker*'s federalism rationale applies forcefully to Section 7A. A key reason for the state action doctrine is "respect for ongoing regulation by the State." *Ticor*, 504 U.S. at 633. To that end, the Supreme Court has consistently invoked a clear statement rule to avoid interpreting antitrust statutes in a way that would "compromise the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56. Specifically, the Court has repeatedly held that state action—including private conduct authorized and supervised by the State—is exempt from federal antitrust statutes because they lack a clear statement that they apply to States or state action.

Surgical Care Ctr. of Hammond, L.C. v. Hosp. Serv. Dist. No. 1 of Tangipahoa Par., 171 F.3d 231, 234 (5th Cir. 1999) (discussing *Parker*'s clear statement rule and explaining that "[t]he doctrine of clear statement is vital to the concreteness of federalism"). This is grounded in "the well-established principle" that federal courts must "be certain of Congress' intent before finding that federal law overrides' the 'usual constitutional balance of federal and state powers.'" *Bond v. United States*, 572 U.S. 844, 858 (2014) (quoting *Gregory v. Ashcroft*, 501 U.S. 452, 460 (1991)). Where traditional state powers are concerned, "Congress [must] enact *exceedingly clear language* if it wishes to significantly alter the balance between federal and state power." *Sackett v. EPA*, 143 S. Ct. 1322, 1341 (2023) (emphasis added). As a result, "the federal antitrust laws are subject to supersession by state regulatory programs." *Ticor*, 504 U.S. at 632–33.

"[R]espect for ongoing regulation by the State" also requires extending immunity to private parties. *Id.* at 633. "If *Parker* immunity were limited to the actions of public officials, … a State would be unable to implement programs that restrain competition among private parties." *Motor Carriers*, 471 U.S. at 56. Any "plaintiff could frustrate" a State's regulatory plan "merely by filing suit against the regulated private parties, rather than the state officials who implement the plan." *Id.* at 56–57. This would "reduce *Parker*'s holding to a formalism." *Id.* at 57. Immunity therefore extends to private parties both to "preserv[e] the State's own administrative policies," *Ticor*, 504 U.S. at 633–34, and to prevent federal antitrust laws from "compromis[ing] the States' ability to regulate their domestic commerce," *Motor Carriers*, 471 U.S. at 56.

Applying Section 7A to COPA-authorized mergers would frustrate the State's regulatory program and "reduce *Parker*'s holding to "a formalism." *Id.* at 57. The Louisiana Legislature has expressed the State's policy to "substitute state regulation … for competition" among health care facilities. La. Stat. § 40:2254.1. The AG spent months in the approval process, determined that

the Acquisition serves Louisiana's public interest, entered into an arrangement for ongoing supervision, and authorized the transaction to close immediately. *Supra* pp.4–5. In direct contradiction, Section 7A would impose a waiting period—subject to a potential year-long extension, during which the merging parties must expend millions of dollars to comply with voluminous demands for data, documents, and depositions. *Supra* pp.5–6.

The delay is particularly problematic because "lengthy review periods … may prove fatal to a transaction." Int'l Competition Policy Advisory Committee to the Attorney General, Final Report 93 (2000). Further, the COPA statute itself sets time limits for review and approval of the merger. La. Stat. § 40:2254.4(C). And the State's approval can be contingent on terms and conditions that depend on immediate integration of the facilities. The Hospitals, for example, made specific commitments to the State, such as modernizing hospital assets, making capital investments, recruiting providers, and relocating services to increase patient access. SOMF ¶¶ 20, 62. Many of those commitments would have been hindered or impossible if the Acquisition had been delayed by Section 7A's waiting period. *Id.* Indeed, the Commission's attempt to use Section 7A to enjoin the acquisition—months after it closed under the COPA—starkly illustrates the disruption to state COPA programs that would occur if the state action doctrine did not apply. *See* SOMF ¶¶ 51–63 (describing deleterious effects of the requested injunction). In many instances, including here, Section 7A could effectively nullify the State's COPA program. Indeed, potential merger parties may not engage with the AG in the first place if they would continue to bear the risk of a costly, protracted federal merger investigation irrespective of a COPA.

At bottom, applying Section 7A to a COPA-approved merger is in direct conflict with the State's regulatory approval process. Far from "respect for ongoing regulation by the State," *Ticor Title*, 504 U.S. at 633, it is an *affront* to ongoing regulation by the State.

3. Next, Congress used the operative word "person" the same way in Section 7A, Section 7, and the Sherman Act. *See* 15 U.S.C. § 18a ("no person shall acquire"), § 18 ("No person … shall acquire"), §§ 1–2 ("Every person who shall make"). This is dispositive. Under *Parker*'s clear statement rule, the phrase "[e]very person" in the Sherman Act did not include States or "action directed by a state." *Parker*, 317 U.S. at 351; *see Uetricht v. Chi. Parking Meters, LLC*, 64 F.4th 827, 833 (7th Cir. 2023) (recounting *Parker*'s reliance on "persons"). This accords with the firmly established "presumption that 'person' does not include the sovereign." *Vt. Agency of Nat. Res. v. U.S. ex rel. Stevens*, 529 U.S. 765, 780 (2000). And—crucially—because the Sherman Act lacks a clear statement that it applies to States, it also does not apply to state-controlled private conduct. *Motor Carriers*, 471 U.S. at 56–57; *Midcal*, 445 U.S. at 105.

This same rationale applies to Section 7A. Just as in *Parker*, Section 7A applies only to "persons," not States. Just as in *Motor Carriers*, state-controlled conduct is also exempt, because to hold otherwise would reduce *Parker*'s holding to a mere "formalism." 471 U.S. at 56–57.

In previous briefing on this issue, the Commission argued that there is "no ambiguity in the word 'person'" under Section 7A, and that its regulations define "person" to exclude a State but include private parties. Dkt. 28 at 9. But neither the statute nor the regulation speaks to the issue here: whether state-controlled mergers are exempt. The Clayton Act, of which Section 7A is a part, defines "person" generally to include private parties, but its definition says nothing about States and—more importantly—nothing about state-controlled conduct. 15 U.S.C. § 12(b). The regulation, in turn, parrots the statute: It defines "person," but says nothing about state-controlled conduct, and it expressly *excludes* States. 16 C.F.R. § 801.1(a)(1)–(2). Absent a clear statement, the statute and regulation do not apply to States or state-controlled mergers, and neither the statute

nor regulation contains any such clear statement. Indeed, the only clear statement is that States are *exempt* under the regulation, which cuts in favor of the state action doctrine. *Id.*[3]

4. Two other provisions in Section 7A support the conclusion that state-controlled mergers are exempt. The statute exempts 12 categories of mergers, and two categories embrace mergers covered by state action immunity, particularly when read in light of *Parker*'s clear statement rule.

First, are "transactions specifically exempted from the antitrust laws by Federal statute." 15 U.S.C. § 18a(c)(5). Mergers that qualify for state action immunity are specifically exempted by the antitrust statutes themselves, as those statutes have been interpreted by the Supreme Court. That makes sense. If a transaction falls outside the other antitrust laws, there is no reason to for Section 7A to apply. Second, Section 7A also exempts "transfers to or from … a State." § 18a(c)(4). This is broad enough to include mergers attributable to the State through the state action doctrine. After all, the authorization and supervision requirements are keyed to determining whether conduct is "the State's own." *Ticor*, 504 U.S. at 634–35. In that light, the exemption for transactions "to or from … a State" comfortably applies to all mergers that qualify as state action.

But it would make no difference even if those two exemptions did not apply. For the reasons explained above, applying Section 7A to state-controlled mergers would (at best) directly interfere with or (at worst) vitiate state COPA programs, and courts should not "lightly attribute" such an intent to Congress. *Parker*, 317 U.S. at 351. Indeed, an "exceedingly clear statement" is required if Congress "wishes to significantly alter the balance between federal and state power." *Sackett*, 143 S. Ct. at 1341. Section 7A is nowhere close. It applies only to "persons," a key

[3] The Commission seeks no deference for its view of state action immunity, and no deference is warranted. The Commission has never issued a regulation interpreting Section 7A to apply to state-controlled mergers, and a clear statement is required before courts will assume Congress meant to delegate authority over such a major question as whether to "compromise the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56.

textual element cutting in favor of state action immunity. And the only relevant clear statement—that "States" are expressly exempt, 15 U.S.C. § 18a(c)(4)—cuts *in favor of* applying the state action doctrine and in *favor* of the reasoning in *Midcal* and *Motor Carriers*, not against it.

Rather than properly applying the governing clear statement rule, the Commission relies on an implicit negative inference drawn from the fact that "state action immunity" is not specifically listed among the 12 exemptions. But an implicit inference is not a clear statement. *See Landgraf v. USI Film Prods.*, 511 U.S. 244, 288 & n.2 (1994) (a negative inference is "no substitute for clear statement"). In truth, the only way to adopt the Commission's position is to draw inferences *against the State* at every turn: first in the word "person," then in the (c)(5) exemption, then in the (c)(4) exemption, and then in the statute as a whole. That is contrary to the mandate from the Supreme Court to apply a clear statement rule *in favor of States*, and to interpret federal antitrust laws to exempt conduct attributable to a State.

5. It also makes no sense to apply Section 7A to state-controlled mergers. The express purpose of pre-merger review is to avoid the unscramble-the-eggs problem that arises in a Section 7 enforcement action once an illegal merger has been consummated. *Smithfield Foods, Inc.*, 332 F. Supp. 2d at 58; H.R. Rep. No. 94-1373 at 5. But if a merger is exempt from Section 7 enforcement, there is no reason to subject it to Section 7A. Congress recognized this by excluding from Section 7A all transactions that are "specifically exempted from the antitrust laws." 15 U.S.C. § 18a(c)(5). Judge Jackson recognized the same point in her transfer order, explaining that pre-merger review is "an empty exercise" for a merger that is "exempt" from "federal antitrust enforcement." Dkt. 31 at 22. This refutes the Commission's argument that exempting COPA-approved mergers will frustrate the purpose of Section 7A. Dkt. 28 at 19–20.

Nor is the Commission correct when it says the state action exemption "cannot be decided unilaterally" in the first instance "by the merging parties." Dkt. 28 at 11; *see id.* at 1, 14–17. Merging parties routinely make unilateral determinations as to whether they are exempt, either because they fall below monetary thresholds or because they fit within the 12 statutory or 29 additional regulatory exemptions. *See* 15 U.S.C. § 18a(a) (thresholds); *id.* § 18a(c) (exemptions); 16 C.F.R. pt. 802 (regulatory exemptions). And if the Commission disagrees with the parties' determination, it may bring an enforcement action like this one for a court to answer the question, or the Department of Justice can seek penalties. 15 U.S.C. § 18a(g). This is routine, and Congress plainly contemplated it when it enacted the statute. *See, e.g.*, *United States v. Farley*, 11 F.3d 1385, 1388 (7th Cir. 1993) (enforcement action where defendant asserted the acquisition "fell within the investment-only exemption contained in the HSR Act"); Compl. (Dkt. 1). It is one thing to argue that defendants in such enforcement actions must establish that state action immunity applies; it is quite another to argue, as the FTC does, that the exemption can never be raised at all.

B. The Commission's Arguments Should Be Rejected

1. The Commission claims that Section 7A is excluded from the state action doctrine because Section 7A's requirements are "procedural," and the state action doctrine supposedly applies only to "substantive" antitrust laws. Dkt. 28 at 7; *see* No. 23-cv-1305, Dkt. 36 at 3 (arguing that the "state-action doctrine . . . is a defense to *substantive* antitrust law," not "to the *procedural* requirements of the HSR Act"). This is wrong on multiple levels.

a. State action precedent has never distinguished between substantive and procedural antitrust laws. The Commission cites no state action case even mentioning such a distinction, which is a strong reason to reject it. *See Moore v. Harper*, 143 S. Ct. 2065, 2086 (2023) (rejecting attempt to introduce substance/procedure distinction without support in precedent). Instead, the question is whether Section 7A is one of "the federal antitrust laws," *Phoebe Putney*, 568 U.S. at

219, and whether applying it to state-controlled mergers could "compromise the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56. On that point, the Supreme Court's reasoning strongly supports applying the state action doctrine to 7A. "If *Parker* immunity were limited to the actions of public officials, … a State would be unable to implement programs that restrain competition among private parties." *Id*. So too, if *Parker* immunity did not extend to 7A, States would be unable to implement COPA programs.

That reasoning—not any slippery distinction between substance and procedure—undergirds each state action case. *See Phoebe Putney*, 568 U.S. at 236 (relying on "respect for the States' coordinate role" and hesitance to "read[] the federal antitrust laws to restrict the States' sovereign capacity to regulate their economies"); *Ticor*, 504 U.S. at 633 (relying on "respect for ongoing regulation by the State"); *Midcal*, 445 U.S. at 103 (relying on "federal structure"). For good reason: It is easy to imagine ostensibly procedural requirements that would interfere with state regulatory programs as much as any supposedly substantive rule, like a law imposing a one-year delay on all state-controlled mergers or a law requiring States to take certain steps as part of a COPA approval process. More broadly, there is no doubt that ostensibly procedural requirements can implicate federalism concerns. *E.g.*, *Printz v. United States*, 521 U.S. 898, 902 (1997) (Congress may not commandeer state officials to carry out procedures of federal law). "Procedure, after all, is often used as a vehicle to achieve substantive ends." *Moore*, 143 S. Ct. at 2086.

b. The Commission insists that Section 7A is merely procedural because it does not impose liability for anticompetitive mergers and because it applies to some transactions that are ultimately not anticompetitive. Dkt. 28 at 9–10. If anything, this makes a *stronger* case for the state action doctrine to apply to Section 7A. It makes no sense to subject a state-controlled merger that is *exempt* from Section 7 to a waiting period and filing requirements to determine whether it *might*

otherwise violate Section 7. Moreover, the Commission's position would gratuitously delay even transactions like this one that unequivocally qualify for state action immunity from Section 7 and *also* have no anticompetitive effect, undermining state COPA programs without serving any antitrust purpose at all. Only a bureaucrat could love such an expansionist reading of the statute.

Section 7A is also not purely procedural in any meaningful sense. *See Weatherly v. Pershing, LLC*, 945 F.3d 915, 925 & n.48 (5th Cir. 2019) ("distinctions between substance and procedure are inherently ephemeral and thus difficult to draw"). After all, it prohibits consummating mergers during the waiting period, conditions that waiting period on responding to substantive information requests, and imposes steep penalties, accruing daily, for failure to comply. *See Sims v. Great Am. Life Ins. Co.*, 469 F.3d 870, 884–85 (state law imposing a fine is substantive); *cf.* 17A Moore's Federal Practice - Civil § 124.07 ("[D]amages are a matter of substantive law"). Those penalties are a form of antitrust liability, not a mere procedural hoop.

2. Next, the Commission insists that state action is a "defense," unlike sovereign immunity, and the "state action defense" "does not "immunize a defendant from suit" or "from being investigated." Dkt. 4 at 7–8. That is irrelevant. The Hospitals have never claimed to be immune, in the Eleventh Amendment jurisdictional sense, from suit or subpoena. The Hospitals simply contend that the state action doctrine exempts their conduct from the antitrust laws, and that they can assert that defense in an enforcement action like this one. And while the Commission insists that the state action doctrine can only be asserted as a defense, what it actually means is that the state action doctrine cannot be asserted as a defense when it comes to Section 7A.

The Commission's argument rests on a false analogy to a subpoena, claiming that "the HSR Act … is no different from other investigations that may begin with the issuance of a subpoena." *Id.* at 8. Section 7A is vastly different. It prohibits merging without observing a

waiting period, conditions that waiting period on compliance with information requests that dramatically exceed the scope of subpoenas and other compulsory processes, imposes a filing fee and substantial monetary penalties, and permits the Commission to seek to enjoin mergers that fail to comply. By contrast, subpoenas issued under the FTC Act do not impose a waiting period, filing fee, or penalties, and they do not enjoin mergers. *See FTC v. Weyerhaeuser Co.*, 665 F.2d 1072, 1073 (D.C. Cir. 1981). A separate enforcement proceeding requiring proof on the merits—and allowing defenses on the merits—is required to enjoin a merger. *Id.*

Regardless, the Commission's analogy is also irrelevant. The appropriate question is not whether Section 7A is a form of compulsory process; it is whether Section 7A contains a clear statement that Congress truly meant to "compromise the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56. It does not.

The Commission's cited cases are inapposite, too. Dkt. 1 at 8; Dkt. 28 at 13–14. The Commission emphasizes cases about interlocutory appeals from state-action determinations under the collateral order doctrine. *E.g.*, *SmileDirectClub v. Battle*, 4 F.4th 1274, 1277 (11th Cir. 2021) (en banc); *see Acoustic Systems, Inc. v. Wenger*, 207 F.3d 287, 291 (5th Cir. 2000). At most, the cases hold that *Parker* is not the same as Eleventh Amendment immunity, which the Hospitals have never disputed. These cases are perfectly consistent with the Hospitals' assertion of state action as a defense to this enforcement action.

* * *

As the Supreme Court has long recognized and repeatedly reaffirmed, the federal antitrust laws leave room for States to structure and execute their regulatory programs in accordance with their sovereign interests. The federal antitrust laws also leave room for the States to carry out their regulatory programs through private actors. Section 7A is just such a federal antitrust law. And

the State of Louisiana's COPA is just such a regulatory program. The Court should reject the Commission's novel theory, which threatens to interfere with the State's health care policy and assessment of the public interest of its citizens, in precisely the ways the state action doctrine has long sought to avoid. The Hospitals are entitled to judgment as a matter of law.

III. THE PUBLIC INTEREST STRONGLY FAVORS RESPONDENTS AND THE STATE

Regardless of how this Court rules on whether the state action doctrine applies to Section 7A, the public interest and other discretionary factors weigh heavily in favor of allowing Respondents and the State of Louisiana to implement their COPA-approved Acquisition. The key point is that the Acquisition was at least exempt from liability under Section 7 when it closed on January 1, 2023. *Supra* pp.10–13. As Judge Jackson concluded, if the Acquisition is exempt from Section 7, then the waiting period and merger review under Section 7A would be "an empty exercise now." Dkt. 31 at 22. In other words, if Section 7 liability is impossible, then there will never be a reason to undo the Acquisition, and Section 7A serves no purpose. Needless to say, a pointless pre-merger waiting period serves no public interest.

Likewise, the Commission cannot show that irreparable harm would result if the Hospitals are not subjected to purposeless compliance with Section 7A. The Commission is not irreparably harmed because it can pursue its supposed investigation through other, legitimate investigatory powers if it chooses. For the waiting period, there is no irreparable harm to law enforcement or the public because the Acquisition is exempt from Section 7 itself.

On the other side of the scale, enjoining integration would severely undercut the State's policy choice and implementation of its COPA program, harming the citizens of Louisiana. Because States have primary regulatory authority over their own domestic affairs, the state action doctrine establishes that "federal antitrust laws are subject to supersession by state regulatory programs." *Ticor*, 504 U.S. at 632–33. The State has expressed its policy choice to "substitute

state regulation" of healthcare facilities "for competition between facilities." La. Stat. § 40:2254.1. The Louisiana Legislature and AG have applied that state policy to the Acquisition—a purely intrastate healthcare merger within the State's core regulatory authority. The State has determined that the Acquisition serves the public interest of its citizens. The Commission's request to enjoin the merger would undermine that policy choice and "compromise the States' ability to regulate their domestic commerce." *Motor Carriers*, 471 U.S. at 56.

Even more concretely, enjoining integration will harm patient care and cause other harms to healthcare in Louisiana. SOMF ¶¶ 51–63. The Acquisition was designed to benefit the people of Louisiana by allowing the Hospitals to increase access to high-quality clinical services and health care in the New Orleans region, and the COPA application detailed the plan to achieve those benefits. *Id.* ¶¶ 19–20. The AG conditioned the COPA on LCMC's commitments that it would improve access to high-quality healthcare by modernizing hospital assets, making capital investments, recruiting providers, and relocating services. *Id.* ¶¶ 18–20. Those commitments will be delayed or rendered impossible if the Court halts further integration. *Id.* ¶¶ 51–63.

CONCLUSION

For the foregoing reasons, this Court should deny each of the Commission's requests for injunctive relief and enter summary judgment in favor of the Hospitals.

Dated: July 19, 2023

Respectfully submitted,

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

LOUISIANA CHILDREN'S MEDICAL CENTER, d/b/a/ LCMC HEALTH, Plaintiff *v.* **MERRICK GARLAND,** in his official capacity as **ATTORNEY GENERAL OF THE UNITED STATES,** **UNITED STATES DEPARTMENT OF JUSTICE,** **FEDERAL TRADE COMMISSION**, and **UNITED STATES OF AMERICA,** Defendants	CIVIL ACTION No. 2:23-cv-1305, c/w 23-cv-1890 JUDGE LANCE M. AFRICK SECTION I MAGISTRATE JUDGE MICHAEL NORTH DIVISION 5
THIS DOCUMENT RELATES TO: Case No. 23-cv-1890	

STATEMENT OF UNDISPUTED FACTS IN SUPPORT OF RESPONDENTS' MOTION FOR SUMMARY JUDGMENT

In accordance with Local Rule 56.1 and Fed. R. Civ. P. 56(c), and in support of their motion for summary judgment pursuant to Fed. R. Civ. P. 56, Respondents Louisiana Children's Medical Center (LCMC) and HCA Healthcare, Inc (HCA) (together, "the Hospitals") submit the following separate and concise statement of material facts for which they contend there are no genuine disputes.

Certificates of Public Advantage

1. Louisiana is one of 19 States that have enacted certificate of public advantage (COPA) statutes. *See* Amy Y. Gu, Updated: States with Certificate of Public Advantage (COPA) Laws, Source on Healthcare Price & Competition (Aug. 10, 2021), https://sourceonhealthcare.org/updated-states-with-certificate-of-public-advantage-copa-laws/.

2. A summary of states with COPA statutes can be found at https://sourceonhealthcare.org/updated-states-with-certificate-of-public-advantage-copa-laws/.

3. Louisiana's COPA statute creates a regulatory program to authorize healthcare mergers and place them under State "supervision and control." La. Stat. § 40:2254.1; Ex. K at ¶¶ 7–8.

4. The Louisiana statute states that it was the intent of the Louisiana legislature to authorize cooperative agreements, mergers and consolidations among health care facilities. La. Stat. § 40:2254.1; Ex. K at ¶¶ 7–8.

5. The statute provides that "the intent of the legislature" is to "substitute state regulation of [healthcare] facilities for competition between facilities," and to "grant[] … state action immunity … [from] federal antitrust laws." La. Stat. § 40:2254.1; Ex. K at ¶¶ 7–8.

6. The Louisiana Attorney General, as head of the Louisiana Department of Justice ("Department"), administers the COPA statute. La. Stat. § 40:2254.4; Ex. K at ¶¶ 9–14.

7. Parties may apply to the Department for a COPA. La. Stat. § 40:2254.4(A); Ex. J at ¶ 4; Ex. K at ¶ 9.

8. The Department may not grant a COPA unless it holds a public hearing on the application and it "finds that the agreement is likely to result in lower health care costs or is likely

to result in improved access to health care or higher quality health care without any undue increase in health care costs." La. Stat. § 40:2254.4(B); Ex. K at ¶ 10.

9. The Department may issue a COPA "subject to terms and conditions, as the [D]epartment may determine are appropriate, in order to best achieve lower health care costs or greater access to or quality of health care." La. Stat. § 40:2254.4(C); *see* Ex. K at ¶ 13.

10. Additionally, the Department is required to adopt and has adopted rules to "effect the active supervision" of agreements between health care facilities, which may include reporting requirements for parties to an agreement for which a certificate is in effect. *Id.* § 40:2254.9(3); *see* La. Admin Code. tit. 48, Pt XXV, § 517; Ex. K at ¶¶ 12–14.

11. The Department's rules can be found at La. Admin. Code. Tit. 48, Pt XXV, Section 501 *et seq.*

12. The Department has authority to enforce compliance with a COPA's terms and conditions, including by "revok[ing] a certificate." La. Stat. § 40:2254.6(A); Ex. K at ¶ 14.

The Acquisition and COPA Approval

13. The Hospitals applied for COPA approval on October 10, 2022. Ex. J at ¶ 4; Ex. K at ¶ 15.

14. The Hospitals publicly announced the transaction that same day, October 10, 2022. Ex. B; Ex. C.

15. LCMC is a non-profit, community-based health system based in New Orleans, Louisiana. Ex. A at B-3.

16. HCA previously owned and operated three hospitals in Louisiana through a joint venture with Tulane University of Louisiana. Ex. A at B-7–8.

17. Under the transaction (the "Acquisition"), LCMC agreed to acquire Tulane University Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital. Ex. A at B-8–9; Ex. J ¶ 4; Ex. N at 2.

18. The parties' 175-page COPA application described the transaction, the parties and their operations, the services they offer, their contractual relationships, the competitive dynamics and market conditions for health care services in the New Orleans area, the projected cost-savings that would result from the transaction (including from the elimination of certain duplicative expenses and optimization of capital expenditures), and specific investments and other patient-friendly initiatives that LCMC would be able to undertake as a result of the Acquisition. Ex. K at ¶ 16; *see generally* Ex. A.

19. The COPA application stated that the Acquisition would allow the Hospitals to increase access to high-quality clinical services and health care in the New Orleans region and to expand hubs for specialty care, innovation, and academic medicine. Ex. A at B-10–17; Ex. J ¶¶ 5–6.

20. In the COPA application process, LCMC committed to making $220 million in capital investments to modernize the facilities (such as investing in robotic surgical systems), offer new medical services (such as kidney, pancreas, liver, bone marrow, and stem cell transplants), and add new specialty care units. Ex. A at B-10–17; Ex. J ¶ 12.

21. The Hospitals supplemented their COPA application on November 2, 2022; November 4, 2022; November 10, 2022; November 15, 2022; and November 18, 2022. Ex. K at ¶ 19; Ex. M at 1.

22. The Department reviewed the application's information regarding the transaction, the facilities, and the likely effects on health care and competition in the state. Ex. K at ¶ 28; Ex. A at B-3–73.

23. The Department obtained input from expert consultants who reviewed the COPA application. Ex. K at ¶¶ 25, 28; Ex. L at 2–3.

24. The Department held a notice and comment period. Ex. K at ¶¶ 23, 26; Ex. L at 5–6, 122.

25. The Department received and reviewed numerous comments from the public, including a wide range of stakeholders. Ex. K at ¶ 28; Ex. L at 122–38.

26. The Department held a public hearing on December 8, 2022. Ex. K at ¶¶ 20–27; Dkt. 37-3–37-10; *see generally* Exhibit L.

27. The Department concluded that the Acquisition "is likely to result in lower health care costs or is likely to result in improved access to health care or higher quality health care without any undue increase in health care costs." La. Stat. § 40:2254.4; Ex. K at ¶ 28.

28. The Department considered the COPA application and the public comments received in connection with the hearing, and Department attorneys and staff analyzed the transaction, the facilities, and the likely effects on health care and competition in the state, including with input from expert consultants who reviewed the COPA application. Ex. J at ¶ 5; Ex. K at ¶¶ 28–29.

29. Following that review, on December 28, 2022, the Department determined that the application materials satisfied the statutory requirements and that a COPA should be issued in connection with the Acquisition. Ex. J at ¶ 5; Ex. K at ¶¶ 28–29; *see generally* Ex. M.

Supervision Under the COPA

30. The COPA's "Terms and Conditions" provide for ongoing supervision. Ex. K at ¶¶ 30–37; *see generally* Ex. N.

31. Under the "Rate Review" provision, LCMC "may not contract with a third-party payor for a change in rates" without "prior written approval." Ex. N at 6; *see* Ex. K at ¶¶ 33–34.

32. LCMC must also submit quarterly, semi-annual, and annual reports. The Louisiana Attorney General can, at any time, determine that LCMC's activity is inconsistent with the State's policy goals. Ex. N at 7–10; Ex. K at ¶¶ 31–32.

33. If the Department determines that "an activity of [LCMC] is inconsistent with the policy goals" of the State, the Department may impose "a plan to correct any deficiency." Ex. N at 2.

34. The Department may "revoke the COPA" if it is "not satisfied with any submitted corrective action plan," if LCMC fails to comply with the Terms and Conditions, or if the Department "otherwise determines that the transaction is not resulting in lower health care costs or greater access to or quality of health care." Ex. N at 3; *see* Ex. K at ¶ 36.

35. The Acquisition closed on January 1, 2023, and the closing of the Acquisition was publicly announced on January 3, 2023. Ex. D.

36. LCMC filed its first quarterly report with the Department on May 31, 2023, and submitted rate-review applications in April, May, and June 2023. Ex. K at ¶ 34.

37. The Department completed its rate review of two contracts on June 30, 2023, and is currently reviewing the other rate-review application. Ex. K at ¶¶ 34–35; Ex. O.

38. The Department evaluated LCMC's quarterly report for progress toward 11 specific improvements to quality and access to healthcare. Ex. K at ¶ 32.

Interference with State Regulatory Process

39. The Federal Trade Commission has submitted comments and participated in state-led hearings during COPA review processes, without raising Sections 7 or 7A. *See* FTC Policy Perspectives on Certificates of Public Advantage, at 1 n.2, 11 n.49, 12 n.62 (Aug. 15, 2022), https://www.ftc.gov/news-events/news/press-releases/2022/08/ftc-policy-paper-warns-about-pitfalls-copa-agreements-patient-care-healthcare-workers.

40. The Commission did not participate in the Louisiana COPA approval process for the Acquisition. Ex. K at ¶ 38.

41. The Commission first informed counsel for the Hospitals of its view that Section 7A applies to COPA-approved mergers on or around April 4, 2023. *See* Dkt. 5-6.

42. The Commission informed counsel for the Hospitals that the Commission's position was that the Hospitals were required to make a Section 7A filing and halt integration of the hospitals. *See* Dkt. 5-8; Dkt. 5-12.

43. The Commission told Counsel for the Hospitals that "civil penalties are accruing." Dkt. 5-12 at 1.

44. Potential penalties under the Hart-Scott-Rodino Act are currently more than $50,000 per day. *See* Ex. E at 1.

45. One study found that the average Second Request investigation was reported as taking six to seven months and resulted in average compliance costs of $5 million. *See* Ex. F at 2.

46. The study reported that for larger deals, costs can quickly rise to the $10–$20 million range. *Id.*

47. A former FTC Commissioner stated that the median cost of Second Request compliance is approximately $4.3 million *See* Ex. G at 4.

48. According to that Commissioner, full-phase merger investigations can last from several months to a year or more. *Id.*

49. Another Department of Justice official reported that in 2017, significant merger reviews by U.S. antitrust enforcers took an average of 10.8 months to resolve. Ex. H at 2.

50. Another study concluded that in 2014, median cost of compliance with a Second Request was more than $4.3 million, with a range of $2 million to $9 million. Ex. I at 11.

Consequences of Granting the Commission's Requested Relief

51. Halting further integration over a period of several months to over a year would carry numerous consequences for LCMC. Ex. J at ¶¶ 7–12.

52. Tulane Medical Center faces staffing shortages that have forced it to reduce potentially lifesaving services. *Id.* ¶ 9.

53. For example, Tulane Medical Center has had to consolidate its cardiac catheterization staff into a single team due to staff attrition, meaning it can now treat only one stroke patient at a time. *Id.*

54. LCMC expects that it can stabilize Tulane Medical Center's staffing shortages by transitioning its clinical care providers and staff to LCMC employment on October 1, 2023, but it would be unable to do so if integration is halted. *Id.*

55. For another example, LCMC plans to move a linear accelerator, which is used to provide radiation therapy to treat cancer patients, from Tulane Medical Center to East Jefferson General Hospital. *Id.* ¶ 10.

56. Moving the linear accelerator will allow East Jefferson General Hospital to treat four to five times more patients per day than Tulane Medical Center is able to treat today. *Id.*

57. Relocating the machine requires at least 8 weeks, including extensive planning, and relocation will be significantly delayed or impossible if LCMC is unable to continue integration. *Id.*

58. Delaying the move of the linear accelerator will restrict the availability of radiation treatment for cancer patients. *Id.*

59. For a third example, LCMC plans to repurpose vacated space in Tulane Medical Center for use by Tulane University's planned nursing program. *Id.* ¶ 11.

60. The Louisiana State Board of Nursing will evaluate the space in November prior to the Board's consideration of the nursing program in December. *Id.*

61. Halting the integration of clinic services into LCMC will threaten the success of the launch of the nursing program, which is needed in light of the nursing shortage across the state. *Id.*

62. As part of the COPA approval process, LCMC also committed to establish an academic medical center at East Jefferson General Hospital, including making $220 million in capital investments to modernize its facilities (such as investing in robotic surgical systems), offer new medical services (such as kidney, pancreas, liver, bone marrow, and stem cell transplants), and add new specialty care units. *Id.* ¶ 12.

63. An order requiring that the parties cease integration efforts would impede LCMC's ability to fulfill this promise to the Department. *Id.* ¶¶ 8, 12.

Dated: July 19, 2023

Respectfully submitted,

/s/ Sara Y. Razi

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

LOUISIANA CHILDREN'S MEDICAL CENTER, d/b/a/ LCMC HEALTH, Plaintiff *v.* **MERRICK GARLAND,** in his official capacity as **ATTORNEY GENERAL OF THE UNITED STATES,** **UNITED STATES DEPARTMENT OF JUSTICE,** **FEDERAL TRADE COMMISSION**, and **UNITED STATES OF AMERICA,** Defendants	CIVIL ACTION No. 2:23-cv-1305, c/w 23-cv-1890 JUDGE LANCE M. AFRICK SECTION I MAGISTRATE JUDGE MICHAEL NORTH DIVISION 5
THIS DOCUMENT RELATES TO: Case No. 23-cv-1890	

DECLARATION OF ROBERT N. STANDER

I, ROBERT N. STANDER, pursuant to 28 U.S.C. § 1746, declare the following:

1. I am an attorney admitted *pro hac vice* to practice before this Court and a partner at the law firm Jones Day, which is counsel to Respondent Louisiana Children's Medical Center in this matter. I submit this declaration in support of Respondent Louisiana Children's Medical Center's and Respondent HCA Healthcare, Inc.'s Motion for Summary Judgment. The following exhibits are attached to this filing.

2. Exhibit A is a true and correct copy of Respondents' Application for a Certificate of Public Advantage, submitted on October 10, 2022.

3. Exhibit B is a true and accurate copy of a news article published on October 10, 2022, as reflected on Tulane University's website on July 17, 2023.

4. Exhibit C is a true and accurate copy of a news article published on October 10, 2022, as reflected on Modern Healthcare's website on July 17, 2023.

5. Exhibit D is a true and accurate copy of a press release issued on January 3, 2023 by Louisiana Children's Medical Center, as reflected on Louisiana Children's Medical Center's website on July 17, 2023.

6. Exhibit E is a true and accurate copy of a press release issued on January 6, 2023, as reflected on the Federal Trade Commission's website on July 17, 2023.

7. Exhibit F is a true and accurate copy of an article published by Joe Sims, Robert C. Jones, and Hugh M. Hollman in the Spring 2009 issue of *Antitrust*.

8. Exhibit G is a true and accurate copy of prepared remarks delivered by Federal Trade Commission Commissioner Noah Joshua Phillips on April 27, 2022, as reflected on the Commission's website on July 17, 2023.

9. Exhibit H is a true and accurate copy of remarks delivered by Assistant Attorney General Makan Delrahim on September 25, 2018, as reflected on the Department of Justice's website on July 17, 2023.

10. Exhibit I is a true and accurate copy of the Summer 2014 edition of the American Bar Association's "The Threshold" newsletter, available at https://media.crai.com/wp-content/uploads/2020/09/16164357/Threshold-Summer-2014-Issue.pdf (last visited July 18, 2023).

11. I declare under penalty of perjury that the foregoing is true and correct.

Dated: July 18, 2023
Washington, D.C.

Respectfully submitted,

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Counsel for Respondent
Louisiana Children's Medical Center

Exhibit A

PUBLIC REDACTED VERSION

APPLICATION FOR CERTIFICATE OF PUBLIC ADVANTAGE

SUBMITTED BY:

Louisiana Children's Medical Center
LCMC Health

The Administrators of the Tulane Educational Fund

Columbia/HCA of New Orleans, Inc.

Medical Center of Baton Rouge, Inc.

Columbia Healthcare System of Louisiana, Inc.

HCA Inc.

DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

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NON-PUBLIC & CONFIDENTIAL
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This document and attachments contain information that is proprietary, confidential, commercially sensitive, and/or competitive and is protected from public disclosure pursuant to La. R. S. 44:1 et seq. and any other applicable exception listed in applicable statutes, rules, and regulations.

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5(a). A list of any services or products that are the subject of the proposed agreement or transaction; B-3

5(b). A description of any consideration passing to any person under the agreement or transaction, including the amount, nature, source, and recipient; B-10

5(c). A description of each party's contribution of capital, equipment, labor, services, or other value to the transaction, if any; B-10

5(d). Identification of any other services or products that are reasonably likely to be affected by the proposed agreement or transaction; B-13

5(e). A description of the geographic territory involved in the proposed agreement or transaction; B-18

5(f). If the geographic territory described in item (e) is different from the territory in which the applicants have engaged in the type of business at issue over the last five years, a description of how and why the geographic territory differs; B-18

5(g). Identification of all products or services that a substantial share of consumers would consider substitutes for any service or product that is the subject of the proposed agreement or transaction; B-21

5(h). Identification of whether any services or products of the proposed agreement or transaction are currently being offered, capable of being offered, utilized, or capable of being utilized by other providers or purchasers in the geographic territory described in item (e); B-22

5(i). Identification of the steps necessary, under current market and regulatory conditions, for other parties to enter the territory described in item (e) and compete with the applicants; B-41

5(j). A detailed explanation of the projected effects, including expected volume, change in price, and increased revenue, of the agreement or transaction on each party's current businesses, both generally as well as the aspects of the business directly involved in the proposed agreement or transaction; B-45

5(k). Each entity's estimate of their respective present market shares and that of others affected by the proposed agreement or transaction, and projected market shares after implementation of the proposed agreement or transaction; B-47

5(l). Identification of business plans, reports, studies, or other documents that discuss each entity's projected performance in the market, business strategies, competitive analyses and financial projections, including any documents prepared in anticipation of the cooperative agreement, merger or consolidation, as well as those prepared prior to contemplation of the transaction; B-51

5(m). A description of each entity's performance goals, including quantitative standards for achieving the objectives of: B-52

5(n). A description of how the anticipated efficiencies, cost savings and other benefits from the transaction will be passed on to the consumers of health care services; B-66

5(o). A description of the net efficiencies likely to result from the transaction, including an analysis of anticipated cost savings resulting from the transaction and the increased costs associated with the transaction;... B-69

5(q). A description of why the anticipated cost savings, efficiencies and other benefits from the transaction are not likely to result from existing competitive forces in the market; B-69

5(p). A statement of whether competition among health care providers or health care facilities will be reduced as a result of the proposed agreement or transaction; whether there will be adverse impact on quality, availability, or cost of health care; whether the projected levels of cost, access to health care, or quality of health care could be achieved in the existing market without the proposed agreement or transaction; and, for each of the above, an explanation of why or why not; B-72

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LOUISIANA ATTORNEY GENERAL'S

Request for Information Form for Certain Cooperative Endeavor Agreements, Joint Ventures, Mergers and Consolidations among Health Care Facilities

INSTRUCTIONS AND DEFINITIONS

1. All responses to the Request for Information Form must be typed or clearly printed in black ink. You must use only the official forms.

2. All documents and appendices must be provided in compliance with the following:

(a) One set of original documents and three (3) separate sets of legible and collated copies of all documents must be submitted.

(b) With respect to the submission of appendices, each appendix shall be submitted in a separate legal size folder clearly marked with the appendix number along with the name of the entity or entities submitting the information and the date of the Attorney General's Request for Information, set forth in Instruction #9. *For example, Company X, Appendix A, July 1, 1996 or Company X and Company Y, Appendix A, July 1, 1996;* and

(c) Each document must be consecutively numbered and labeled along with an abbreviation for the entity or entities. *For example, the first document of a submission by Company X, would be labeled CX0001 and the first document of a joint submission of Company X and Company Y would be labeled CXY0001.* These initials and numbers should appear in the lower right-hand corner or each document.

3. All amendments or late-filed documents or responses must be clearly labeled to indicate which Request or appendix folder the document should be placed in upon receipt by the State. Such documents must be submitted in compliance with all other instructions herein.

4. Unless otherwise indicated, documents to be produced pursuant to this Request for Information Form include each and every document prepared, sent, dated, received, in effect, or which otherwise came into existence during the last three (3) years through the date of the production of documents pursuant to this Request. Responses to the Request must be supplemented, corrected, and updated until the close of the transaction. The Attorney General, at his discretion, may require the production of additional documents.

5. Unless otherwise approved by the Department, for each Request calling for the production of documents, produce each and every responsive document in each entity's care, possession, custody, or control, without regard to the physical location of those documents.

6. If an entity possesses no documents responsive to a paragraph of this Request, that entity must state this fact, specifying the paragraph(s) or subparagraph(s) concerned, in the response. If an entity must submit documents at a later date than that set forth in Instruction #9, the following procedure is required: the entity must state this fact, specify the paragraph(s) or subparagraph(s) concerned, identify the document(s) to be produced, and state the expected date of production.

7. If an entity asserts a privilege in response to a Request, that entity must state the privilege, the basis of the privilege, and identify the documents and Request to which the privilege attaches.

8. Responses to Requests not requiring the production of documents should be typed or clearly printed in black on the Request for Information Form. If additional space is required, you should attach additional 8 ½" x 11" size pages, clearly noting at the top of the page to which Request the additional information is responsive and the identity of the entity providing the information. *For example: Company X, Continuation to Request #3.*

9. All responses to this Request for Information shall be sent by United States Mail, hand delivered, or a nationally recognized express delivery service to the following individual.

Director, Civil Division
State of Louisiana
Department of Justice
Civil Division
1885 North Third Street, 6th Floor
Baton Rouge, Louisiana 70802
Post Office Box 94005
Baton Rouge, Louisiana 70804-9005

10. The Request for Information Form is not complete or valid without completed Certification and Verification Affidavits for each entity executed under oath in the presence of a notary and attached to the Request for Information Form.

11. Copies may be submitted in lieu of originals as long as the entity indicate(s) that the documents are copies, the location of the originals, and the reason for the substitution of copies. All originals must be returned as set forth in the Certification and Verification Affidavits. Additionally, the entity must sign the Certification of Verification Affidavit(s), agreeing that the documents are authentic for the purposes of Louisiana law.

12. All questions regarding these forms, the scope of any Request, and instruction, or any definitions shall be directed to the Assistant Attorney General listed in Instruction #9.

13. This Request for Information Packet should include all of the following forms:

Form	Instructions and Definitions
Form	Request for Information Form
Form	Certification and Verification Affidavit

If your packet is missing any of the above listed forms, please contact the Assistant Attorney General listed in Instruction #9 immediately. Your response to the Request for Information Form is not complete until the Attorney General's Office has received all of the above listed forms, fully completed.

14. Each entity that is a party to the Agreement must complete the entire Request for Information Packet.

LOUISIANA ATTORNEY GENERAL'S APPLICATION

REQUEST FOR INFORMATION FORM

For Certain

COOPERATIVE ENDEAVOR AGREEMENTS, JOINT VENTURES, MERGERS AND CONSOLIDATIONS AMONG HEALTH CARE FACILITIES

PLEASE CAREFULLY REVIEW THE INSTRUCTIONS AND DEFINITIONS PRIOR TO COMPLETING THIS FORM

Note: If the information is not supplied under any of the following items, provide an Explanation of why the item is not applicable to the transaction or the parties.

1. **Name of each Party**: Identify each entity which is a party to the cooperative endeavor agreement, joint venture, merger, or consolidation (hereinafter referred to collectively as "Agreement") in accordance with 40:2254.1, et seq., including the address of the principal business office of each party. Include in your response the identity of any (a) parent, (b) subsidiary, and/or (c) affiliate of each entity.

2. **Contact Person for each Party**: Provide the full legal name, title, address, telephone and facsimile number for the persons authorized to receive notices and communications with respect to the application.

3. **Directors and Officers**: Identify by full legal name and title each and every director and officer of each entity.

4. **Corporate Documents**: Attach as Appendix A, all corporate documents relating to each entity filing this Request. Include corporate documents of all parents, subsidiaries, or affiliates . For the purpose of this Request, "corporate documents" means the charter or articles of incorporation, bylaws, and any and all amendments to each corporate document.

5. **Description of Proposed Agreement**: Attach as Appendix B a detailed description of the proposed agreement, including:

(a) A list of any services or products that are the subject of the proposed agreement or transaction;

(b) A description of any consideration passing to any person under the agreement or transaction, including the amount, nature, source, and recipient;

(c) A description of each party's contribution of capital, equipment, labor, services, or other value to the transaction, if any;

(d) Identification of any other services or products that are reasonably likely to be affected by the proposed agreement or transaction;

(e) A description of the geographic territory involved in the proposed agreement or transaction;

(f) If the geographic territory described in item (e) is different from the territory in which the applicants have engaged in the type of business at issue over the last five years, a description of how and why the geographic territory differs;

(g) Identification of all products or services that a substantial share of consumers would consider substitutes for any service or product that is the subject of the proposed agreement or transaction;

(h) Identification of whether any services or products of the proposed agreement or transaction are currently being offered, capable of being offered, utilized, or capable of being utilized by other providers or purchasers in the geographic territory described in item (e);

(i) Identification of the steps necessary, under current market and regulatory conditions, for other parties to enter the territory described in item (e) and compete with the applicants;

(j) A detailed explanation of the projected effects, including expected volume, change in price, and increased revenue, of the agreement or transaction on each party's current businesses, both generally as well as the aspects of the business directly involved in the proposed agreement or transaction;

(k) Each entity's estimate of their respective present market shares and that of others affected by the proposed agreement or transaction, and projected market shares after implementation of the proposed agreement or transaction;

(l) Identification of business plans, reports, studies, or other documents that discuss each entity's projected performance in the market, business strategies, competitive analyses and financial projections, including any documents prepared in anticipation of the cooperative agreement, merger or consolidation, as well as those prepared prior to contemplation of the transaction;

(m) A description of each entity's performance goals, including quantitative standards for achieving the objectives of:

(1) lower health care costs; or

(2) higher quality health care or greater access to health care in Louisiana without any undue increase in health care costs.

(n) A description of how the anticipated efficiencies, cost savings and other benefits from the transaction will be passed on to the consumers of health care services;

(o) A description of the net efficiencies likely to result from the transaction, including an analysis of anticipated cost savings resulting from the transaction and the increased costs associated with the transaction;

(p) A statement of whether competition among health care providers or health care facilities will be reduced as a result of the proposed agreement or transaction; whether there will be adverse impact on quality, availability, or cost of health care; whether the projected levels of cost, access to health care, or quality of health care could be achieved in the existing market without the proposed agreement or transaction; and, for each of the above, an explanation of why or why not;

(q) A description of why the anticipated cost savings, efficiencies and other benefits from the transaction are not likely to result from existing competitive forces in the market; and

(r) If information is not supplied under any of the above items, an explanation of why the item is not applicable to the transaction or to the parties.

6. **Description of Negotiations of the Agreement**: Attach as Appendix C a detailed description of all discussions and negotiations between each entity resulting in the proposed Agreement. To the extent practicable, this response should include, but not be limited to, a summary outline in date sequence of any and all meetings held with the following parties with respect to the proposed transaction:

(a) With each entity's financial advisors or investment bankers related to the proposed Agreement (including, but not limited to, management, committees of the board of directors or meetings of the full board);

(b) With prospective networkers, merging partners of each entity, together with a brief summary of the results of such meetings; and

(c) With other parties deemed significant to the transaction (including, but not limited to, outside experts or other consultants).

7. **Closing Date**: What is the expected date of closing of the proposed Agreement? Attach as Appendix D a copy of any proposed Agreement.

8. **Governmental Filings**: Attach as Appendix E all filings with respect to the proposed Agreement, including all amendments, appendices, and attachments, and each report or document provided to each federal, state, or local governmental entity regarding the proposed Agreement. Include copies of forms to be provided to each such entity, the answer to information or questions on such forms, and each attachment submitted in connection therewith.

9. **Meetings with Governmental Officials**: Attach as Appendix F summaries of all meetings with federal, state, or local authorities regarding any filings or documents referenced in Request #8. Also, include each and every document which memorializes or discusses any and all meetings or other communications with the United States Department of Justice, Federal Trade Commission, or any other state, federal or local governmental entity in connection with the proposed transaction.

10. **Prior Agreements**: Identify all prior Agreements between the parties within the last three (3) years, including the following information for each:

(a) Date of Agreement;

(b) City/State;

(c) Brief Description.

11. **Letters of Intent**: Attach as Appendix G any and all drafts and final versions of any and all letters of intent, confidentiality agreements, or other documents initiating negotiations, contact, or discussion between the parties to the Agreement.

12. **Contracts or Purchase Agreements**: If any assets are passed to any Party under the Agreement, Attach as Appendix H any and all drafts and final versions of asset purchase agreements, contracts or agreements to transfer assets. Your response must also include any attachments, amendments, schedules, or appendices to such agreements.

13. **Fairness Opinions**: If any assets are passed to any Party under the Agreement, Attach as Appendix I any and all fairness opinions analyzing the proposed Agreement along with any supplemental analysis prepared by any entity or its experts. Include in your response the name of the company and the person(s) who prepared the opinion, their business telephone numbers and addresses, the agreement or engagement letter with such company or person, and background information regarding the company or person's qualifications.

14. **Meeting Minutes and Other Information**: Attach as Appendix J the following documents with respect each meeting during which the proposed Agreement was discussed, whether regular, special, or otherwise, of the board of directors or board of trustees for each entity.

(a) Announcements and the persons to whom the announcements were sent;

(b) Agenda;

(c) Minutes and/or resolutions of the board of directors or board of trustees for each entity which reflect or discuss the proposed Agreement, including those regarding the final vote;

(d) Each written report or document provided to the board or board members, including, but not limited to, each committee report and each expert's report;

(e) Each proposal or document referencing or regarding possible or actual Agreement;

(f) Each presentation to the board or any committee to the board; and

(g) Each attachment to (a) through (f).

15. **Valuation Information**: Attach as Appendix K each appraisal (with each attachment), evaluation (with each attachment), and similar document (with each attachment) concerning the financial performance of each party to the transaction for the preceding five years, their assets, their properties, their worth as a going concern, or their market value. This Request shall include, but not be limited to, any appraisals of the common stock of any entity, any appraisals involving property held by any entity.

16. **Information Regarding Other Offers**: Attach as Appendix L each appraisal (with each attachment), evaluation (with each attachment), and similar document (with each attachment) concerning any negotiation, or proposal either initiated or received by any entity regarding the proposed Agreement, and the dollar value of such proposed Agreement.

17. **Mission Statement**: Attach as Appendix M any and all mission statements of each entity.

18. **Press Releases and Related Information**: Attach as Appendix N any and all press releases, newspaper articles, radio transcripts, audiotapes and videotapes of any television commercials or reports regarding the proposed transaction and any other offers identified in Request # 16.

19. **Financial Records**: Attach as Appendix O all of the following for the last six (6) fiscal years for each entity, unless otherwise indicated:

(a) Audited and unaudited financial statements. Audits are sometimes presented in abbreviated form or in fuller form, with detailed supplements. Provide the most detailed form of your audit that is available.

(b) Consolidating statements (balance sheets and income statements for each fiscal year);

(c) Year-to-date internal financial statements for the most recent month-end available during the current year. Be sure that the statements are comparative (with the same period of the previous fiscal year), otherwise provide last year's internal financial statements for the corresponding period as well;

(d) If separate audited financial statements are prepared for any of your affiliates, or any parent or, please provide those audits, together with comparative year-to-date financial statements for each such member, affiliate, parent or subsidiary;

(e) Projected capital expenditure requirements for the next three (3) years;

(f) Each balance sheet, profit and loss statement, statement of change in financial position of each entity or company it controls, operates, manages, or is affiliated with and also the same information for the acquirer and any entity which you reasonably believe it owns, operates, manages, or controls;

(g) A detailed schedule of operating expenses, unless already provided with the audits;

(h) An analysis (aging) of accounts receivable by major category, of receivables as of the most recent month-end available, indicating the amounts ultimately considered collectable;

(i) Management compensation (salary, bonus, other benefits) for the five (5) officers receiving the greatest amount of compensation;

(j) Identify any material off-balance sheet assets or liabilities (i.e., any assets or liabilities not reflected on the most recent audited financial statements) and provide documentation concerning such assets or liabilities. Examples of such items would include a significant under-or over-funding in the pension plan or a current litigation judgment not reflected in the most recent audit;

(k) Identify any material contingent assets or liabilities, and the conditions that must occur for any such contingent assets to be realized or for any such contingent liabilities to be incurred; and

(l) Identify all accounting firms, including the name, address, and telephone number of the accountant(s) primarily responsible for accounting and auditing of the entities for the last six (6) years.

(m) If information is not supplied under any of the above items, explain why the information is not applicable to the transaction or parties.

20. **Conflict of Interest, Self-Interest, and Self-Dealing Issues**:

(a) Attach as Appendix P an affidavit for each officer and director of each entity.

(b) Attach as Appendix Q any and all documents reflecting any possible conflict of interest, self-interest, or self-dealing of any board member, officer, or director in connection with the proposed Agreement. Such documents shall include evidence of any disclosures or other curative measures taken by the board and any documents suggesting or referencing financial or employment incentives or inducements offered to any board member, director or officer.

21. **Persons Involved in Decision Making of Planning**: Attach as Appendix R a list of the full legal names, titles, addresses, and telephone numbers of each and every officer, director, representative, manager, executive, expert or other persons having substantial input, at any phase of decision making or planning, into the decision or plan for the proposed Agreement.

22. **Market Studies**: Attach as Appendix S each market study (and attachments) done for or by each entity, or otherwise received by each entity. Include an analysis of an entity's market share from the perspectives which are normally tracked by the entity's board.

23. **Registered Agents for Service or Process**: Identify the registered agent for service of process, including his or her complete address, for each entity.

1. **Name of each Party:** Identify each entity which is a party to the cooperative endeavor agreement, joint venture, merger, or consolidation (hereinafter referred to collectively as "Agreement") in accordance with 40:2254.1, et seq., including the address of the principal business office of each party. Include in your response the identity of any (a) parent, (b) subsidiary, and/or (c) affiliate of each entity.

Response to Specification 1:

The entities listed below are parties to the Academic Affiliation Agreement, Membership Interest Transfer Agreement, and Unit Purchase Agreement (collectively, the "Agreement"), as described in more detail in response to Specification 5(a).

The following entities are parties (the "Parties") to the Academic Affiliation Agreement and Membership Interest Transfer Agreement:

Louisiana Children's Medical Center ("LCMC Health")
Energy Centre, 1100 Poydras St., Suite 2500
New Orleans, LA 70163

The Administrators of the Tulane Educational Fund ("Tulane")
6823 St. Charles Avenue
New Orleans, LA 70118

The following entities are parties to the Unit Purchase Agreement:

The Administrators of the Tulane Educational Fund ("Tulane")
6823 St. Charles Avenue
New Orleans, LA 70118

Columbia/HCA of New Orleans, Inc.
One Park Plaza, Bldg. 1
Nashville, TN 37203

Medical Center of Baton Rouge, Inc.
One Park Plaza, Bldg. 1
Nashville, TN 37203

Columbia Healthcare System of Louisiana, Inc.
One Park Plaza, Bldg. 1
Nashville, TN 37203

HCA Inc.[1]
One Park Plaza, Bldg. 1
Nashville, TN 37203

[1] HCA Inc. joins the Unit Purchase Agreement as a guarantor solely for the purposes set forth in the Unit Purchase Agreement.

Table 1-1 lists the subsidiaries and affiliates of LCMC Health. **Table 1-2** lists the subsidiaries and affiliates of Tulane. **Table 1-3** lists the subsidiaries and/or affiliates of Columbia/HCA of New Orleans, Inc., Medical Center of Baton Rouge, Inc., and Columbia Healthcare System of Louisiana, Inc.

Table 1-1: Subsidiaries and Affiliates of LCMC Health

- Audubon Retirement Village, Inc.
- Children's Hospital
- Children's Hospital Anesthesia Corporation d/b/a LCMC Health Anesthesia Corporation
- Children's Hospital Medical Practice Corporation d/b/a Children's Pediatrics
- Community Services Collaborative, LLC
- Crescent City Physicians, Inc.
- Crescent City Surgical Centre Operating Co, LLC
- East Jefferson Surgery Center, L.L.C. / East Jefferson Ambulatory Surgery Center, LLC
- East Jefferson Physicians Group, L.L.C.
- East Jefferson Radiation Oncology, L.L.C.
- Gulf South Quality Network – New Orleans, L.L.C.
- LCMC Health Clinical Services, LLC d/b/a NOLA Physician Group
- LCMC Health Clinical Support, LLC
- LCMC Health Holdings, Inc. d/b/a East Jefferson General Hospital
- LCMC Health Pharmacy Services, LLC
- LCMC Healthcare Partners, LLC
- LCMC Urgent Care, LLC
- LHP Accountable Care, LLC
- Metairie Physician Services, Inc.
- New Orleans Clinical Services, LLC
- New Orleans Physician Services, Inc.
- TIJV, L.L.C.
- Touro Infirmary
- Touro Infirmary Foundation
- University Medical Center Management Corporation d/b/a University Medical Center New Orleans
- West Jefferson Holdings, LLC d/b/a West Jefferson Medical Center
- West Jefferson Industrial Medicine, L.L.C.
- West Jefferson MRI, L.L.C.
- Woldenberg Village, Inc.

Table 1-2: Subsidiaries and Affiliates of Tulane

- Howard Memorial Library Association
- Olive and Blue Insurance Company, Ltd.
- Riversphere One, L.L.C.
- Riversphere Two, L.L.C.
- Square 245, L.L.C.
- Tulane Cary Land, LLC
- Tulane Cary Royalty Interests, LLC
- Tulane Cary Working Interests, LLC
- Tulane International, LLC
- Tulane Law Review Association
- Tulane Living Well, LLC
- Tulane Murphy Foundation, Inc.
- Tulane Pharmacy LLC
- Tulane Quality Care Network, LLC
- University Healthcare System, L.C.
- Warwick Apartments, Inc.

Table 1-3: Subsidiaries and Affiliates of Columbia/HCA of New Orleans, Inc., Medical Center of Baton Rouge, Inc., and Columbia Healthcare System of Louisiana, Inc.

- Center for Digestive Diseases, LLC
- Lakeside Women's Services, LLC
- Lakeview Cardiology Specialists, LLC
- Lakeview Regional Physician Group, LLC
- Metairie Primary Care Associates, LLC
- Tchefuncte Cardiology Associates – Lakeview, LLC
- TUHC Anesthesiology Group, LLC
- TUHC Hospitalist Group, LLC
- TUHC Physician Group, LLC
- TUHC Primary Care and Pediatrics Group, LLC
- TUHC Radiology Group, LLC
- Tulane Clinic, LLC
- Tulane Professionals Management, LLC
- Uptown Primary Care Associates, LLC
- University Healthcare System, L.C.

2. **Contact Person for each Party:** Provide the full legal name, title, address, telephone and facsimile number for the persons authorized to receive notices and communications with respect to the application.

Response to Specification 2:

Jody B. Martin
Senior Vice President, Chief Legal Officer
LCMC Health
Energy Centre
1100 Poydras St., Suite 2500
New Orleans, LA 70163
Phone number: 504-894-6734
Facsimile number: 504-896-9290

Victoria D. Johnson
General Counsel
Tulane University
6823 St. Charles Ave.
300 Gibson Hall
New Orleans, LA 70118
Phone number: 504-865-5783
Facsimile number: 504-865-5784

Joseph A. Sowell, III
Senior VP and Chief Development Officer
HCA Healthcare, Inc.
One Park Plaza, Bldg. 2
Nashville, TN 37203
Phone number: 615-344-9551
Facsimile number: 615-344-2824

Michael R. McAlevey
Chief Legal Officer
HCA Healthcare, Inc.
One Park Plaza, Bldg. 2
Nashville, TN 37203
Phone number: 615-344-9551
Facsimile number: 615-344-1531

3. **Directors and Officers:** Identify by full legal name and title each and every director and officer of each entity.

Response to Specification 3:

The following individuals serve as directors and officers of LCMC Health:

LCMC Health – Directors

Name	Title
Ruth Kullman	Chair
Ted LeClercq	Vice Chair
Stephen Hales	Secretary/Treasurer
Ralph O. Brennan	Director
Elwood Cahill	Director
Katie Crosby	Director
Frank DiVincenti, M.D.	Director
Julie George	Director
A. Whitfield Huguley IV	Director
Alden J. McDonald, Jr.	Director
Dottie Reese	Director
Monica R. Sylvain, Ph.D.	Director
Cindy Weinmann	Director
Sharonda Williams	Director
Leon J. ("Trey") Reymond, III	Director (Past Chair)
Boysie Bollinger	Director (Ex-Officio)
Harry L. ("Chip") Cahill	Director (Ex-Officio)
Gregory C. Feirn	Director (Ex-Officio)
Julie George	Director (Ex-Officio)
Paul Gladden, M.D.	Director (Ex-Officio)
John Heaton, M.D.	Director (Ex-Officio)
Jill Israel	Director (Ex-Officio)
Robert Matheney, M.D.	Director (Ex-Officio)
Christopher Roth, M.D.	Director (Ex-Officio)
William von Almen, M.D.	Director (Ex-Officio)

LCMC Health – Officers

Name	Title
Gregory C. Feirn	Chief Executive Officer
John F. Heaton, M.D.	President & Chief Medical Officer
JoAnn L. Kunkel	Chief Financial Officer
Jody B. Martin	Chief Legal Officer
Gregory Nielsen	Chief Operating Officer

The following individuals serve as directors and officers of Tulane University:

Tulane University – Directors

Name	Title
Carol L. Bernick	Chair
David M. Mussafer	Chair-Elect
Elizabeth Connolly Alexander	Director
Jeff R. Balser	Director
Brad Beers	Director
Regina M. Benjamin	Director
Gayle M. Benson	Director
Kim M. Boyle	Director
Michael A. Corasaniti	Director
Glenn M. Darden	Director
Michelle S. Diener	Director
Arnold W. Donald	Director
David F. Edwards	Director
Stephanie S. Feoli	Director
Michael A. Fitts	Director
Timothy B. Francis	Director
Suzanne Barton Grant	Director
Robert I. Grossman	Director
Lisa P. Jackson	Director
Jennifer Kottler	Director
Wayne J. Lee	Director
Richard M. Lerner	Director
Barry Alan Malkin	Director
William A. Marko	Director
E. Pierce Marshall Jr.	Director
Michael F. McKeever	Director
Martha W. Murphy	Director
Steven M. Paul	Director
Donald J. "Don" Peters	Director
Michael D. Rubenstein	Director
Irwin D. Simon	Director
Albert H. Small Jr.	Director
Ann G. Tenenbaum	Director
Mark W. Tipton	Director

Tulane University – Officers

Name	Title
Michael Fitts	President
Robin Forman	Senior Vice President for Academic Affairs and Provost
Lee Hamm, M.D.	Senior Vice President and Dean, School of Medicine
Victoria D. Johnson	General Counsel
Patrick J. Norton	Senior Vice President, Chief Operating Officer, and Treasurer
Virginia Wise	Senior Vice President for Advancement

The following individuals serve as directors and officers of University Healthcare System, L.C. ("UHS"):[2]

UHS – Directors

Name	Title
Patrick Norton	Chairman
Erol Akdamar	Director
Mary Brown	Director
Dan Castillo	Director
John Donahue	Director
Dr. Aaron Dumont	Director
Dr. Robin Forman	Director
Jon Foster	Director
Dr. Jacques Guillot	Director
Dr. Lee Hamm	Director
Ashley Johnson	Director
Ronnie Midgett	Director
Zachary Mueller	Director
Dr. Joseph Parra	Director
Tom Patrias	Director
Dr. Gabriella Pridjian	Director
Dr. Sandra Robinson	Director
Dr. Raju Thomas	Director
Dr. Jeffrey G. Wiese	Director
Jamie Youssef	Director

[2] UHS is a joint venture between Tulane and affiliates of HCA Healthcare, Inc. Columbia/HCA of New Orleans, Inc. is the majority owner of UHS. UHS is a multi-hospital system that serves as the primary health system partner of Tulane and operates Tulane University Medical Center, Tulane Lakeside Hospital, and Lakeview Regional Medical Center (collectively, the "UHS Hospitals"). *See* the response to Specification 5(a) for more detail.

UHS – Officers

Name	Title
Chad Cathey	Chief Operating Officer, Lakeview Regional Medical Center
Sean Flinn	Chief Operating Officer, Tulane University Medical Center
Deon Guidroz	Interim Chief Nursing Officer, Tulane University Medical Center
Dr. Jacques Guillot	Chief Medical Officer, Lakeview Regional Medical Center
Dr. Brandon Mauldin	Chief Medical Officer, Tulane University Medical Center
Ashley McGaha	Chief Financial Officer, Tulane University Medical Center
James Miller	Chief Financial Officer, Lakeview Regional Medical Center
Randy Moresi	Interim Chief Executive Officer, Lakeview Regional Medical Center
Jennifer Schmidt	Chief Nursing Officer, Lakeview Regional Medical Center
Amy Smallwood	Interim Chief Nursing Officer, Tulane University Medical Center
Tom Patrias	Interim Chief Executive Officer, Tulane University Medical Center

The following individuals serve as directors and officers of Columbia/HCA of New Orleans, Inc.:

Columbia/HCA of New Orleans, Inc. – Directors

Name	Title
John M. Franck II	Director
Samuel N. Hazen	Director
Christopher F. Wyatt	Director

Columbia/HCA of New Orleans, Inc. – Officers

Name	Title
Samuel N. Hazen	President
Erol R. Akdamar	Senior Vice President
Jon M. Foster	Senior Vice President
John M. Hackett	Senior Vice President and Treasurer
Michael R. McAlevey	Senior Vice President
A. Bruce Moore, Jr.	Senior Vice President
Joseph A. Sowell, III	Senior Vice President

Christopher F. Wyatt	Senior Vice President
Kevin A. Ball	Vice President and Assistant Secretary
Mike T. Bray	Vice President
Monica Cintado	Vice President
Natalie H. Cline	Vice President and Secretary
Jaime DeRensis	Vice President and Assistant Secretary
Eric Descher	Vice President
John M. Franck II	Vice President and Assistant Secretary
Ronald Lee Grubbs, Jr.	Vice President
Ashley Johnson	Vice President
Seth A. Killingbeck	Vice President and Assistant Secretary
Robert Lynch	Vice President
Jeff McInturff	Vice President
Ronnie Midgett	Vice President
T. Scott Noonan	Vice President
Nicholas L. Paul	Vice President
Doug L. Downey	Assistant Secretary
Deborah H. Mullin	Assistant Secretary
Shirley Scharf-Cheatham	Assistant Secretary
John I. Starling	Assistant Secretary

The following individuals serve as directors and officers of Medical Center of Baton Rouge, Inc.:

Medical Center of Baton Rouge, Inc. – Directors

Name	Title
John M. Franck II	Director
Samuel N. Hazen	Director
Christopher F. Wyatt	Director

Medical Center of Baton Rouge, Inc. – Officers

Name	Title
Samuel N. Hazen	President
Jon M. Foster	Senior Vice President
John M. Hackett	Senior Vice President and Treasurer
Michael R. McAlevey	Senior Vice President
A. Bruce Moore, Jr.	Senior Vice President
Joseph A. Sowell, III	Senior Vice President
Christopher F. Wyatt	Senior Vice President
Keith Zimmerman	Senior Vice President
Kevin A. Ball	Vice President and Assistant Secretary
Mike T. Bray	Vice President
Monica Cintado	Vice President

Natalie H. Cline	Vice President and Secretary
Jaime DeRensis	Vice President and Assistant Secretary
Eric Descher	Vice President
John M. Franck II	Vice President and Assistant Secretary
Ronald Lee Grubbs, Jr.	Vice President
Ashley Johnson	Vice President
Seth A. Killingbeck	Vice President and Assistant Secretary
Jeff McInturff	Vice President
Clifton Mills	Vice President
T. Scott Noonan	Vice President
Nicholas L. Paul	Vice President
Doug L. Downey	Assistant Secretary
Deborah H. Mullin	Assistant Secretary
Shirley Scharf-Cheatham	Assistant Secretary
John I. Starling	Assistant Secretary

The following individuals serve as directors and officers of Columbia Healthcare System of Louisiana, Inc.:

Columbia Healthcare System of Louisiana, Inc. – Directors

Name	Title
John M. Franck II	Director
William B. Rutherford	Director
Christopher F. Wyatt	Director

Columbia Healthcare System of Louisiana, Inc. – Officers

Name	Title
Michael S. Cuffe, M.D.	President
Jon M. Foster	Senior Vice President
John M. Hackett	Senior Vice President and Treasurer
Samuel N. Hazen	Senior Vice President
Michael R. McAlevey	Senior Vice President
A. Bruce Moore, Jr.	Senior Vice President
William B. Rutherford	Senior Vice President
Joseph A. Sowell, III	Senior Vice President
Christopher F. Wyatt	Senior Vice President
Keith Zimmerman	Senior Vice President
Kevin A. Ball	Vice President and Assistant Secretary
Mike T. Bray	Vice President
Jim Brown	Vice President
Monica Cintado	Vice President
Natalie H. Cline	Vice President and Secretary
Jaime DeRensis	Vice President and Assistant Secretary

Eric Descher	Vice President
Brian Dietrich	Vice President
John M. Franck II	Vice President and Assistant Secretary
Ronald Lee Grubbs, Jr.	Vice President
Ashley Johnson	Vice President
Louis Joseph	Vice President
Seth A. Killingbeck	Vice President and Assistant Secretary
John Laverty	Vice President
Jeff McInturff	Vice President
Clifton Mills	Vice President
T. Scott Noonan	Vice President
Nicholas L. Paul	Vice President
Jerry Rooker	Vice President
Ed Stevinson	Vice President
Kenneth Washington	Vice President
Albert Williams	Vice President
Doug L. Downey	Assistant Secretary
Deborah H. Mullin	Assistant Secretary
Shirley Scharf-Cheatham	Assistant Secretary
John I. Starling	Assistant Secretary

The following individuals serve as directors and officers of HCA Inc.:

HCA Inc. – Directors

Name	Title
Meg G. Crofton	Director
Robert J. Dennis	Director
Nancy-Ann DeParle	Director
Thomas F. Frist III	Director
William R. Frist	Director
Samuel N. Hazen	Director
Charles O. Holliday, Jr.	Director
Hugh F. Johnston	Director
Michael W. Michelson	Director
Wayne J. Riley, M.D.	Director
Andrea B. Smith	Director

HCA Inc. – Officers

Name[3]	Title
Samuel N. Hazen*	Chief Executive Officer

[3] *Designates an Executive Officer

Jennifer Berres*	Senior Vice President and Chief Human Resources Officer
Phillip G. Billington*	Senior Vice President – Internal Audit Services
Jeff E. Cohen*	Senior Vice President – Government Relations
Dr. Michael S. Cuffe*	Executive Vice President and Chief Clinical Officer
Jon M. Foster*	President – American Group
Charles J. Hall*	President – National Group
Michael R. McAlevey*	Senior Vice President and Chief Legal Officer
A. Bruce Moore, Jr.*	President – Service Line and Operations Integration
Sammie S. Mosier*	Senior Vice President and Chief Nurse Executive
P. Martin Paslick*	Senior Vice President and Chief Information Officer
Deborah M. Reiner*	Senior Vice President – Marketing and Communications
William B. Rutherford*	Executive Vice President and Chief Financial Officer
Joseph A. Sowell, III*	Senior Vice President and Chief Development Officer
Kathryn Torres*	Senior Vice President – Payer Contracting and Alignment
Kathleen M. Whalen*	Senior Vice President and Chief Ethics and Compliance Officer
Christopher F. Wyatt*	Senior Vice President and Controller
Shannon Dauchot	President and Chief Executive Officer – Parallon Business Performance Group
Edward Jones	President and Chief Executive Officer – Healthtrust Purchasing Group
Eric H. Paul	President – Behavioral Health Services
Gregg A. Stanley	President – Post-Acute Services
Amy Casseri	Senior Vice President – Provider Relations and Women's Services
John M. Hackett	Senior Vice President – Finance and Treasurer
Dr. Steven V. Manoukian	Senior Vice President – Strategic Services Lines
Dr. Michael Schlosser	Senior Vice President – Care Transformation and Clinical Innovation
Ashley Johnson	Chief Financial Officer – American Group
Ricardo Pavon	Chief Financial Officer – National Group

Jerry Rooker	Chief Financial Officer – Physician Services Group
Jarrod Watson	Chief Financial Officer – Outpatient Services Group
Frederick L. Adams	Vice President – Information Management & Analytics
Becky Adix	Vice President – Group Human Resources
Thomas M. Beck	Vice President – Human Resources
Michael T. Berry	Vice President – Internal Audit
William Blaufuss	Vice President – Innovation and Strategic Planning
Monica Cintado	Vice President – Development
Brent Clark	Vice President – Capital Asset Management
Paul M. Connelly	Vice President – Information Security
Michelle Cotton	Vice President and Chief Financial Officer – Clinical Operations Group
Brendan A. Courtney	Vice President and Chief Executive Officer – Workforce Management Solutions
Laura DeMotte	Vice President – Human Resources
Lisa W. Doyle	Vice President – Human Resources
Matthew Edman	Vice President – Internal Audit
Mark E. Edwards	Vice President and Chief Labor/Employment Counsel
Dr. Randy Fagin	Vice President – Clinical Operations Group and Chief Medical Officer – National Group
Shahzad M. Fakhar	Vice President – IT&S Field Operations
John M. Franck II	Vice President – Legal and Corporate Secretary
Kelly Furbee	Vice President – Human Resources
Jan M. Gannon	Vice President and Group Chief Nurse Executive
Gail Garrett	Vice President – Regulatory Compliance Support
James T. Glasscock	Vice President – Investments
Connie S. Glover	Vice President – Internal Audit
R. Lee Grubbs	Vice President – Tax and Chief Tax Officer
Kimberly F. Hatley	Vice President – Internal Audit
Rachel A. Hawksworth	Vice President – Human Resources
Sherri Henry	Vice President – Employee Benefits
Benjamin L. Hickok	Vice President – Internal Audit
MaryAnn Hodge	Vice President – Communications

Edmund S. Jackson	Vice President and Chief Data Scientist – Clinical Operations Group
J. Clint Jennings	Vice President and Chief Financial Officer – IT&S
Dr. Jim N. Jirjis	Vice President and Chief Health Information Officer
Jeff McInturff	Vice President and Chief Accounting Officer
Dr. Pranav C. Mehta	Vice President – Clinical Operations Group and Chief Medical Officer – American Group
Frank Morgan	Vice President – Investor Relations
Sherri L. Neal	Chief Diversity Officer
T. Scott Noonan	Vice President – Operations Counsel
Nicholas L. Paul	Vice President – Real Estate
Erica Rossitto	Vice President and Assistant Chief Nurse Executive – Clinical Operations Group
Michelle Rozen	Vice President – Group Human Resources
Brett Rungwerth	Vice President – Performance Improvement
Clint Russell	Vice President – Capital Deployment, Construction and Equipment
Dr. Kenneth E. F. Sands	Vice President, Chief Epidemiologist and Chief Patient Safety Officer – Clinical Operations Group
Kathryn Hays Sasser	Vice President – Litigation
Ritu Saxena	Vice President – Compensation
Kathy F. Smeykal	Vice President – Performance Improvement
Dee Anna Smith	Vice President and President – Sarah Cannon Cancer Services
Eric Smith	Vice President – Reimbursement
Brad Spicer	Vice President – Risk and Insurance
Donald Street, Jr.	Vice President – Financial Reporting
Elise R. Taylor	Vice President – Human Resources
Chadd M. Tierney	Vice President – Legal Development
Nicole Tremblett	Vice President – IT&S Shared Services & Planning
Wendy Warren	Vice President – Legal, Payer Contracting and Alignment and Parallon
Kenneth L. Washington	President – Practice Operations – Physicians Services Group
Chad Wasserman	Vice President – IT&S Infrastructure Services & Operations
Curtis Watkins	Vice President – Parallon

Brian R. Weldy	Vice President – Facility Management
Chris Wobensmith	Vice President – IT&S
Nathine H. Cline	Assistant Secretary

4. **Corporate Documents:** Attach as Appendix A, all corporate documents relating to each entity filing this Request. Include corporate documents of all parents, subsidiaries, or affiliates. For the purpose of this Request, "corporate documents" means the charter or articles of incorporation, bylaws, and any and all amendments to each corporate document.

Response to Specification 4:

Information responsive to this request is attached as **Appendix A**.

5. **Description of Proposed Agreement:** Attach as Appendix B a detailed description of the proposed agreement, including:

(a) A list of any services or products that are the subject of the proposed agreement or transaction;

(b) A description of any consideration passing to any person under the agreement or transaction, including the amount, nature, source, and recipient;

(c) A description of each party's contribution of capital, equipment, labor, services, or other value to the transaction, if any;

(d) Identification of any other services or products that are reasonably likely to be affected by the proposed agreement or transaction;

(e) A description of the geographic territory involved in the proposed agreement or transaction;

(f) If the geographic territory described in item (e) is different from the territory in which the applicants have engaged in the type of business at issue over the last five years, a description of how and why the geographic territory differs;

(g) Identification of all products or services that a substantial share of consumers would consider substitutes for any service or product that is the subject of the proposed agreement or transaction;

(h) Identification of whether any services or products of the proposed agreement or transaction are currently being offered, capable of being offered, utilized, or capable of being utilized by other providers or purchasers in the geographic territory described in item (e);

(i) Identification of the steps necessary, under current market and regulatory conditions, for other parties to enter the territory described in item (e) and compete with the applicants;

(j) A detailed explanation of the projected effects, including expected volume, change in price, and increased revenue, of the agreement or transaction on each party's current businesses, both generally as well as the aspects of the business directly involved in the proposed agreement or transaction;

(k) Each entity's estimate of their respective present market shares and that of others affected by the proposed agreement or transaction, and projected market shares after implementation of the proposed agreement or transaction;

(l) Identification of business plans, reports, studies, or other documents that discuss each entity's projected performance in the market, business strategies, competitive analyses and financial projections, including any documents prepared

in anticipation of the cooperative agreement, merger or consolidation, as well as those prepared prior to contemplation of the transaction;

(m) A description of each entity's performance goals, including quantitative standards for achieving the objectives of:

(1) lower health care costs; or

(2) higher quality health care or greater access to health care in Louisiana without any undue increase in health care costs.

(n) A description of how the anticipated efficiencies, cost savings and other benefits from the transaction will be passed on to the consumers of health care services;

(o) A description of the net efficiencies likely to result from the transaction, including an analysis of anticipated cost savings resulting from the transaction and the increased costs associated with the transaction;

(p) A statement of whether competition among health care providers or health care facilities will be reduced as a result of the proposed agreement or transaction; whether there will be adverse impact on quality, availability, or cost of health care; whether the projected levels of cost, access to health care, or quality of health care could be achieved in the existing market without the proposed agreement or transaction; and, for each of the above, an explanation of why or why not;

(q) A description of why the anticipated cost savings, efficiencies and other benefits from the transaction are not likely to result from existing competitive forces in the market; and

(r) If information is not supplied under any of the above items, an explanation of why the item is not applicable to the transaction or to the parties.

Response to Specification 5:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Information responsive to this request is attached as **Appendix B**.

6. **Description of Negotiations of the Agreement:** Attach as Appendix C a detailed description of all discussions and negotiations between each entity resulting in the proposed Agreement. To the extent practicable, this response should include, but not be limited to, a summary outline in date sequence of any and all meetings held with the following parties with respect to the proposed transaction:

(a) With each entity's financial advisors or investment bankers related to the proposed Agreement (including, but not limited to, management, committees of the board of directors or meetings of the full board);

(b) With prospective networkers, merging partners of each entity, together with a brief summary of the results of such meetings; and

(c) With other parties deemed significant to the transaction (including, but not limited to, outside experts or other consultants).

Response to Specification 6:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Information responsive to this request is attached as **Appendix C**.

7. **Closing Date:** What is the expected date of closing of the proposed Agreement? Attach as Appendix D a copy of any proposed Agreement.

Response to Specification 7:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

The Transaction is expected to close on or about January 1, 2023, dependent upon the issuance of a certificate of public advantage by the Department of Justice.

A copy of the Academic Affiliation Agreement, Membership Interest Transfer Agreement, and Unit Purchase Agreement is attached as **Appendix D**.

8. **Governmental Filings:** Attach as Appendix E all filings with respect to the proposed Agreement, including all amendments, appendices, and attachments, and each report or document provided to each federal, state, or local governmental entity regarding the proposed Agreement. Include copies of forms to be provided to each such entity, the answer to information or questions on such forms, and each attachment submitted in connection therewith.

Response to Specification 8:

Attached as **Appendix E** are the filings that have been identified to date as responsive to Specification 8. The Parties have not submitted any governmental filings as of the date of submission of this Application. Any necessary filings will be submitted to the appropriate federal, state, or local governmental entity by the Parties once finalized. Accordingly, the filings identified in Appendix E are subject to change.

9. **Meetings with Governmental Officials:** Attach as Appendix F summaries of all meetings with federal, state, or local authorities regarding any filings or documents referenced in Request #8. Also, include each and every document which memorializes or discusses any and all meetings or other communications with the United States Department of Justice, Federal Trade Commission, or any other state, federal or local governmental entity in connection with the proposed transaction.

Response to Specification 9:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Information responsive to this request is attached as **Appendix F**.

10. **Prior Agreements:** Identify all prior Agreements between the parties within the last three (3) years, including the following information for each:

(a) Date of Agreement;

(b) City/State;

(c) Brief Description.

Response to Specification 10:

Information responsive to this request is attached as **Table 10**.

Table 10: Prior Agreements

Date	City/State	Brief Description
3/31/1995	New Orleans, LA	Academic Affiliation Agreement, as amended, between Columbia/HCA of New Orleans, Inc., HCA Inc., and UHS.
7/16/2007	New Orleans, LA	Affiliation Agreement between LCMC Health and Tulane University School of Social Work (7/16/2007 to 7/15/2027) through which students enrolled at Tulane University will be provided clinical experience in patient care and related instruction at Children's Hospital.
6/1/2008	New Orleans, LA	Professional and Administrative Services Agreement between LCMC Health and Tulane for transplant services provided by Tulane.
9/1/2010	Metairie, LA	Dietetic Internship Affiliation Agreement between LCMC Health (EJGH) and Tulane School of Public Health.
7/1/2012	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University, Department of Anesthesiology (7/1/2012 to 6/30/2032) through which Tulane School of Medicine Anesthesiology residents will rotate at Children's Hospital.
6/24/2013	New Orleans, LA	Tulane University School of Medicine Hospitalist Agreement between LCMC Health and Tulane University School of Medicine for hospitalist physician services, including resident supervision, administrative, and clinical services.
6/24/2013	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane for on-call pediatric intensivist services provided by Tulane.
7/1/2014	New Orleans, LA	Master Affiliation Agreement for Graduate Education Program Residents from Tulane University between Children's Hospital and The Administrators of the Tulane Education Fund.
4/1/2015	New Orleans, LA	Neurology Medical Director Agreement between LCMC Health (NOEH) and Tulane University School of Medicine.
4/1/2015	New Orleans, LA	Neurology Services Agreement between LCMC Health (NOEH) and Tulane University School of Medicine.
3/1/2016	New Orleans, LA	Affiliation Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University School of Public Health.
4/20/2016	New Orleans, LA	AAMC Uniform Clinical Training Affiliation Agreement between LCMC Health and Tulane University School of Medicine for Tulane medical students to participate in clinical training at Children's Hospital.

Date	City/State	Brief Description
5/12/2016	New Orleans, LA	AAMC Uniform Clinical Training Affiliation Agreement between LCMC Health and Tulane University School of Medicine for Tulane medical students to participate in clinical training at University Medical Center New Orleans.
7/18/2016	Metairie, LA	AAMC Uniform Clinical Training Affiliation Agreement between LCMC Health and Tulane University School of Medicine for Tulane medical students to participate in clinical training at EJGH.
8/11/2016	New Orleans, LA	Pulmonary Hypertension Clinic Agreement for Tulane University School of Medicine physicians to staff University Medical Center New Orleans' pulmonary hypertension clinic.
12/5/2016	New Orleans, LA	Guidelines for the 4th Year School of Psychology Practicum Placement: Department of Psychology to clarify expectations, responsibilities, and obligations of the off-site faculty supervisor, on-site supervisor, and the extern for education at Children's Hospital Department of Psychology.
1/1/2017	New Orleans, LA	Professional, Medical Director, and On Call Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for pediatric anesthesiologists services.
1/1/2017	New Orleans, LA	Dietetic Internship Affiliation Agreement between West Jefferson Holdings LLC and Tulane University School of Public Health.
3/1/2017	New Orleans, LA	Trauma Services Agreement between LCMC Health and Tulane University School of Medicine under which Tulane provides trauma surgery services to University Medical Center New Orleans.
5/3/2017	New Orleans, LA	Employee Services Agreement between Columbia/HCA of New Orleans, Inc. and UHS.
6/1/2017	New Orleans, LA	Lease between University Medical Center Management Center and Tulane University for space located on the University Medical Center campus at 2000 Canal St, New Orleans.
7/1/2017	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane for psychiatry services provided by Tulane (behavioral health).
7/1/2017	New Orleans, LA	Medical Director Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group for medical director services provided by Tulane (multi-specialty)

Date	City/State	Brief Description
8/1/2017	New Orleans, LA	Professional Services and Medical Director Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for Palliative Care Services provided by Tulane.
10/1/2017	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for dermatology services provided by Tulane.
1/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for blood bank/transfusion call services provided by Tulane (Nielsen).
4/5/2018	Marrero, LA	AAMC Uniform Clinical Training Affiliation Agreement between LCMC Health and Tulane University School of Medicine for Tulane medical students to participate in clinical training at WJMC.
6/1/2018	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 18-19 (Children's Hospital).
6/1/2018	Metairie, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 18-19 (EJGH).
6/1/2018	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 18-19 (Touro).
6/1/2018	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 18-19 (University Medical Center New Orleans).
6/1/2018	Marrero, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 18-19 (WJMC).
6/24/2018	New Orleans, LA	Academic Affiliation Agreement between LCMC Health and Tulane for Tulane University School of Social Work students to train at University Medical Center New Orleans.
7/1/2018	New Orleans, LA	Department of Anesthesiology Residency Affiliation Agreement between LCMC Health and Tulane University School of Medicine.
7/1/2018	New Orleans, LA	Department of Dermatology Letter of Agreement Supplement to a Master Affiliation Agreement between LCMC Health and Tulane University School of Medicine.
7/1/2018	New Orleans, LA	Department of Pathology and Laboratory Medicine Letter of Agreement between LCMC Health and Tulane University School of Medicine.
7/1/2018	New Orleans, LA	Graduate Medical Education Affiliation Agreement and Supplemental Agreement for Department of Surgery between LCMC Health and Tulane University School of Medicine

Date	City/State	Brief Description
7/1/2018	New Orleans, LA	Hospitalist Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group under which Tulane provides such services to University Medical Center New Orleans.
7/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for primary care physician services (Gugel, Tate, Smith).
7/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane for psychiatry services provided by Tulane.
7/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for psychologist services provided by Tulane.
7/1/2018	New Orleans, LA	Resident Supervision Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group under which Tulane provides resident supervision to University Medical Center New Orleans.
7/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for bariatrics surgery services provided by Tulane to University Medical Center New Orleans (Killackey, Ducoin, and Hamner).
7/25/2018	New Orleans, LA	Classroom Use Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for use of classroom space to offer free nutrition and healthy living classes through the Krewe de Lose program.
8/1/2018	New Orleans, LA	Professional Services and Medical Director Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for palliative care services.
9/1/2018	New Orleans, LA	Academic Affiliation Agreement for Pediatric Academic Program between LCMC Health (Children's Hospital) and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine.
9/1/2018		Academic Affiliation Agreement between LCMC Health and Tulane University School of Medicine transferring the Tulane Pediatric Academic Program, including its medical education and training components, from Tulane University Hospital and Clinic to Children's Hospital.
9/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for endocrinology services (Sihota).
9/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane

Date	City/State	Brief Description
		University Medical Group for primary care physicians' services provided by Tulane (Callie Linden, MD).
11/01/2018	New Orleans, LA	Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine to engage Tulane University to make available to Children's Hospital the services of those Tulane providers.
11/1/2018	New Orleans, LA (primary location)	Professional Services Agreement between LCMC Health and Tulane for Tulane to provide pediatrics professional services including adolescent med, allergy, ambulatory, cardiology, community and global health, critical care, obesity/diabetes, gastroenterology, HEM/ONC, hospitalists, infectious disease, neonatology, nephrology, neurology, pulmonary, human genetics.
12/1/2018	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University School of Medicine for orthopedic physician services provided by Tulane (Billings).
1/1/2019	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for hematology/oncology services provided by Tulane (Atkinson).
1/1/2019	New Orleans, LA	Supplement to Master Affiliation Agreement between LCMC Health (WJMC) and Tulane University Orthopaedic Surgery Program.
2/1/2019	New Orleans, LA	Research Action for Health Network Data Sharing and Use Agreement between University Medical Center Management Corporation d/b/a University Medical Center New Orleans and The Louisiana Public Health Institute and Tulane for LEAD Study: Louisiana Experiment Assessing Diabetes Outcomes: Impact of a CMS reimbursement policy supporting care coordination in Louisiana.
2/15/2019	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for bariatrics surgery services provided by Tulane to University Medical Center New Orleans.
2/28/2019	Metairie, LA	Clinical Services Agreement between LCMC Health (EJGH) and Tulane to provide outpatient dietician services to former NFL patients.
3/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Pediatrics Section of Infectious Diseases.

Date	City/State	Brief Description
3/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Psychiatry Behavioral Sciences.
3/1/2019	New Orleans, LA	Amendment to Professional Services Agreement between Children's Hospital and Tulane to add ortho service line.
3/1/2019	New Orleans, LA	Professional Services Agreement between Children's Hospital and Tulane for on call pediatric pulmonary services (Kolls).
3/1/2019	New Orleans, LA	Interim Research Agreement between Children's Hospital and Tulane under which Tulane physicians and other personnel in the Tulane Pediatric Academic Program may conduct research at Children's Hospital.
3/1/2019	Metairie, LA	Professional Services Agreement between Children's Hospital and Tulane for resident supervision in the Triple Board Clinic.
3/1/2019	New Orleans, LA	Amendment to Extend Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane under which Tulane provides trauma surgery services to University Medical Center New Orleans (Duchesne).
4/1/2019	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane University Medical Group to provide anesthesia coverage at Tulane University Hospital and Clinic and Lakeside Campuses.
5/1/2019	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane for psychiatry and psychology services to be provided by Tulane (Gap Coverage and ER services).
6/1/2019	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 19-20 (Children's Hospital).
6/1/2019	Metairie, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 19-20 (EJGH).
6/1/2019	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 19-20 (Touro).
6/1/2019	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 19-20 (University Medical Center New Orleans).
6/1/2019	Marrero, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 19-20 (WJMC).
6/11/2019	New Orleans, LA	Lab Services Agreement between Children's Hospital and Tulane for Tulane's Hayward Genetics Center to provide molecular genetics testing services.

Date	City/State	Brief Description
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Neurology.
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Orthopaedic Surgery.
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Pediatrics.
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Ochsner Clinic Plastic Surgery Residency Program.
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Radiology Program.
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Surgery Program.
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Urology Program.
7/1/2019	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for the Internal Medicine residency program.
7/1/2019	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for the Urology Residency program.
7/1/2019	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine outlining details of the Plastic and Reconstructive Surgery program.
7/1/2019	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Urology.
7/1/2019	Metairie, LA	Imaging Services Agreement between LCMC Health (EJGH) and Tulane to provide X-ray services Tulane Institute for Sports Medicine (TISM) patients.
7/1/2019	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for Primary Care Physician Services (Gugel, Tate, Smith).
7/1/2019	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for psychiatry services provided by Tulane (O'Neill).
7/1/2019	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for psychologist services provided by Tulane (Gallagher).

Date	City/State	Brief Description
7/1/2019	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group under which Tulane provides resident supervision to University Medical Center New Orleans.
7/1/2019	New Orleans, LA	Amendment to Medical Director Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group under which Tulane provides medical director services for multiple positions.
7/3/2019	New Orleans, LA	Amendment to Diagnostic and Autopsy Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group under which Tulane provides such services to University Medical Center New Orleans.
7/12/2019	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane Lakeside for On-Call General Surgery services.
8/1/2019	New Orleans, LA	Defining the Role of Management Factors in Outcome Disparity in Pediatric T1D - National Institutes of Health.
8/15/2019	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for neurotology services (Jackson).
9/1/2019	New Orleans, LA	Data Transfer and Use Agreement between LCMC Health (University Medical Center Management Corporation d/b/a University Medical Center New Orleans) and Tulane to disclose data for non-funded non-commercial research quality improvement and assessment.
9/1/2019	New Orleans, LA	Academic Affiliation Agreement for Dietetic Internship Program between LCMC Health (Children's) and Tulane University School of Public Health.
9/1/2019	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group for Primary Care Physician Services (Linden).
9/2/2019	New Orleans, LA	Delegated Credentialing Agreement between LCMC Health (Children's Hospital) and Tulane University Medical Group for the provision of professional and consulting services by Tulane relating to Children's Hospital credentialing and enrollment process.
9/10/2019	New Orleans, LA	Affiliation Agreement between LCMC Health (Children's) and Tulane University School of Public Health & Tropical Medicine for Dietetic Intern Program.

Date	City/State	Brief Description
10/1/2019	New Orleans, LA	Amendment to Agreement for Medical Director Services between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group for medical director services provided by Tulane (multi-specialty).
10/14/2019	Metairie, LA	Professional Services Agreement between LCMC Health (EJGH) and Tulane to provide diagnostic imaging services for former NFL players.
12/19/2019	New Orleans, LA	Fifth Side Letter regarding Professional Services Agreement between LCMC Health and Tulane University Medical Group for Academic Research Agreements.
1/16/2020	New Orleans, LA	Data Use Agreement between LCMC Health (Children's) and Tulane under which Children's provides data to Tulane in connection with funded multi-site study of breastfeeding support practices.
1/16/2020	New Orleans, LA	Amendment to Professional and Administrative Services Agreement between LCMC Health (Children's Hospital) and Tulane for transplant services provided by Tulane.
1/20/2020	New Orleans, LA	Amendment to Professional Services Agreement between Children's Hospital and Tulane to add ENT and SURG service lines.
2/24/2020	New Orleans, LA	Data Use Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine.
3/16/2020	New Orleans, LA	Second Amendment to Professional Services and Medical Director Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for Palliative Care Services.
4/20/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane University Medical Group for pediatric psychiatry and psychology services (Sonnier).
5/1/2020	New Orleans, LA	Data Use Agreement between LCMC Health and Tulane for participation and provision of data in a Kellogg Grant Express Yourself Initiative, which focuses on breast feeding challenges for the very low birth weight infant.
5/1/2020	New Orleans, LA	Resident Employment Agreement between NOEH and Tulane University School of Public Health & Tropical Medicine (Andres).
5/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for Pulmonary Diseases and Critical Care Medicine provided by Tulane (Denson, Zifodya, Bojanowski, Becnel, Saito)
5/27/2020	New Orleans, LA	Confidentiality and Data Transfer and Use Agreement between LCMC Health (University Medical Center New Orleans) and Tulane to provide clinical care data for research

Date	City/State	Brief Description
		study related to concentrations of CoV-2 RNA in wastewater samples.
6/1/2020	New Orleans, LA	Student Affiliation Agreement between Children's Hospital and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for clinical training of Tulane Pathologists' Assistant Program students at Children's Hospital.
6/1/2020	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 20-21 (Children's Hospital).
6/1/2020	Metairie, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 20-21 (EJGH).
6/1/2020	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 20-21 (Touro).
6/1/2020	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 20-21 (University Medical Center New Orleans).
6/1/2020	Marrero, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 20-21 (WJMC).
6/1/2020	Metairie, LA	Imaging Services Agreement between LCMC Health (EJGH) and Tulane for EJGH to provide X-ray services Tulane Institute for Sports Medicine (TISM) patients.
6/24/2020	New Orleans, LA	Sixth Side Letter regarding Professional Services Agreement between LCMC Health and Tulane University School of Medicine.
6/30/2020	New Orleans, LA	Medical Student Training Agreement between LCMC Health (Touro) and Tulane University School of Medicine for provision of Medical Education to Graduate and Undergraduate Students at Tulane University.
6/30/2020	New Orleans, LA	Master Affiliation Agreement for Graduate Education Program between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine.
6/30/2020	New Orleans, LA	Agreement between LCMC Health and Tulane University School of Medicine for HIV/Infectious Disease services.
6/30/2020	New Orleans, LA	Agreement between LCMC Health and Tulane University School of Medicine for pediatric intensivist call services.
6/30/2020	New Orleans, LA	Trauma Call Agreement between LCMC Health and Tulane University School of Medicine for trauma call services.

Date	City/State	Brief Description
7/1/2020	New Orleans, LA	American Heart Association (AHA) Training Site Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for University Medical Center New Orleans to offer AHA courses.
7/1/2020	New Orleans, LA	American Heart Association (AHA) Training Site Agreement between LCMC Health (WJMC) and Tulane to allow WJMC to continue its designation as an approved American Heart Association Training site to conduct courses and authorize instructors for BLS, ACLS, and PALS.
7/1/2020	New Orleans, LA	American Heart Association (AHA) Training Site Agreement between Children's Hospital and Tulane for Children's Hospital to offer AHA courses.
7/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane for psychologist services provided by Tulane (Gallagher).
7/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group under which Tulane provides resident supervision to University Medical Center New Orleans.
7/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for Tulane to provide dermatology call coverage.
7/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for on call internal medicine and pediatric professional services (Cummings and Mai).
7/1/2020	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for psychiatry and psychology services to be provided by Tulane (Gap Coverage and ER services).
7/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for on call interventional radiology services.
7/1/2020	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for psychiatry and psychology services (Fowler).
7/1/2020	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Orthopaedic Surgery.
7/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on

Date	City/State	Brief Description
		behalf of the Tulane University School of Medicine for Dermatology Call Coverage (Bog, Williams, Ragland).
7/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane University Medical Group for Interventional Radiology On-Call Coverage (Caridi).
7/1/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Cardiac Electrophysiology Fellowship program.
7/1/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Cardiovascular Diseases Fellowship program.
7/1/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Endocrinology Diseases Fellowship program.
7/1/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for gastroenterology (GI) residency program.
7/1/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Interventional Cardiology Fellowship residency program.
7/1/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Otolaryngology-Head and Neck Surgery Residency program.
7/1/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Psychiatry Residency program.
7/1/2020	New Orleans, LA	Cardiology Agreement between LCMC Health and Tulane University School of Medicine for Tulane to provide cardiology physician services, including resident supervision, medical direction, and clinical services.
7/1/2020	New Orleans, LA	Diagnostics Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University School of Medicine for as needed autopsy and diagnostic services that cannot be performed at University Medical Center New Orleans.
7/27/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for direct care (non-teaching) hospitalist and nocturnist physicians services to be provided by Tulane.
8/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for Tulane to provide early childhood mental health consultations (Finelli, Kelley).

Date	City/State	Brief Description
8/1/2020	New Orleans, LA	Subaward Agreement between LCMC Health (Children's) and Tulane University School of Public Health (Leann Myers, PhD).
8/1/2020	New Orleans, LA	Amendment No. 1 to Research Subaward Agreement between LCMC Health and Tulane University for Gulf South Minority/Underserved Clinical Trials Network.
8/1/2020	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Neurosurgery Residents.
8/10/2020	New Orleans, LA	Confidentiality Agreement between LCMC Health Anesthesia Corporation and Tulane School of Medicine.
8/17/2020	New Orleans, LA	Duke University Subcontract from Tulane to LCMC Health (University Medical Center New Orleans) to conduct study activities at University Medical Center New Orleans.
9/1/2020	New Orleans, LA	Letter of Agreement between LCMC Health (Touro) and Tulane University School of Medicine for Ophthalmology Residency Program.
9/5/2020	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for its Hospice and Palliative Medicine Fellowship program.
9/15/2020	New Orleans, LA	Cooperative Endeavor Lease Agreement between Parish Hospital Service District for the Parish of Orleans, District A d/b/a NOEH and Tulane University for space in the NOEH parking lot to locate trailers for COVID-19 vaccine trials.
9/15/2020	Marrero, LA	Sub-Sublease Agreement between West Jefferson Holdings, LLC d/b/a West Jefferson Medical Center and Tulane University for space in the WJMC parking lot at 4413 Wichers Drive, Marrero to locate trailers for COVID-19 vaccine trials.
10/1/2020	New Orleans, LA	Transfer Agreement between University Health System, LC d/b/a Tulane Medical Center, Tulane Lakeside Hospital, Lakeview Regional Medical Center, a campus of Tulane Medical Center and University Medical Center Management Corporation d/b/a University Medical Center New Orleans.
10/3/2020	Metairie, LA	Eastern Louisiana Clinical Services (ELCS) Fourth Amendment to Coverage Agreement between LCMC Health (EJGH) and Tulane to extend EJGH Emergency Department on-call neurosurgery services coverage.
10/3/2020	Metairie, LA	EJGH District No. 2 Third Amendment to Neurosurgery Services Agreement between LCMC Health (EJGH) and Tulane to extend agreement under which Tulane provides professional neurosurgery and other administrative services to EJGH.

Date	City/State	Brief Description
10/8/2020	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for neurotology services (Jackson).
10/19/2020	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane University School of Medicine for endocrinology services provided by Tulane (Lovre).
11/15/2020	New Orleans, LA	Amendment to Hospitalist Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University Medical Group under which Tulane provides such services to University Medical Center New Orleans.
12/1/2020	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane for forensic psychiatry services provided by Tulane at the Juvenile Justice Intervention Center (JJIC) (Sonnier, Weiss, Fritzshe, Tregre, Fowler).
12/1/2020	New Orleans, LA	Memorandum of Understanding between University Medical Center Management Corporation d/b/a University Medical Center New Orleans and University Healthcare System, LC d/b/a Tulane Medical Center.
1/1/2021	New Orleans, LA	Memorandum of Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for clinical training of Tulane Pathologists' Assistant Program at University Medical Center New Orleans.
1/1/2021	New Orleans, LA	Affiliation Agreement between LCMC Health and Tulane University School of Medicine for pathologist assistant students to train at University Medical Center New Orleans.
1/27/2021	New Orleans, LA	Seventh Side Letter regarding Professional Services Agreement between LCMC Health and Tulane University School of Medicine.
2/8/2021	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane University School of Medicine for outpatient hepatology services (Amankonah, Regenstein, Moehlen).
2/22/2021	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for weekend and holiday psychiatry and psychology call coverage.
2/28/2021	New Orleans, LA	Interim Research Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for Tulane University physicians and the Department of Pediatrics research scientists, staff, medical students, and Residents and Fellows currently engaged in and conduct clinical, translational, and population science research.
3/1/2021	New Orleans, LA	Academic Affiliation between LCMC Health (University Medical Center New Orleans) and Tulane University School

Date	City/State	Brief Description
		of Public Health for dietetic internship students to train at University Medical Center New Orleans.
3/1/2021	Metairie, LA	Professional Services Agreement between LCMC Health (EJGH) and Tulane for Tulane to provide on-call hand surgery services to patients in EJGH's Emergency Department (Medvedev).
3/1/2021	New Orleans, LA	Amendment to extend Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane under which Tulane provides trauma surgery services to University Medical Center New Orleans (Duchesne).
4/1/2021	New Orleans, LA	Services Agreement between Children's Hospital and Tulane for Cystic Fibrosis Center of Louisiana coordinator services to be provided by Children's Hospital.
5/1/2021	Metairie, LA	Fifth Amendment to extend Neurosurgery Services Agreement between LCMC Health (EJGH) and Tulane under which Tulane provides professional neurosurgery and other administrative services to EJGH.
5/1/2021	Metairie, LA	Professional Services Agreement between LCMC Health (EJGH) and Tulane for Tulane to provide on-call neurosurgery services to patients in EJGH's Emergency Department.
6/1/2021	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 21-22 (Children's Hospital).
6/1/2021	Metairie, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 21-22 (EJGH).
6/1/2021	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 21-22 (Touro).
6/1/2021	New Orleans, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 21-22 (University Medical Center New Orleans).
6/1/2021	Marrero, LA	Affiliation Agreement for Graduate Education Programs for Academic Year 21-22 (WJMC).
6/23/2021	New Orleans, LA	Professional Services Agreement between Children's Hospital and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for Tulane to provide pediatric ophthalmology surgical and professional services, including ROP screenings for NICU (Hinkle).

Date	City/State	Brief Description
6/30/2021	New Orleans, LA	On Call Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for on call pediatric professional services to be provided as needed and as scheduled by the Tulane Section Chief of General Pediatrics (Cummings, Mai).
7/1/2021	New Orleans, LA	Amendment to extend Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for Tulane to provide dermatology call coverage.
7/1/2021	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane to add psych service line.
7/1/2021	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for non-teaching critical care services provided by Tulane (MICU red team).
7/1/2021	New Orleans, LA	Amendment to extend Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for orthopedic surgery services provided by Tulane (Billings).
7/1/2021	New Orleans, LA	Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for psychologist services provided by Tulane (Gallagher).
7/1/2021	New Orleans, LA	Resident Supervision Agreement between LCMC Health (University Medical Center New Orleans) and Tulane under which Tulane provides resident supervision to University Medical Center New Orleans.
7/1/2021	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for bariatric surgery services provided by Tulane to University Medical Center New Orleans.
7/1/2021	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for Psychiatry and Psychology Services (Fowler, Sonnier, Myint).
7/1/2021	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for pediatric dermatology call coverage, including consults for inpatients and Emergency Department (Boh, Williams, Ragland).
7/1/2021	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Surgery Program.

Date	City/State	Brief Description
7/1/2021	New Orleans, LA	Eighth Side Letter regarding Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine.
7/1/2021	New Orleans, LA	Academic Affiliation Agreement between LCMC Health (Touro) and Tulane University School of Medicine for Tulane medical students to participate in clinical training at Touro.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Anesthesiology Residency program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Dermatology Residency program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Dermatopathology Fellowship program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Hematology/Oncology fellowship program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Infectious Diseases program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Internal Medicine/Pediatrics Residency program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for nephrology program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Neurology Residency program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Obstetrics and Gynecology Residency program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Ophthalmology Residency program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Pathology Residency program.
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Pulmonary Diseases/Critical Care Fellowship program.

Date	City/State	Brief Description
7/1/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for surgery residency program.
7/1/2021	New Orleans, LA	Inpatient Psychologist Agreement between LCMC Health and Tulane University School of Medicine for psychologist services.
7/1/2021	New Orleans, LA	Primary Care Services Agreement between LCMC Health and Tulane University School of Medicine for primary care services (Ruth Fertel Clinic).
7/1/2021	New Orleans, LA	Affiliation Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for Graduate Education Programs at Tulane University.
7/1/2021	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Obstetrics and Gynecology Program.
7/1/2021	New Orleans, LA	Medical Direction Agreement between LCMC Health and Tulane University School of Medicine for medical direction services.
7/1/2021	New Orleans, LA	Resident Agreement between LCMC Health and Tulane University School of Medicine for graduate medical education.
7/1/2021	New Orleans, LA	Resident Supervision Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University School of Medicine for resident supervision and education services at University Medical Center New Orleans.
7/1/2021	New Orleans, LA	Amendment to Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for weekend and holiday psychiatry and psychology call coverage.
7/1/2021	New Orleans, LA	Contract Between State of Louisiana Department of Health and Tulane University Medical Center.
7/2/2021	New Orleans, LA	Psychiatry Agreement between LCMC Health and Tulane University School of Medicine for psychiatry services.
7/7/2021	New Orleans, LA	Human Milk Transportation Agreement between LCMC Health (Children's) and Tulane School of Medicine.
7/29/2021	New Orleans, LA	Subcontract from Tulane to LCMC Health (University Medical Center New Orleans) to conduct study activities at University Medical Center New Orleans (A Phase 3 Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Multicenter Study Evaluating the Efficacy and Safety of Remdesivir in Participants with Severely Reduced Kidney Function who are Hospitalized for COVID-19).

Date	City/State	Brief Description
7/30/2021	New Orleans, LA	Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for services of physicians specializing in psychiatry and psychology (Finelli, Kelley).
8/1/2021	New Orleans, LA	Third Amendment to extend Professional Services and Medical Director Agreement between LCMC Health (University Medical Center New Orleans) and Tulane University School of Medicine for Palliative Care Services.
8/1/2021	New Orleans, LA	Subcontract from Tulane to LCMC Health (University Medical Center New Orleans) to conduct study activities at University Medical Center New Orleans (EDORA Trial).
8/1/2021	New Orleans, LA	Subcontract from Tulane to LCMC Health (UMC) to conduct study activities at University Medical Center New Orleans (ADVENT: A Prospective Randomized Pivotal Trial of the FARAPULSE Endocardial Ablation System Compared with Standard of Care Ablation in Patients with Paroxysmal Atrial Fibrillation).
9/1/2021	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane University Medical Group under which Tulane provides dermatology services to patients of Children's Hospital and trains and supervises medical students and residents in pediatric dermatology (Boh, Clark).
9/1/2021	New Orleans, LA	Outpatient Psychologist Agreement between LCMC Health and Tulane University School of Medicine/Tulane University Medical Group for outpatient psychologists services (Terrebonne).
10/1/2021	New Orleans, LA	Human Milk Transportation Agreement between LCMC Health (Touro) and Tulane.
10/1/2021	New Orleans, LA	Human Milk Transportation Agreement between LCMC Health (EJGH) and Tulane School of Medicine.
10/1/2021	New Orleans, LA	Letter of Agreement between LCMC Health and Tulane University School of Medicine for Department of Orthopaedic Surgery.
10/1/2021	New Orleans, LA	Amendment to extend Professional Services Agreement between LCMC Health and Tulane for endocrinology patient care services provided by Tulane (Lovre).
10/01/2021	New Orleans, LA	ACGME Letter of Agreement between LCMC Health and Tulane University School of Medicine for Orthopedics Residency program.
10/1/2021	Metairie, LA	Amendment to Neurosurgery Services Agreement between LCMC Health (EJGH) and Tulane under which Tulane

Date	City/State	Brief Description
		provides professional neurosurgery and other administrative services to EJGH.
10/1/2021	New Orleans, LA	Subcontract from LCMC Health (University Medical Center New Orleans) to Tulane to conduct study activities at University Medical Center New Orleans (Phase 2a Randomized Controlled Trial of MIB-626 (β Nicotinamide Mononucleotide, NMN) vs. Placebo in Adults with COVID-19 Infection and Early Acute Kidney Injury).
10/1/2021	New Orleans, LA	W.K. Kellogg Foundation Striving for Systemic Equality Subcontract between LCMC Health (Children's Hospital) and Tulane.
11/1/2021	New Orleans, LA	Human Milk Transportation Agreement between LCMC Health (Touro) and Tulane School of Medicine.
11/30/2021	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane University Medical Group for Forensic Psychiatry at Juvenile Justice Intervention Center (JJIC).
12/1/2021	Metairie, LA	Diagnostic Services Agreement between LCMC Health (EJGH) and Tulane for EJGH to provide professional medical services including CT scans for participants identified by NFL Player Care Foundation.
12/31/2021	New Orleans, LA	Dietetic Internship Affiliation Agreement between LCMC Health and Tulane University School of Public Health & Tropical Medicine to provide students with educational, learning, and experiential opportunities through the off-campus educational experience.
1/1/2022	New Orleans, LA	Professional Services Agreement between LCMC Health (Children's Hospital) and Tulane for Tulane to provide pediatrics ophthalmology services (Ellis).
1/13/2022	Metairie, LA	Sixth Amendment to Neurosurgery Services Agreement between LCMC Health (EJGH) and Tulane under which Tulane provides professional neurosurgery and other administrative services to EJGH to update list of physicians.
1/14/2022	New Orleans, LA	Confidentiality and Non-Disclosure Agreement between LCMC Health and Tulane.
2/8/2022	New Orleans, LA	Amendment to extend Professional Services Agreement between LCMC Health (University Medical Center New Orleans) and Tulane for outpatient hepatology services (Amankonah, Regenstein, Moehlen).
2/15/2022	New Orleans, LA	Tulane Bariatric Surgery Services Agreement between LCMC Health and Tulane University School of Medicine for bariatric surgery clinical services (Baker).

Date	City/State	Brief Description
2/15/2022	New Orleans, LA	Confidentiality and Non-Disclosure Agreement between LCMC Health (EJGH) and Tulane.
2/21/2022	New Orleans, LA	Weekend and Holiday Coverage Agreement between LCMC Health and Tulane University Medical Group to provide On-Call coverage.
2/28/2022	New Orleans, LA	Professional Services Agreement between LCMC Health and The Administrators of the Tulane Educational Fund on behalf of the Tulane University School of Medicine for Resident Supervision for Tulane Triple Board Clinic.
2/28/2022	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane University Medical Group to provide pediatric pulmonology on call services (Kolls).
3/1/2022	New Orleans, LA	Academic Affiliation Agreement between LCMC Health and Tulane University School of Social Work for students to train at LCMC facilities.
3/1/2022	New Orleans, LA	Letter of Agreement with Ryan White Part A community partner, Tulane Total Health Clinic.
3/9/2022	New Orleans, LA	Confidentiality and Non-Disclosure Agreement between LCMC Health and Tulane University School of Medicine.
3/15/2022	New Orleans, LA	Subcontract agreement between LCMC Health and Tulane University School of Medicine for REMAP-CAP study awarded to Tulane by Global Coalition for Adaptive Research (GCAR).
3/31/2022	New Orleans, LA	Services Agreement between LCMC Health and Tulane University School of Medicine for Cystic Fibrosis Center of Louisiana Coordinator (Savant).
3/31/2022	New Orleans, LA	Professional Services Agreement between LCMC Health and Tulane University Medical Group for Pediatric Anesthesiologists.
4/1/2022	New Orleans, LA	First Amendment to extend Lease between LCMC Health (University Medical Center New Orleans) and Tulane for Hemophilia Treatment Center located at 2000 Canal Street, New Orleans, LA.
5/1/2022	New Orleans, LA	Critical Care Physician Services Agreement between LCMC Health and Tulane University Medical Group for services of critical care physicians.
5/15/2022	New Orleans, LA	Letter of Intent to Establish a Subaward Agreement between LCMC Health and Tulane University for study re: Respiratory Virus Vaccine Effectiveness in a Minority-Enriched Cohort.

Date	City/State	Brief Description
5/31/2022	New Orleans, LA	Blood Bank/Transfusion Call Agreement between LCMC Health and Tulane University School of Medicine for blood bank/transfusion physician call services (Nielsen).
5/31/2022	New Orleans, LA	Subcontract Agreement between LCMC Health and Tulane relating to A Randomized Controlled Study of Dapagliflozin Heart Failure Readmission: Effect of Dapagliflozin on Hospital Re-Admissions in Patients with Acutely Decompensated Heart Failure and Reduced Ejection Fraction.
6/6/2022	Metairie, LA	Professional and Administrative Services Agreement between LCMC Health (EJGH) and Tulane for family medicine residency program director (Pejic).
8/1/2022	New Orleans, LA	Academic Affiliation Agreement for Dietetic Internship Program between LCMC Health and Tulane University School of Public Health.

11. Letters of Intent: Attach as Appendix G any and all drafts and final versions of any and all letters of intent, confidentiality agreements, or other documents initiating negotiations, contact, or discussion between the parties to the Agreement.

Response to Specification 11:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Information responsive to this request is attached as **Appendix G**.

12. **Contracts or Purchase Agreements:** If any assets are passed to any Party under the Agreement, Attach as Appendix H any and all drafts and final versions of asset purchase agreements, contracts or agreements to transfer assets. Your response must also include any attachments, amendments, schedules, or appendices to such agreements.

Response to Specification 12:

As noted in the response to Specification 7, attached as **Appendix D** are the Academic Affiliation Agreement, Membership Interest Transfer Agreement, and Unit Purchase Agreement that outline all assets transferred as part of the Transaction.

13. **Fairness Opinions:** If any assets are passed to any Party under the Agreement, Attach as Appendix I any and all fairness opinions analyzing the proposed Agreement along with any supplemental analysis prepared by any entity or its experts. Include in your response the name of the company and the person(s) who prepared the opinion, their business telephone numbers and addresses, the agreement or engagement letter with such company or person, and background information regarding the company or person's qualifications.

Response to Specification 13:

No fairness opinions responsive to Specification 13 have been prepared.

14. **Meeting Minutes and Other Information:** Attach as Appendix J the following documents with respect each meeting during which the proposed Agreement was discussed, whether regular, special, or otherwise, of the board of directors or board of trustees for each entity.

(a) Announcements and the persons to whom the announcements were sent;

(b) Agenda;

(c) Minutes and/or resolutions of the board of directors or board of trustees for each entity which reflect or discuss the proposed Agreement, including those regarding the final vote;

(d) Each written report or document provided to the board or board members, including, but not limited to, each committee report and each expert's report;

(e) Each proposal or document referencing or regarding possible or actual Agreement;

(f) Each presentation to the board or any committee to the board; and

(g) Each attachment to (a) through (f).

Response to Specification 14:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Information responsive to Specification 14 is attached as **Appendix J**.

15. **Valuation Information:** Attach as Appendix K each appraisal (with each attachment), evaluation (with each attachment), and similar document (with each attachment) concerning the financial performance of each party to the transaction for the preceding five years, their assets, their properties, their worth as a going concern, or their market value. This Request shall include, but not be limited to, any appraisals of the common stock of any entity, any appraisals involving property held by any entity.

Response to Specification 15:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Attached as **Appendix K** is information responsive to Specification 15.

16. **Information Regarding Other Offers:** Attach as Appendix L each appraisal (with each attachment), evaluation (with each attachment), and similar document (with each attachment) concerning any negotiation, or proposal either initiated or received by any entity regarding the proposed Agreement, and the dollar value of such proposed Agreement.

Response to Specification 16:

LCMC Health, Tulane, and HCA have not identified any documents responsive to Specification 16.

17. **Mission Statement:** Attach as Appendix M any and all mission statements of each entity.

Response to Specification 17:

Attached as **Appendix M** is information responsive to Specification 17.

18. **Press Releases and Related Information:** Attach as Appendix N any and all press releases, newspaper articles, radio transcripts, audiotapes and videotapes of any television commercials or reports regarding the proposed transaction and any other offers identified in Request # 16.

Response to Specification 18:

LCMC Health, Tulane, and HCA do not have information responsive to Specification 18.

19. **Financial Records:** Attach as Appendix O all of the following for the last six (6) fiscal years for each entity, unless otherwise indicated:

(a) Audited and unaudited financial statements. Audits are sometimes presented in abbreviated form or in fuller form, with detailed supplements. Provide the most detailed form of your audit that is available.

(b) Consolidating statements (balance sheets and income statements for each fiscal year);

(c) Year-to-date internal financial statements for the most recent month-end available during the current year. Be sure that the statements are comparative (with the same period of the previous fiscal year), otherwise provide last year's internal financial statements for the corresponding period as well;

(d) If separate audited financial statements are prepared for any of your affiliates, or any parent or, please provide those audits, together with comparative year-to-date financial statements for each such member, affiliate, parent or subsidiary;

(e) Projected capital expenditure requirements for the next three (3) years;

(f) Each balance sheet, profit and loss statement, statement of change in financial position of each entity or company it controls, operates, manages, or is affiliated with and also the same information for the acquirer and any entity which you reasonably believe it owns, operates, manages, or controls;

(g) A detailed schedule of operating expenses, unless already provided with the audits;

(h) An analysis (aging) of accounts receivable by major category, of receivables as of the most recent month-end available, indicating the amounts ultimately considered collectable;

(i) Management compensation (salary, bonus, other benefits) for the five (5) officers receiving the greatest amount of compensation;

(j) Identify any material off-balance sheet assets or liabilities (i.e., any assets or liabilities not reflected on the most recent audited financial statements) and provide documentation concerning such assets or liabilities. Examples of such items would include a significant under-or over-funding in the pension plan or a current litigation judgment not reflected in the most recent audit;

(k) Identify any material contingent assets or liabilities, and the conditions that must occur for any such contingent assets to be realized or for any such contingent liabilities to be incurred; and

(l) Identify all accounting firms, including the name, address, and telephone number of the accountant(s) primarily responsible for accounting and auditing of the entities for the last six (6) years.

(m) If information is not supplied under any of the above items, explain why the information is not applicable to the transaction or parties.

Response to Specification 19:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Information responsive to this request is attached as **Appendix O**.

20. Conflict of Interest, Self-Interest, and Self-Dealing Issues:

(a) Attach as Appendix P an affidavit for each officer and director of each entity.

(b) Attach as Appendix Q any and all documents reflecting any possible conflict of interest, self-interest, or self-dealing of any board member, officer, or director in connection with the proposed Agreement. Such documents shall include evidence of any disclosures or other curative measures taken by the board and any documents suggesting or referencing financial or employment incentives or inducements offered to any board member, director or officer.

Response to Specification 20:

LCMC Health, Tulane, and HCA have not identified any conflicts of interest, self-interest, or self-dealing for any LCMC Health, Tulane, or HCA board member, officer, or director in connection with the Transaction.

21. **Persons Involved in Decision Making or Planning:** Attach as Appendix R a list of the full legal names, titles, addresses, and telephone numbers of each and every officer, director, representative, manager, executive, expert or other persons having substantial input, at any phase of decision making or planning, into the decision or plan for the proposed Agreement.

Response to Specification 21:

Attached as **Appendix R** is information responsive to Specification 21.

22. **Market Studies:** Attach as Appendix S each market study (and attachments) done for or by each entity, or otherwise received by each entity. Include an analysis of an entity's market share from the perspectives which are normally tracked by the entity's board.

Response to Specification 22:

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Attached as **Appendix S** is information responsive to Specification 22.

23. **Registered Agents for Service or Process:** Identify the registered agent for service of process, including his or her complete address, for each entity.

Response to Specification 23:

The registered agent for service of process for LCMC Health is:

Jody Martin
LCMC Health
Energy Centre, 1100 Poydras St., Suite 2500
New Orleans, LA 70163

The registered agent for service of process for Tulane is:

Victoria D. Johnson
The Administrators of the Tulane Educational Fund
6823 St. Charles Avenue
New Orleans, LA 70118

The registered agent for service of process for Columbia/HCA of New Orleans, Inc., Medical Center of Baton Rouge, Inc., and Columbia Healthcare System of Louisiana, Inc. is:

CT Corporation System
3867 Plaza Tower Drive
Baton Rouge, LA 70816

The registered agent for service of process for HCA Inc. is:

The Corporation Trust Company
1209 Orange Street
Corporation Trust Center
Wilmington, DE 19801

CERTIFICATION AND VERIFICATION AFFIDAVIT
To be completed by President or Chief Executive Officer

This Request for Information Form, together with any and all appendices and attachments thereto, was prepared and assembled under my supervision in accordance with the instructions and definitions issued by the Attorney General. Subject to the recognition that, where so indicated, reasonable estimates have been made because books and records do not provide the required data, the information is, to the best of my knowledge, true, correct, and complete. If copies were submitted in lieu of originals, the documents submitted are true and exact copies. I understand that my obligation to provide information pursuant to this Request shall be continuing in nature and shall forthwith notify the Attorney General, in writing, of any representations that have been made or that might have been made in accordance with this Request which need to be updated, corrected or modified. The copies also are authentic for the purposes of Louisiana law. If copies were submitted, I also agree to retain the originals under may care, custody, and control, and I will not destroy or alter the originals without express written consent of the Attorney General or his appointed designee.

I certify, upon personal knowledge, that the attached form has been completed with true and accurate information, **under penalty or perjury.**

STATE of LOUISIANA

Parish/County ORLEANS

Affiant's Signature: [signature]

Date: 9/30/22

Sworn and subscribed before me this 30th Sept. day of 20 22

Notary Public [signature] (Brian Schwartz)

My Commission expires: at death

To be completed by Affiant:

Name Gregory Feirn

Title CEO

Address: 1100 Poydras St. Ste 2500 New Orleans, LA 70163

Telephone No. 504-896-8035

Facsimile No.

BRIAN S. SCHWARTZ NOTARY PUBLIC NO. 159119 PARISH OF ORLEANS, LA

CERTIFICATION AND VERIFICATION AFFIDAVIT
To be completed by President or Chief Executive Officer

This Request for Information Form, together with any and all appendices and attachments thereto, was prepared and assembled under my supervision in accordance with the instructions and definitions issued by the Attorney General. Subject to the recognition that, where so indicated, reasonable estimates have been made because books and records do not provide the required data, the information is, to the best of my knowledge, true, correct, and complete. If copies were submitted in lieu of originals, the documents submitted are true and exact copies. I understand that my obligation to provide information pursuant to this Request shall be continuing in nature and shall forthwith notify the Attorney General, in writing, of any representations that have been made or that might have been made in accordance with this Request which need to be updated, corrected or modified. The copies also are authentic for the purposes of Louisiana law. If copies were submitted, I also agree to retain the originals under may care, custody, and control, and I will not destroy or alter the originals without express written consent of the Attorney General or his appointed designee.

I certify, upon personal knowledge, that the attached form has been completed with true and accurate information, **under penalty or perjury.**

STATE of Louisiana

Parish/County Orleans

Affiant's Signature: Michael A. Fitts

Date: 10/3/2022

Sworn and subscribed before me this _____ day of 20_____

Notary Public Howard T. Boyd

My Commission expires:

_____

_____

HOWARD T. BOYD, III
NOTARY PUBLIC
Parish of Orleans, State of Louisiana
Bar Number: 27186
My Commission is issued for Life

To be completed by Affiant:

Name Michael A. Fitts

Title President

Address: 6823 St. Charles Ave., New Orleans, LA 70118

Telephone No. 504-865-5201

Facsimile No. 504-865-5202

CERTIFICATION AND VERIFICATION AFFIDAVIT
To be completed by President or Chief Executive Officer

This Request for Information Form, together with any and all appendices and attachments thereto, was prepared and assembled under my supervision in accordance with the instructions and definitions issued by the Attorney General. Subject to the recognition that, where so indicated, reasonable estimates have been made because books and records do not provide the required data, the information is, to the best of my knowledge, true, correct, and complete. If copies were submitted in lieu of originals, the documents submitted are true and exact copies. I understand that my obligation to provide information pursuant to this Request shall be continuing in nature and shall forthwith notify the Attorney General, in writing, of any representations that have been made or that might have been made in accordance with this Request which need to be updated, corrected or modified. The copies also are authentic for the purposes of Louisiana law. If copies were submitted, I also agree to retain the originals under may care, custody, and control, and I will not destroy or alter the originals without express written consent of the Attorney General or his appointed designee.

I certify, upon personal knowledge, that the attached form has been completed with true and accurate information, **under penalty or perjury.**

STATE of Tennessee

Parish/County Davidson

Affiant's Signature: Joseph A. Sawell, III

Date: Oct. 4, 2022

Sworn and subscribed before me this 4th day of October 2022

Notary Public Alexandria Kreiberg

My Commission expires: July 7, 2025

ALEXANDRIA KREIBERG
TENNESSEE NOTARY PUBLIC
My Comm Exp. July 7, 2025
COUNTY OF DAVIDSON

To be completed by Affiant:

Name Joseph A. Sawell, III

Title Senior Vice President

Address: 1 Park Plaza
Nashville, TN 37203

Telephone No. 615-344-9551

Facsimile No. 615-344-1784

CERTIFICATION AND VERIFICATION AFFIDAVIT
To be completed by President or Chief Executive Officer

This Request for Information Form, together with any and all appendices and attachments thereto, was prepared and assembled under my supervision in accordance with the instructions and definitions issued by the Attorney General. Subject to the recognition that, where so indicated, reasonable estimates have been made because books and records do not provide the required data, the information is, to the best of my knowledge, true, correct, and complete. If copies were submitted in lieu of originals, the documents submitted are true and exact copies. I understand that my obligation to provide information pursuant to this Request shall be continuing in nature and shall forthwith notify the Attorney General, in writing, of any representations that have been made or that might have been made in accordance with this Request which need to be updated, corrected or modified. The copies also are authentic for the purposes of Louisiana law. If copies were submitted, I also agree to retain the originals under may care, custody, and control, and I will not destroy or alter the originals without express written consent of the Attorney General or his appointed designee.

I certify, upon personal knowledge, that the attached form has been completed with true and accurate information, **under penalty or perjury.**

STATE of Tennessee

Parish/County Davidson

Affiant's Signature: [signature]

Date: Oct. 4, 2022

Sworn and subscribed before me this 4th day of 2022 October

Notary Public Alexandria Kreibergs

My Commission expires: July 7, 2025

ALEXANDRIA KREIBERGS
TENNESSEE NOTARY PUBLIC
My Comm Exp July 7, 2025
COUNTY OF DAVIDSON

To be completed by Affiant:

Name Joseph A. Sowell, III

Title Senior Vice President

Address: 1 Park Plaza
Nashville, TN 37203

Telephone No. 615·344·9551

Facsimile No. 615·344·1784

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Name Joseph A. Sowell, III

Title Senior Vice President

Address: 1 Park Plaza
Nashville, TN 37203

Telephone No. 615-344-9551

Facsimile No. 615-344-1784

Appendix A: Corporate Documents

Attached as **Appendix A – LCMC Health** are the following corporate documents for LCMC Health:

Entity	Corporate Document	Number
Audubon Retirement Village, Inc.	• Articles of Incorporation • Bylaws	• A-000001 • A-000007
Children's Hospital	• Articles of Amendment and Restatement of the Articles of Incorporation • Amended and Restated Bylaws	• A-000013 • A-000020
Children's Hospital Anesthesia Corporation d/b/a LCMC Health Anesthesia Corporation	• Amended and Restated Articles of Incorporation and Amendment to Article Two of the Amended and Restated Articles of Incorporation • Third Amended and Restated Bylaws	• A-000039 • A-000046
Children's Hospital Medical Practice Corporation d/b/a Children's Pediatrics	• Articles of Incorporation and Amendment • Bylaws	• A-000052 • A-000059
Community Services Collaborative, LLC	• Partnership Registration • Partnership Agreement	• A-000072 • A-000073
Crescent City Physicians, Inc.	• Articles of Incorporation • Bylaws	• A-000086 • A-000093
Crescent City Surgical Centre Operating Company, L.L.C.	• Articles of Organization • Second Amended and Restated Operating Agreement	• A-000101 • A-000106
East Jefferson Surgery Center, L.L.C. / East Jefferson Ambulatory Surgery Center, L.L.C.	• Articles of Organization • Operating Agreement	• A-000199 • A-000202
East Jefferson Physicians Group, L.L.C. (formerly East Jefferson Primary Care, L.L.C.)	• Articles of Organization • Amended Operating Agreement	• A-000256 • A-000259
East Jefferson Radiation Oncology, L.L.C.	• Articles of Organization • Operating Agreement	• A-000263 • A-000267
Gulf South Quality Network – New Orleans, L.L.C.	• Articles of Organization and Amendment	• A-000285

	• Second Amended and Restated Operating Agreement	• A-000289
LCMC Health Clinical Services, LLC d/b/a NOLA Physician Group	• Articles of Organization • Company Agreement	• A-000320 • A-000322
LCMC Health Clinical Support, LLC	• Articles of Organization • Operating Agreement	• A-000336 • A-000338
LCMC Health Holdings, Inc. d/b/a East Jefferson General Hospital	• Articles of Incorporation • Amended and Restated Bylaws	• A-000350 • A-000355
LCMC Health Pharmacy Services, LLC	• Articles of Organization • Operating Agreement	• A-000375 • A-000377
LCMC Healthcare Partners, LLC	• Articles of Organization • Amended and Restated Operating Agreement	• A-000389 • A-000391
LCMC Urgent Care, LLC	• Certificate of Formation • Operating Agreement and First Amendment	• A-000400 • A-000401
LHP Accountable Care, LLC	• Articles of Organization • Operating Agreement	• A-000453 • A-000455
Louisiana Children's Medical Center	• Articles of Incorporation • Amended and Restated Bylaws	• A-000466 • A-000473
Metairie Physician Services, Inc.	• Third Amended and Restated Articles of Incorporation • Second Amended and Restated Bylaws	• A-000487 • A-000492
New Orleans Clinical Services, LLC	• Articles of Organization • Company Agreement	• A-000499 • A-000501
New Orleans Physician Services, Inc.	• Articles of Incorporation • Second Amended and Restated Bylaws	• A-000515 • A-000518
TIJV, L.L.C.	• Articles of Organization • Amended and Restated Operating Agreement and First Amendment	• A-000531 • A-000535
Touro Infirmary	• Articles of Incorporation • Amended and Restated Bylaws	• A-000573 • A-000579
Touro Infirmary Foundation	• Articles of Incorporation • Amended and Restated Bylaws	• A-000601 • A-000623
University Medical Center Management Corporation d/b/a	• Restated Articles of Incorporation • Amended and Restated Bylaws	• A-000637 • A-000648

University Medical Center New Orleans		
West Jefferson Holdings, LLC d/b/a West Jefferson Medical Center	• Articles of Organization • Second Amended and Restated Operating Agreement	• A-000673 • A-000677
West Jefferson Industrial Medicine, L.L.C.	• Articles of Organization • Operating Agreement	• A-000699 • A-000701
West Jefferson MRI, L.L.C.	• Articles of Organization • Operating Agreement and First Amendment	• A-000766 • A-000769
Woldenberg Village, Inc.	• Second Amended and Restated Articles of Incorporation • Amended and Restated Bylaws	• A-000805 • A-000825

Attached as **Appendix A – Tulane** are the following corporate documents for Tulane:

Entity	Corporate Document	Number
The Administrators of the Tulane Educational Fund	• Charter • Bylaws	• A-000833 • A-000836
University Healthcare System, L.C.	• Articles of Organization • Amended and Restated Operating Agreement and Amendment, Second Amendment, Third Amendment, Fourth Amendment, Fifth Amendment and Sixth Amendment	• A-000846 • A-000848
Howard Memorial Library Association	• Act of Incorporation • Bylaws	• A-000932 • A-000940
Olive and Blue Insurance Company, Ltd.	• Articles of Association • Memorandum of Association	• A-000943 • A-000982
Riversphere One, L.L.C.	• Articles of Organization • Operating Agreement	• A-000985 • A-000986
Riversphere Two, L.L.C.	• Articles of Organization • Operating Agreement	• A-000987 • A-000988
Square 245, L.L.C.	• Articles of Organization • Operating Agreement	• A-000989 • A-000990
Tulane Cary Land, LLC	• Articles of Organization • Operating Agreement	• A-000993 • A-000995
Tulane Cary Royalty Interests, LLC	• Articles of Organization • Operating Agreement	• A-001003 • A-001005
Tulane Cary Working Interests, LLC	• Articles of Organization • Operating Agreement	• A-001013 • A-001015
Tulane International, LLC	• Certificate of Formation • Limited Liability Company Agreement	• A-001023 • A-001025
Tulane Law Review Association	• Charter • Bylaws	• A-001029 • A-001038
Tulane Living Well, LLC (Formerly Tulane University Physician Organization, L.L.C.)	• Amended and Restated Articles of Organization • Operating Agreement	• A-001053 • A-001057
Tulane Murphy Foundation, Inc.	• Amended, Restated and Superseding Articles of Incorporation • Amended and Restated Bylaws	• A-001076 • A-001087

Tulane Pharmacy LLC	• Articles of Organization • Operating Agreement	• A-001097 • A-001099
Warwick Apartments, Inc.	• Articles of Incorporation • Bylaws	• A-001119 • A-001123

Attached as **Appendix A – HCA** are the following corporate documents for Columbia/HCA of New Orleans, Inc., Medical Center of Baton Rouge, Inc., and Columbia Healthcare System of Louisiana, Inc.:

Entity	Corporate Document	Number
Columbia/HCA of New Orleans, Inc.	• Articles of Incorporation • Bylaws	• A-001144 • A-001146
Columbia Healthcare System of Louisiana, Inc.	• Articles of Incorporation • Bylaws	• A-001154 • A-001157
HCA Inc.	• Amended and Restated Certificate of Incorporation • Amended and Restated Bylaws	• A-001165 • A-001169
Medical Center of Baton Rouge, Inc.	• Articles of Incorporation • Bylaws	• A-001177 • A-001181
Center for Digestive Diseases, LLC	• Articles of Organization • Operating Agreement	• A-001183 • A-001184
Lakeside Women's Services, LLC	• Articles of Organization • Operating Agreement	• A-001194 • A-001197
Lakeview Cardiology Specialists, LLC	• Articles of Organization • Operating Agreement	• A-001207 • A-001208
Lakeview Regional Physician Group, LLC	• Articles of Organization • Amended and Restated Operating Agreement	• A-001217 • A-001220
Metairie Primary Care Associates, LLC	• Articles of Organization • Operating Agreement	• A-001230 • A-001231
Tchefuncte Cardiology Associates – Lakeview, LLC	• Articles of Organization • Operating Agreement	• A-001241 • A-001242
TUHC Anesthesiology Group, LLC	• Articles of Organization • Limited Liability Company Agreement	• A-001251 • A-001252
TUHC Hospitalist Group, LLC	• Articles of Organization • Operating Agreement	• A-001262 • A-001263
TUHC Physician Group, LLC	• Articles of Organization • Limited Liability Company Agreement	• A-001273 • A-001276

TUHC Primary Care and Pediatrics Group, LLC	• Articles of Organization • Limited Liability Company Agreement	• A-001286 • A-001287
TUHC Radiology Group, LLC	• Articles of Organization • Amended & Restated Operating Agreement	• A-001297 • A-001298
Tulane Clinic, LLC	• Articles of Organization • Amended & Restated Operating Agreement	• A-001303 • A-001304
Tulane Professionals Management, LLC	• Articles of Organization • Limited Liability Company Agreement	• A-001309 • A-001310
Uptown Primary Care Associates, LLC	• Articles of Organization • Operating Agreement	• A-001319 • A-001321
University Healthcare System, L.C.	• Articles of Organization • Amended and Restated Operating Agreement and Amendment, Second Amendment, Third Amendment, Fourth Amendment, Fifth Amendment and Sixth Amendment	• A-000846 • A-000848

Appendix B: Description of Proposed Agreement

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

5(a). A list of any services or products that are the subject of the proposed agreement or transaction; B-3

5(b). A description of any consideration passing to any person under the agreement or transaction, including the amount, nature, source, and recipient; B-10

5(c). A description of each party's contribution of capital, equipment, labor, services, or other value to the transaction, if any; B-10

5(d). Identification of any other services or products that are reasonably likely to be affected by the proposed agreement or transaction; B-13

5(e). A description of the geographic territory involved in the proposed agreement or transaction; B-18

5(f). If the geographic territory described in item (e) is different from the territory in which the applicants have engaged in the type of business at issue over the last five years, a description of how and why the geographic territory differs; B-18

5(g). Identification of all products or services that a substantial share of consumers would consider substitutes for any service or product that is the subject of the proposed agreement or transaction; B-21

5(h). Identification of whether any services or products of the proposed agreement or transaction are currently being offered, capable of being offered, utilized, or capable of being utilized by other providers or purchasers in the geographic territory described in item (e); B-22

5(i). Identification of the steps necessary, under current market and regulatory conditions, for other parties to enter the territory described in item (e) and compete with the applicants; B-41

5(j). A detailed explanation of the projected effects, including expected volume, change in price, and increased revenue, of the agreement or transaction on each party's current businesses, both generally as well as the aspects of the business directly involved in the proposed agreement or transaction; B-45

5(k). Each entity's estimate of their respective present market shares and that of others affected by the proposed agreement or transaction, and projected market shares after implementation of the proposed agreement or transaction; B-47

5(l). Identification of business plans, reports, studies, or other documents that discuss each entity's projected performance in the market, business strategies, competitive analyses and financial projections, including any

documents prepared in anticipation of the cooperative agreement, merger or consolidation, as well as those prepared prior to contemplation of the transaction; B-51

5(m). A description of each entity's performance goals, including quantitative standards for achieving the objectives: B-52

5(n). A description of how the anticipated efficiencies, cost savings and other benefits from the transaction will be passed on to the consumers of health care services; B-66

5(o). A description of the net efficiencies likely to result from the transaction, including an analysis of anticipated cost savings resulting from the transaction and the increased costs associated with the transaction;.....B-69

5(q). A description of why the anticipated cost savings, efficiencies and other benefits from the transaction are not likely to result from existing competitive forces in the market; B-69

5(p). A statement of whether competition among health care providers or health care facilities will be reduced as a result of the proposed agreement or transaction; whether there will be adverse impact on quality, availability, or cost of health care; whether the projected levels of cost, access to health care, or quality of health care could be achieved in the existing market without the proposed agreement or transaction; and, for each of the above, an explanation of why or why not; B-72

5(a). A list of any services or products that are the subject of the proposed agreement or transaction;

Response to Specification 5(a):

The Entities

1. LCMC Health

LCMC Health is a non-profit, community-based health system based in New Orleans, Louisiana. LCMC Health was founded as Louisiana's first freestanding children's hospital and has grown into a health care system built to serve the unique needs of communities and families across New Orleans, the Gulf Coast, and beyond. With a total of 1,862 beds, over 2,700 physicians and providers, and a family of six hospitals, LCMC Health offers the largest and most comprehensive children's hospital in Louisiana, a Level I trauma center, cancer center, burn center, and stroke center, among other innovative services. With its focus on providing high-quality health care for every person and parish in Louisiana and beyond, LCMC Health is accredited by The Joint Commission, and recognized by U.S. News and World Report, the American Heart Association, Leapfrog, and other organizations for its high-quality services. LCMC Health has outperformed certain state data for healthcare-associated infections ("HAIs"), as compiled by the Centers for Medicare & Medicaid Services. For example, LCMC Health's aggregate rate of catheter-associated urinary tract infections ("CAUTI") (0.569) is significantly lower than the Louisiana average (0.689).[4] In 2022, *Becker's Hospital Review* recognized LCMC Health as one of the "150 Top Places to Work in Healthcare" and in 2021, LCMC Health was named to the list of *Forbes'* "Best Employers." Also in 2021, LCMC Health earned the "Brand of the Year" award from Sprout Social; the "Joy in Medicine" recognition from the American Medical Association; and the "Digital Health Most Wired" recognition from the College of Healthcare Information Management Executives ("CHIME"). *Modern Healthcare* awarded LCMC Health two "Gold" designations—the highest honor in each category—in 2021 for its vaccination campaign and Physician Directory Redesign Project.

LCMC Health has consistently proven itself a committed community health partner. Since its start, when it was formed through the combination of Children's Hospital and Touro Infirmary ("Touro"), staving off Touro's financial distress in 2009, LCMC Health has established a proven track record of investing in the strength of individual hospitals. Its role in shaping the landscape of New Orleans communities is shown by its historic partnerships with state and local governments, which have positioned LCMC Health to operate hospitals in underserved communities. For example, in 2012 through 2013, LCMC Health partnered with the State of Louisiana to operate the Interim LSU Hospital and the future University Medical Center New Orleans, following the shuttering of Charity Hospital during Hurricane Katrina. This public-private partnership, along with eight other public-private partnership hospitals in the state, provided a nearly $2.7 billion boost to the Louisiana budget while reducing emergency room wait times, increasing outpatient

[4] *See* Gabrielle Masson, *States Ranked by Healthcare-associated CAUTI Rates*, Becker's Hospital Review (Feb 25, 2022), https://www.beckershospitalreview.com/infection-control/states-ranked-by-healthcare-associated-cauti-rates html.

visits, eliminating waiting lists for prescriptions and primary care, and expanding specialty services.[5]

LCMC Health also has a strong track record of successfully partnering with academic institutions to provide world-class health care services and training, as demonstrated by its decades-long partnership with Louisiana State University ("LSU"). Through its partnerships with LSU and other universities, thousands of medical, dentistry, nursing, and allied health students train in LCMC Health hospitals every year. LCMC Health employs more LSU faculty as medical staff than any system in the state, [redacted]

Most recently, LCMC Health committed $75 million to LSU over the next five years for cancer research and treatment for patients and revolutionary STEM education programs for future health care professionals. As LSU's lead clinical partner in the vision for ascending the LCMC Health/LSU Cancer Center to a National Cancer Institute ("NCI")-Designated Cancer Center, LCMC Health aims to develop world-class, multidisciplinary cancer care and clinical research programs driven toward earning NCI designation for Louisiana. The investment will help transform health care in the region by offering enhanced care and access for cancer patients and additional resources and training for students.[6] As evidenced by such commitments, LCMC Health is dedicated to playing a vital role in employing and training the next generation of Louisiana health care professionals.

LCMC Health's commitment is further demonstrated through its capital investments of more than [redacted] across the LCMC Health system over the past five years. LCMC Health is dedicated to offering care broadly, with special emphasis on underserved communities, and its proposed relationship with Tulane University will expand its ability to do so.

Today, LCMC Health offers six hospital locations that provide a continuum of care to the families of the Gulf South region and beyond:

- **Children's Hospital New Orleans ("Children's Hospital").** Founded in 1955 and located in New Orleans, Children's Hospital is a 257-bed, not-for-profit, Magnet-certified pediatric academic medical center offering over 40 pediatric specialties for infants, children, and adolescents from Louisiana's 64 parishes, nearly every U.S. state, and nine countries. Children's Hospital is Louisiana's first and only full-service hospital operated exclusively for children and provides training opportunities for both LSU and Tulane University. In 2022, Children's Hospital was recognized as a Best Children's Hospital by *U.S. News & World Report*. Children's Hospital provides

[5] *See* Loren C. Scott & Associates, Inc., *Measuring the Economic Impact of Privatizing Louisiana's Public Hospital System*, (Mar. 2017), https://www.lcmchealth.org/sub/59170/documents/PPP_Economic_Impact_2017.pdf; *New Report Shows Public-Private Partnership Hospitals Have $2.7 Billion State Budget Boost,* LCMC Health (Apr. 8, 2017), https://www.lcmchealth.org/university-medical-center-new-orleans/blog/2017/april/new-report-shows-public-private-partnership-hosp/.

[6] *LCMC Health Partners with LSU for Historic Investment in Cancer Care and Educational Programs*, LCMC Health (Feb. 17, 2022), https://www.lcmchealth.org/blog/2022/february/lcmc-health-partners-with-lsu-for-historic-inves/.

inpatient services in all pediatric, medical, surgical, and psychiatric subspecialties with a staff of more than 600 pediatric providers, and provides outpatient services in more than 50 subspecialties. Children's Hospital also provides a large array of community benefit and wellness programs, including research activities and special programs for the handicapped and medically underserved. Between 2019 and 2021, nearly 73% of patients served at Children's Hospital were Medicaid patients.

In 2017, Children's Hospital broke ground on the most significant expansion project in the hospital's history: a new medical tower with expanded cancer, emergency, cardiac intensive care, and surgical centers, along with a freestanding behavioral health center. This $300 million investment brought together infrastructure, technology, and unmatched expertise to deliver health care for Louisiana's children.

Children's Hospital has been recognized for offering unparalleled educational enhancement, innovation, and improved access to high quality pediatric health care.

- **East Jefferson General Hospital ("EJGH")**. EJGH is a 407-bed community hospital located in Metairie, Louisiana. Founded in 1971, EJGH has deep roots in Jefferson Parish. LCMC Health committed to investing $100 million over a five-year period in EJGH after acquiring EJGH in 2020. EJGH has grown with the East Bank community, offering a breadth of expertise across all areas of care, including brain and spine care; cancer care; heart and vascular care; primary care; orthopedics; surgery; and women's health. EJGH has consistently received awards for quality of care,[7] including numerous accreditations by The Joint Commission on Accreditation of Healthcare Organizations, as well as Magnet certification from the American Nurses Credentialing Center for a fifth consecutive term. Only 32 organizations out of more than 6,000 in the U.S. have received a fifth designation, and EJGH is the only hospital in Louisiana to receive Magnet certification for five consecutive terms.

- **New Orleans East Hospital ("NOEH")**. NOEH is a 50-bed full-service hospital that provides primary and secondary services to the city of New Orleans, including complete surgical, intensive, and stroke care; diagnostic imaging; laboratory; rehabilitation; sports medicine; and emergency care. LCMC Health's partnership at NOEH has secured vital health care services for the surrounding community since its doors opened in 2014. That year, the City of New Orleans agreed with LCMC Health—the only provider organization willing to consider the role—to serve as its partner in operations, bringing NOEH, a full-service hospital, back to New Orleans East for the first time since Hurricane Katrina. Today, NOEH employs over 120 physicians, who are dedicated to improving the health of residents in New Orleans East, Gentilly, St. Bernard, the Lower Ninth Ward, and beyond.

  In 2020, NOEH was awarded hospital accreditation from The Joint Commission and a Get with the Guidelines Silver Plus Stroke Quality Award. It has received a Primary Stroke Center certification from The Joint Commission since 2019. In 2017, NOEH

[7] *See* the response to Specification 5(m) for more detail.

opened the Rhesa & Alden J. McDonald Jr. and Sue Ellen & Joseph C. Canizaro Diabetes Center offering comprehensive care and support to those affected by diabetes. The hospital has subsequently been recognized by the American Diabetes Association and American Heart Association as a provider of high-quality care.

- **Touro Infirmary ("Touro")**. Touro is a long-standing community-based, not-for-profit hospital located in New Orleans. Providing 360 inpatient beds and employing 387 physicians, Touro has served the New Orleans community for over 169 years, offering a full suite of primary and specialty services, including women's health, surgery, intensive care, skilled nursing inpatient services, inpatient and outpatient rehabilitation services, emergency care, and specialized care through its Woldenberg Village retirement community. As one of Louisiana's busiest delivery hospitals, with over 2,500 deliveries in 2021, the Family Birthing Center at Touro is equipped with private labor/delivery and postpartum suites, acute neonatal intensive care services, and a comprehensive infant security system. In 2009, Touro and Children's Hospital formed LCMC Health.

  Touro has garnered a number of quality awards and certifications, including a rank of #1 on Newsweek's list of America's Best Physical Rehabilitation Centers and The Joint Commission's Gold Seal of Approval for Chest Pain Certification and Advanced Certification for primary Stroke Centers. The Commission on Accreditation of Rehabilitation Facilities ("CARF") has also accredited Touro for several programs, including Comprehensive Integrated Inpatient Rehabilitation; Spinal Cord System of Care; Brain Injury Rehabilitation; Stroke Specialty; Amputation; and Cancer Rehabilitation.

- **University Medical Center New Orleans**. University Medical Center New Orleans is an academic medical center located in downtown New Orleans, as well as a public-private partnership with the State of Louisiana with a commitment to provide care to uninsured, high-risk Medicaid patients. With 446 inpatient beds, almost 3,000 full-time employees, 5 trauma rooms, 19 surgical suites, 60 behavioral health beds, and 2.3 million square feet for health care services, the hospital provides exceptional patient-centered care and a world-class academic experience through advanced research, leading technology, and innovation. From expert primary care and the widest variety of specialty care to cutting edge emergency care and a Level 1 Trauma Center, University Medical Center New Orleans offers the area the widest breadth of health care services. In conjunction with its research partners, including the Tulane University School of Medicine, University Medical Center New Orleans is home to the Avery C. Alexander Academic Research Hospital and the largest training center for health care professionals in Louisiana. It seeks to become a leading world-class academic medical center and the destination of choice for exceptional health care. In 2021, University Medical Center New Orleans launched a second $6.2 million linear accelerator machine in the Cancer Center. The LCMC Health/LSU Cancer Center seeks to develop into a distinguished center for cancer treatment in the heart of Louisiana.

University Medical Center New Orleans has earned several prestigious awards, including, for example, The Joint Commission's Gold Seal of Approval, a symbol of quality that reflects an organization's commitment to providing safe and effective patient care, and the American Heart Association/American Stroke Association Target: Stroke Honor Roll Gold Plus Quality Achievement Award. The hospital also hosts an Advanced Primary Stroke Center; an accredited Center of Comprehensive Care for Pulmonary Hypertension; The Joint Commission-certified Primary Stroke Center; and American Burn Association-verified Burn Center. The Infectious Diseases Society of America has designated the hospital as an Antimicrobial Stewardship Center of Excellence, recognizing the hospital's achievement in meeting standards for responsible antimicrobial use.

- **West Jefferson Medical Center ("WJMC")**. WJMC operates a 377-bed hospital located in Marrero, Louisiana. In 2015, through an agreement with Jefferson Parish, WJMC joined the LCMC Health system. At a time that WJMC was facing significant financial challenges, LCMC Health stepped in to provide financial stability and capital investment to modernize the facility and clinical capabilities, including committing to funding $340 million in capital improvements. Today, with over 1,460 employees, including 471 physicians, WJMC provides general acute care, clinical care, and other health care operations at several locations in the region. Its specialties include brain and spine care; cancer care; ear, nose and throat care; emergency care; gastrointestinal care; women's health; general surgery; heart and vascular care; orthopedics; respiratory care; urology; and more.

  WJMC has been recognized repeatedly by national and state organizations that measure quality and excellence in clinical care. In 2020 and 2021, WJMC was awarded Healthgrades Patient Safety Excellent Award. In 2019, WJMC was named by Healthgrades one of America's 250 Best Hospital; achieved an "A" Leapfrog Hospital Safety Grade; and was recognized by Blue Cross and Blue Shield for Louisiana as providing higher quality Bariatric Surgery and Maternity Care. That same year, WJMC also earned The Joint Commission's Gold Seal of Approval and the American Heart Association/American Stroke Association's Advanced Certification for Comprehensive Stroke Centers. WJMC has achieved a Level 2 Geriatric Emergency Department Accreditation.

In providing comprehensive care in the region, LCMC Health also has a series of partnerships and investments, including multi-site urgent care centers through a partnership with Premier Health; partial ownership of Crescent City Surgical Centre; and two retirement and rehabilitation communities, Audubon Retirement Village and Woldenberg Village.

2. HCA-Affiliated Entities

HCA Healthcare, Inc. is a publicly traded, for-profit health system based in Nashville, Tennessee. Columbia/HCA of New Orleans, Inc., Medical Center of Baton Rouge, Inc., Columbia Healthcare System of Louisiana, Inc., and HCA Inc. are the parties to the Unit Purchase Agreement and are affiliates of HCA Healthcare, Inc. (such affiliates collectively referred to herein as "HCA").

University Healthcare System, L.C. ("UHS") is a multi-hospital system that serves as the primary health system partner of Tulane. UHS operates Tulane University Medical Center, Tulane Lakeside Hospital, and Lakeview Regional Medical Center (collectively, the "UHS Hospitals"). UHS is a joint venture between Tulane and affiliates of HCA Healthcare, Inc., Columbia/HCA of New Orleans, Inc. and Medical Center of Baton Rouge, Inc., which hold a majority stake in UHS. UHS offers nationally renowned and award-winning medical research capabilities, and is a vital institution for serving patients in New Orleans and the surrounding communities.

3. Tulane

Tulane School of Medicine is the medical school of Tulane, a top-ranked university and research institution located in New Orleans, Louisiana. The Tulane School of Medicine began as a medical college in 1834, and has grown into one of the foremost research universities in the country. The Tulane School of Medicine is one of the oldest medical universities in the South and represents a vital medical education resource for the region. The Tulane School of Medicine provides training and clinical oversight to the three UHS facilities described below.

This transaction involves the following UHS Hospitals:

- **Tulane University Medical Center ("TUMC")**. TUMC is Tulane's current academic center based in downtown New Orleans. An acclaimed teaching, research, and medical facility serving the greater New Orleans area, TUMC has served patients in New Orleans and beyond since 1976. With 235 beds, TUMC offers primary, secondary, and tertiary care through 26 UHS clinics across seven locations and several centers, including the Tulane Abdominal Transplant Center, Cancer Center, Center for Wound Healing, Hernia Center, and Cardiovascular Institute. In 2021, TUMC had almost 7,000 discharges.

- **Tulane Lakeside Hospital ("Tulane Lakeside")**. Tulane Lakeside is located in Metairie, Louisiana. Since 1964, Tulane Lakeside has delivered more than 100,000 babies and today emphasizes women's health services, as well as ambulatory surgery, orthopedic surgery, and neonatal care. Its 121-bed hospital is home to Tulane Breast Health Center, a surgical center, and a Level III neonatal intensive care unit. In 2021, Tulane Lakeside had almost 2,650 discharges.

- **Lakeview Regional Medical Center ("Lakeview")**. Lakeview is a 167-bed, full-service, acute-care hospital offering medical care throughout St. Tammany Parish. Located in Covington, Louisiana, Lakeview delivers a variety of inpatient and outpatient services to Louisiana's Northshore region, including nationally recognized heart and stroke care, diabetes care, orthopedic services, outpatient rehabilitation services, women's and senior care, award-winning behavioral health services, and a comprehensive range of outpatient services. Its emergency department is the only Level II trauma center in St. Tammany Parish. In 2021, Lakeview had over 7,000 discharges.

Description of the Transaction

On January 14, 2022, LCMC Health and Tulane signed a letter of intent[8] to enter a transaction involving a long term academic and clinical affiliation, which contemplated that HCA will transfer its ownership interest in UHS to Tulane and LCMC Health will then acquire the membership interests of UHS from Tulane to become the sole member of UHS (the "Transaction").[9] UHS, including the three UHS Hospitals described above, will become a locally operated, not-for-profit entity as a part of the broader not-for-profit LCMC Health organization.

As outlined in the Academic Affiliation Agreement, Membership Interest Transfer Agreement, and Unit Purchase Agreement,[10] LCMC Health, Tulane, and HCA will enter into a series of financial arrangements, commitments, and investments to support the goals of the Transaction.[11] Specifically, to allow for an academic affiliation between LCMC Health and Tulane under the Academic Affiliation Agreement, two prior agreements will be executed to convey the ownership interests in UHS from HCA to LCMC Health. First, through the Unit Purchase Agreement, HCA will convey its respective interests in UHS to Tulane. Next, under the Membership Interest Transfer Agreement, and immediately following HCA's conveyance of its interests to Tulane, Tulane will convey its interests in UHS to LCMC Health. As the sole owner of the UHS Hospitals, LCMC Health will be positioned to enter into an Academic Affiliation Agreement with Tulane to support the goals of the Transaction discussed throughout this Application.

Post-Transaction, the Parties will be better positioned to provide access to enhanced clinical services and high-quality health care to patients residing in the New Orleans region and throughout the entire state of Louisiana. The Parties have the unique opportunity to create a world-class, destination academic health system that advances and delivers health care services for all patients of Louisiana. LCMC Health and Tulane will remain steadfast in their commitment to restoring and improving the combined health care system to provide patients with much needed health care services.

[8] Attached as Appendix G.

[9] [redacted] EJGH will become a premier, destination academic medical center in Jefferson Parish while the Parties bolster University Medical Center New Orleans' downtown operations and relocate certain academic specialty care from TUMC to EJGH.

[10] Attached as Appendix D.

[11] *See* the response to Specifications 5(b) and 5(c) for more detail.

5(b). A description of any consideration passing to any person under the agreement or transaction, including the amount, nature, source, and recipient;

5(c). A description of each party's contribution of capital, equipment, labor, services, or other value to the transaction, if any;

Response to Specifications 5(b) and 5(c):

The Transaction will empower LCMC Health and Tulane to leverage each other's strengths, drive greater collaboration, and promote the delivery of quality health care in the New Orleans region.

A primary driver of the Transaction is the Parties' shared desire to invest in the future of health care in the community and increase the quality of and access to academic medicine. The Parties intend to anchor this effort in two ways: first, by enhancing services at University Medical Center New Orleans to serve Orleans Parish; and second, by establishing a new, premier academic medical center and a leading teaching institution in Jefferson Parish. The Parties believe these efforts will advance health care services in the greater New Orleans area by combining clinical service offerings and, through a newly established academic medical center, supporting additional medical training, recruitment, and retention of high-caliber clinicians.

Further, LCMC Health and Tulane currently engage in a significant amount of medical research, with Tulane alone spending approximately $230 million on research. Additionally, LCMC Health, for example, currently supports research "across the biomedical spectrum, from lab-based science and translational research to clinical trials in all major disease areas."[12] Tulane also conducts an array of medical research,[13] including supporting its Clinical Trials Cooperative Core Laboratory that provides "specialized services to investigators who conduct basic, translational, and clinical research."[14] Together, the Parties will be able to collaborate in further research endeavors, such as combined clinical trials, to push the boundaries of medical practice to provide patients and students access to enhanced health care services.

To effectuate the Transaction, as more specifically described in the Unit Purchase Agreement, [redacted] will be paid to HCA at the closing as consideration for the Transaction under the Agreement. Beyond these payments, LCMC Health and Tulane will also collectively contribute substantial capital, equipment, labor, and services to accomplish their goals and enable significant benefits from the Transaction. LCMC Health will enter into a series of ongoing financial arrangements with Tulane, including a commitment to provide at least $220 million in

[12] *Medical Research*, LCMC Health, https://lcmchealth.org/university-medical-center-new-orleans/academic-medical-center/medical-research/.

[13] *Research*, Tulane University School of Medicine, https://medicine.tulane.edu/research.

[14] *CTC Core Laboratory*, Tulane University School of Medicine, https://medicine.tulane.edu/research/ctc-core-laboratory.

capital investments to EJGH, Tulane Lakeside, and Lakeview in the first five years following the close of the Transaction.

The Parties intend to focus these investments on improving physical clinical space and enhancing the academic capabilities required to establish a premier academic medical center in Jefferson Parish. The Parties will transition or relocate advanced clinical services currently provided at TUMC to EJGH, including services not currently offered at EJGH. As described above, the Parties intend to fund at least $220 million worth of initial capital improvements at EJGH, Tulane Lakeside, and Lakeview to increase capacity for higher acuity patients, expand space for teaching requirements, and modernize facility infrastructure. These funds will be used to update equipment, expand critical care assets [redacted] add specialty care units [redacted] improve procedural space, and promote strategic investments.

Beyond the initial capital commitment of at least $220 million, LCMC Health plans to invest [redacted] to expand its Electronic Medical Records ("EMR") system, the Epic platform, to Tulane Lakeside and Lakeview. Using a unified EMR system enables physicians to transition care seamlessly across facilities and allows patients to more easily access clinicians through their Epic MyChart patient portal, to the benefit of patients throughout the greater New Orleans area, including on the Northshore.[15]

In addition, LCMC Health has also committed to support Tulane's academic health care mission. Examples of these academic support areas will include:

- **Academic Support**: Academic funding to support the Tulane School of Medicine's goal of delivering the highest quality patient care and preparing the next generation of distinguished clinical and scientific leaders, including annual mission support payments. Tulane plans to use the funds for clinical, research, and academic purposes. LCMC Health will also provide sufficient administrative, personnel, facility, and equipment support for Tulane's undergraduate and graduate medical education teaching programs. In turn, the improvements will aid the Parties' ability to recruit and retain medical students, medical residents, Tulane medical school faculty, physicians, and other health care providers.

- **Clinical Services**: Annual funding to support clinical and lab services, faculty support, and recruitment at EJGH, TUMC, Tulane Lakeside, and Lakeview. The funding commitment and the Parties' combined clinical service offerings will further advance providers' clinical capabilities, improve health care quality, and create a practice environment that attracts and retains talent.

- **Payment for Residents and Fellows**: Annual funding of the actual cost of all salaries, benefits, and reasonable expenses for Residents and Fellows providing services at TUMC, Tulane Lakeside, and Lakeview.

[15] *See* the response to Specification 5(m) for more detail.

Through the Transaction, LCMC Health and Tulane are focused on investing in the future of health care in New Orleans and beyond. LCMC Health and Tulane believe that combining their capabilities will enable the Parties to promote a shared community-oriented mission to drive quality health care for all patients in Louisiana.

5(d). Identification of any other services or products that are reasonably likely to be affected by the proposed agreement or transaction;

Response to Specification 5(d):

The Transaction brings together two mission-driven, local organizations with one shared goal—preserving and expanding access to high-quality, personalized health care throughout the greater New Orleans community.

LCMC Health and Tulane intend to combine resources to address the health care needs of patients in the greater New Orleans area and throughout Louisiana. The social determinants of health—the conditions in the environments where people are born, live, learn, work, play, worship, and age, which contribute to wide health disparities and inequities—present difficult challenges to improving the health of patients in the region.[16] Post-Transaction, the combined system will be better equipped to address these health issues by providing increased access to enhanced clinical services, as discussed throughout this Application.[17]

1. Developing EJGH as a premier academic medical center.

As described in the response to Specifications 5(b) and 5(c), a sizable portion of LCMC Health's preliminary $220 million commitment combined with the Parties' shared vision will transform EJGH into a premier academic medical center that provides new and enhanced clinical service offerings, as described below.

Clinical relocation and unit improvements – The Parties have a three-pronged approach for enhancing clinical services at EGJH. First, the Parties are exploring establishing new health care service offerings that are not currently provided at EJGH. Second, LCMC Health and Tulane plan to combine the Parties' existing clinical capabilities, such as neurosurgical services, to provide patients with enhanced capabilities at EJGH. Third, the Parties plan to improve emergency services by modernizing the emergency department at EJGH and combining the Parties' existing trauma services.

Strategic capital investment – LCMC Health is also planning to invest additional funding to improve facilities by increasing operating room capacity, establishing new intensive care space and specialty care space, and modernizing the emergency department.

Routine capital – The Parties plan to make several other enhanced infrastructure investments at EJGH to create a world-class academic medical center. These efforts would address current facility maintenance issues and also equip the Parties with the resources and infrastructure to support cutting-edge medical research. For example, the Parties will explore purchasing new, high-end equipment, such additional, upgraded robotic surgical systems and a linear accelerator, installing updated inpatient beds, renovating the emergency room, among other strategic facility

[16] *See Social Determinants of Health*, U.S. Department of Health and Human Services, https://health.gov/healthypeople/priority-areas/social-determinants-health.

[17] *See* the response to Specification 5(m) for more detail.

updates. Beyond EJGH, LCMC Health and Tulane also plan to enhance operational capabilities at Tulane Lakeside and Lakeview, including the pre-natal and newborn health care currently provided at Tulane Lakeside, to the benefit of patients throughout the greater New Orleans area, including on the Northshore.

2. Repurposing TUMC to advance medical education, workforce development, clinical research, and health care delivery.

As part of the Transaction, the Parties plan to enhance clinical services in downtown New Orleans and the surrounding communities.

Relocation of clinical services – Importantly, the Parties do not plan to discontinue any services currently provided by LCMC Health or Tulane. Instead, the Parties will transfer several clinical services from TUMC to EJGH and University Medical Center New Orleans, maintaining access to all of the same services and making more efficient use of those locations. Additionally, the Transaction will allow the combined system to add certain tertiary and quaternary medical services that are not currently available at LCMC Health for adults, including kidney and pancreas transplant, liver transplant, and bone marrow and stem cell transplant services. Similarly, specialized oncology services will also be added and/or enhanced, including urologic oncology, neuro-oncology, a comprehensive lung cancer program, and gynecologic oncology services. LCMC Health is committed to ensuring no jobs are lost as a result of the Transaction.

Table 5(d) outlines the services currently offered by the Parties; these services will continue to be offered post-Transaction and will be better coordinated and enhanced through the combined system.

Repurposing current facilities – Tulane is planning to repurpose the existing 600,000 square feet of developed space on which the TUMC facility is located in Orleans Parish. Tulane plans to establish a new Nursing Program in excess of 25,000 square feet, with the goal of graduating approximately 220 new nursing students each year;[18] [redacted] Tulane is also evaluating a plan to develop a new medical and surgical education and training center that uses advanced technological models and robust video communication platforms to advance physician and patient education and training. [redacted] The Parties are also exploring ways to address the nationwide shortage of forensic pathologists burdening coroners' offices.[19] These new and expanded facilities would aid in recruiting and retaining medical school students, residents, faculty, and physicians, as well as high caliber teachers to Orleans Parish.

[18] Louisiana, like many states, faces a significant and persisting shortage of nurses, with thousands of nursing positions currently open in the state. *See* Sabrina Wilson, *As COVID Cases Increase The Nurses' Shortage Persists*, 7KPLC News (July 20, 2022), https://www.kplctv.com/2022/07/21/covid-cases-increase-nurses-shortage-persists/.

[19] *See* the response to Specification 5(n) for more detail.

Table 5(d): Clinical Services Offered by the Parties

Clinical Service Lines		
Allergy/Immunology	Infectious Diseases	Pediatrics
Anesthesiology	Intensive Care Unit (ICU)	Primary Care
Behavioral Health (Adult & Pediatric)	Intensivists (Pulmonary / CCU ICU)	Psychiatry
Bone Marrow Transplant	Interventional Radiology	Pulmonology
Cardiology	Lab & Imaging Services	Radiation Oncology
Cardiovascular Surgery	Labor & Delivery	Radiation Therapy
Cath Lab	Neonatal Intensive Care Unit (NICU)	Rehabilitation
Dermatology	Neonatology	Rheumatology
Diagnostic Imaging Services	Nephrology	Stroke Program
Electrophysiology	Neurology	Surgery – Bariatrics
Endocrinology	Neurosurgery	Surgery – Critical Care/Trauma
Family Medicine	Nursery	Surgery – General
Gastroenterology	OBGYN	Surgery – Oncology
General Internal Medicine	Ophthalmology	Surgery – Plastics
	Orthopedics	Transplant
Hematology/Oncology	Otolaryngology	Urology
Hospital Medicine	Pathology	Women's Services
Human Genetics	Pediatric Intensive Care Unit (PICU)	

Enhanced medical research capabilities – Tulane's nationally renowned and award-winning medical research capabilities are a vital aspect of serving patients in New Orleans and the surrounding communities. The Transaction allows Tulane to solidify its reputation and advance its campus by investing in additional innovative medical research facilities and capabilities. Tulane and other developers committed approximately [redacted] to further develop Tulane's downtown campus, including: (1) the development of the shuttered Charity Hospital facility into a new, cutting-edge research facility, including adding graduate programs and a dedicated research space with the capacity of hosting 600 research personnel on site to further attract and retain clinical talent; (2) redevelopment of 55,000 square feet of lab space in the Tulane School of Medicine building; (3) development of a Tulane residence in the old Warwick Hotel; (4) development of a Tulane police station; (5) development of a 12,000 square foot gym; and (6) repurposing of the TUMC building.

Creating Centers of Excellence – Together, LCMC Health and Tulane can establish several Centers of Excellence. For example:

- The Joint Commission and the American Heart Association have previously recognized the Tulane Stroke Program as a Comprehensive Stroke Center; the Center is one of

only two Joint Commission Certified Comprehensive Stroke Centers in Louisiana, and the only one in Orleans Parish. [redacted]

- LCMC Health and Tulane plan to improve the post-Transaction level of quality of cardiac care services [redacted]
- [redacted]

3. Enhanced recruitment and retention of clinical talent to the community.

Post-Transaction, a destination academic health system that consolidates patient volumes across a single system of care will drive the Parties' ability to attract and retain high caliber specialty physicians. Higher volumes and higher quality physicians will support enhanced clinical services, opportunities for continued medical education, medical research, and development of Centers of Excellence. All of this will ultimately improve quality and access to health care. The significance and effect of combined patient volumes on health care quality, access, and cost is described in more detail in response to Specification 5(m).

Attracting medical students, residents, and fellows – Post-Transaction, Tulane medical students, residents, and fellows will be able to train across a larger health care system and develop clinical proficiency through a larger patient population and expertise in more research and teaching opportunities. Medical students are attracted to a health care system that offers a top-of-the-line clinical experience, combining a high-caliber faculty, wide selection of nationally recognized health care services, mentoring programs, and updated facilities and technology. Further, medical students and residents will be afforded the opportunity to train in an interdisciplinary environment in coordination with the planned Tulane Nursing Program. Additional training opportunities, including in rural care delivery settings, may be provided to residents through the Family Medicine residency program, further expanding training opportunities for medical professionals. Consistent with Tulane's academic mission, the Parties plan to invest in new lecture rooms, clinical research labs, student lounges, and study areas.

Attracting and retaining physicians – The Parties' financial commitment to the establishment of a premier academic health system with combined service lines and enhanced capabilities will allow LCMC Health not only to retain medical students, residents, fellows, and existing practitioners but to attract providers to the broader New Orleans community. The Parties' enhanced suite of clinical support resources, such as an enhanced electronic medical record platform, additional support staff to streamline dictation and charting, continued training and

access to training facilities, and an increased concentration of medical professional peers, are all aimed at enhancing the clinical experience and reducing potential burnout.

* * *

The Parties' post-Transaction efforts to repurpose existing facilities serve their shared goal of improving access to and promoting high-quality health care. Enhanced service lines and a new premier academic medical center reflect LCMC Health and Tulane's shared mission of expanding access to services for patients in New Orleans, the surrounding communities, and beyond.

5(e). A description of the geographic territory involved in the proposed agreement or transaction;

5(f). If the geographic territory described in item (e) is different from the territory in which the applicants have engaged in the type of business at issue over the last five years, a description of how and why the geographic territory differs;

Response to Specifications 5(e) and 5(f):

The Parties provide health care services to patients throughout the greater New Orleans region, an area with a population of over 1.2 million people.[20] With hospitals in Orleans, Jefferson, and St. Tammany parishes, LCMC Health and the UHS hospitals serve patients in communities throughout Southeast Louisiana, including New Orleans, Metairie, and on the Northshore. The Parties also draw a significant number of patients from the adjoining parishes of St. Bernard, St. Charles, Plaquemines, Lafourche, St. John the Baptist, Tangipahoa, and Washington.

Additionally, the Parties have locations throughout Louisiana, including in Alexandria, Baton Rouge, Covington, Destrehan, Gretna, Harvey, Kenner, Lafayette, Lake Charles, LaPlace, Luling, Marrero, Metairie, Monroe, New Orleans, River Ridge, Slidell, and Terrytown parishes, and beyond. Accordingly, the Parties provide services to patients throughout the state, including at LCMC Health's Children's Hospital Specialty Care centers in Monroe (more than 280 miles from New Orleans in the northern part of the state) and Lake Charles (more than 200 miles from New Orleans in the southwestern part of the state). Post-Transaction, the combined health care system will be better positioned to bridge geographic divides and provide high-quality health care to patients in the surrounding communities and throughout Louisiana.

Thus, the Parties' geographic territories span the state of Louisiana, drawing patients from all 64 parishes for inpatient and outpatient services. Although a sizeable portion of the Parties' patients live in immediate parishes—including Orleans, Jefferson, St. Charles, St. Tammany, and St. Bernard—both LCMC Health and the UHS hospitals also serve many patients residing throughout the entire state. In 2019, for example, the Parties provided inpatient services to patients from 61 out of 64 of Louisiana's parishes and hospital-based outpatient services to patients from all 64 parishes. Over the last five years, this geography has not changed.

As depicted in the maps in **Table 5(e)-1** and **Table 5(e)-2**, LCMC Health and Tulane currently provide health care services to patients from every corner of the state. Post-Transaction, the Parties will be capable of providing high-quality, personalized health care services to patients residing in all parishes in Louisiana.

[20] *Population of the New Orleans-Metairie Metro Area in the United States from 2010 to 2021*, Statista, https://www.statista.com/statistics/815751/new-orleans-metro-area-population/.

Table 5(e)-1: LCMC Health and Tulane Geographic Area for Inpatient Services

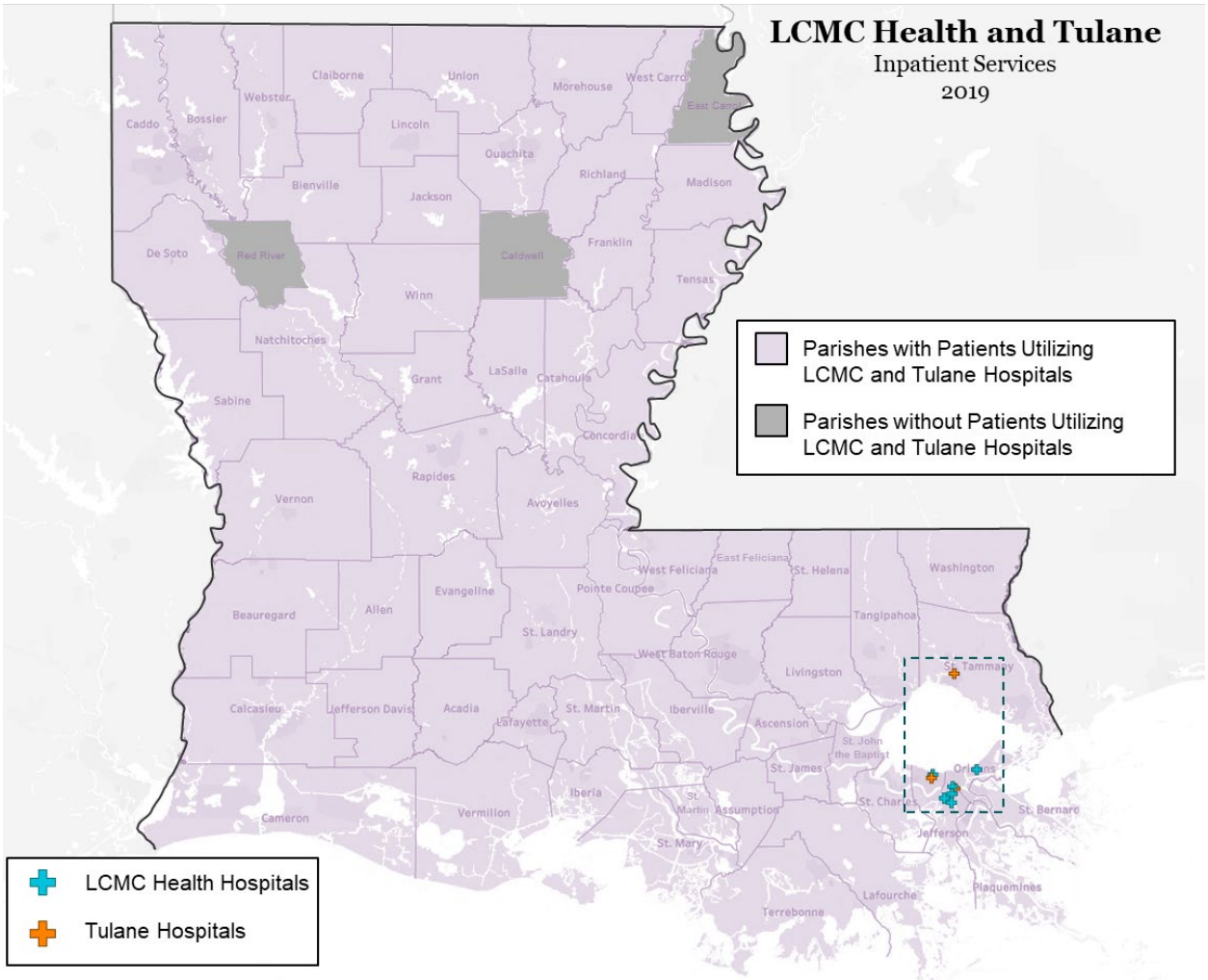
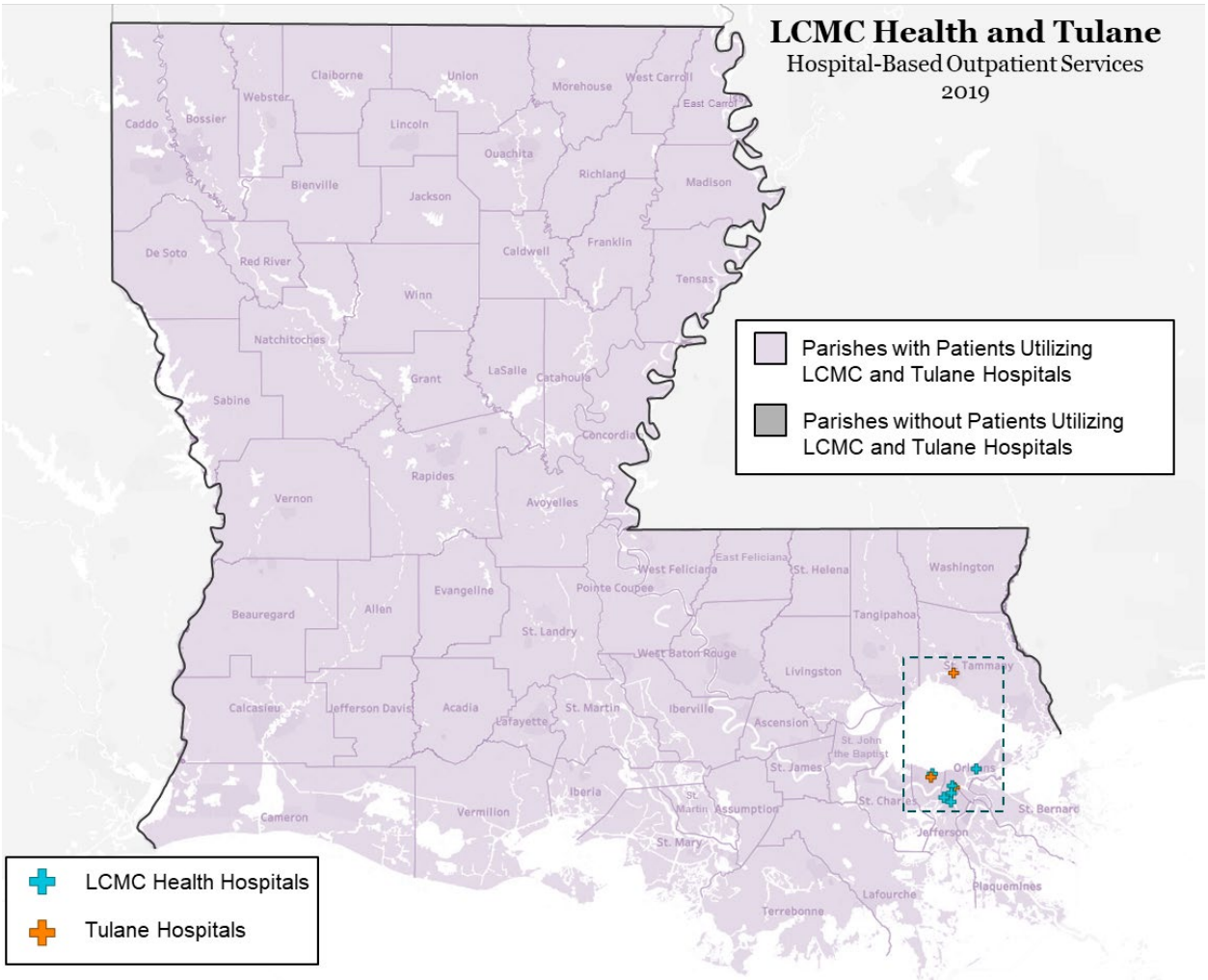


Table 5(e)-2: LCMC Health and Tulane Geographic Area for Hospital-Based Outpatient Visits



5(g). Identification of all products or services that a substantial share of consumers would consider substitutes for any service or product that is the subject of the proposed agreement or transaction;

Response to Specification 5(g):

As outlined in response to Specification 5(d), LCMC Health and Tulane each provide a wide breadth of inpatient and outpatient services across each of the Parties' locations. As discussed in response to Specification 5(h), patients are increasingly comfortable with electing for care in outpatient settings. Patients view outpatient services, such as ambulatory surgery centers, as viable alternatives for treating certain acute conditions.[21] Thus, both LCMC Health and Tulane will continue to face competition, not only from other inpatient care providers, but also from a growing number of outpatient facilities, as outlined in more detail in response to Specification 5(h).

[21] Zack Budryk, *Alternatives to Inpatient Stays May Improve Patient Satisfaction,* Fierce Healthcare (Oct. 4, 2016), https://www.fiercehealthcare.com/healthcare/alternatives-to-inpatient-stays-may-improve-patient-satisfaction ("As the healthcare industry increasingly tilts in the direction of outpatient services, research shows numerous acute conditions can be treated in outpatient settings at no cost to quality or patient satisfaction.").

5(h). Identification of whether any services or products of the proposed agreement or transaction are currently being offered, capable of being offered, utilized, or capable of being utilized by other providers or purchasers in the geographic territory described in item (e);

Response to Specification 5(h):

1. LCMC Health and Tulane face competition from a number of hospitals, health systems, and other facilities that provide general acute inpatient care and outpatient services in the region.

As detailed below, the services the Parties provide are currently offered to patients in LCMC Health and Tulane's service areas by numerous competing health care providers. Patients from throughout the state of Louisiana receive services at the Parties' hospitals. Therefore, the Parties compete with a vast number of health care providers located throughout the state, beyond those highlighted in this Application. Post-Transaction, the combined health system will continue to face competition from these providers, including large and significant health systems with substantial market share. As the Parties expand services, combine existing resources, and continue to recruit physicians and other health care providers, these providers will spur competition among other inpatient and outpatient facilities in the region.

(a) LCMC Health and Tulane compete with myriad other inpatient facilities and offsite emergency departments throughout Louisiana.

Many competing providers offer inpatient and outpatient services in the Parties' service areas. Post-Transaction, robust competition for inpatient hospital services will continue from more than 35 other hospitals, listed in **Table 5(h)-1**, located in surrounding parishes. As discussed below, the Parties will continue to compete with large and significant health systems in the region, many of which are expanding and gaining strength.

The Parties also face competition from offsite emergency departments, which are separate facilities that provide emergency services and often provide related ancillary services such as laboratory and pharmacy services. Notably, LCMC Health and Tulane both face competition from offsite emergency departments, including two in Jefferson and St. Tammany Parishes, as listed in **Table 5(h)-2**.

(b) The combined entity will continue to face competition from other health systems in the region and beyond.

Several large and significant health systems in the region compete vigorously with LCMC Health and Tulane, including Ochsner Health System ("Ochsner") and Franciscan Missionaries of Our Lady Health System. The Parties expect continued competition from these and other large health systems in Louisiana, many of which are undergoing substantial facility and service expansions. For example:

- **Ochsner Health System ("Ochsner").** With 40 hospitals and more than 300 health and urgent care centers in Louisiana and the surrounding region, Ochsner is the largest health care system operating in the state. Its flagship hospital, Ochsner Medical Center,

is a 767-bed acute care hospital located approximately six miles from EJGH, University Medical Center, and TUMC. Ochsner Medical Center has established three Centers of Excellence (Ochsner Cancer Institute, Ochsner Multi-Organ Transplant Center, and Ochsner Heart and Vascular Institute). In 2022, Ochsner earned a Leapfrog Hospital Safety Grade of "A" and Magnet Recognition for Excellence in Nursing Services. Other Ochsner hospitals in the greater New Orleans area include Ochsner Medical Center – Kenner, Ochsner Medical Center – West Bank, Ochsner Medical Center – North Shore, Ochsner Baptist, and Ochsner St. Anne Hospital, among numerous additional hospitals that have partnered with or are managed by Ochsner. For example, on the Northshore, Ochsner has joint operating agreements with Slidell Memorial Hospital, a 223-bed public acute care hospital in Slidell, and St. Tammany Parish Hospital, a 281-bed public acute care hospital in Covington.

In the past few years, Ochsner has expanded through several partnerships, acquisitions, and investments, including a multi-year $360 million expansion across multiple facilities and major centers.[22] For example, in 2016, as part of a $12.8 million project, Ochsner opened a 20,000-square-foot cancer treatment center in its O'Neal Lane campus in Baton Rouge.[23] in 2018, Ochsner opened its new West Campus in Jefferson Parish, a 130,000-square-foot building that includes a skilled nursing facility, a long-term acute care unit, and an inpatient physical rehabilitation hospital in a new five-story building.[24] More recently, in 2021, Ochsner and St. Tammany Health System opened a new cancer center following the completion of a 75,000-square-foot, $50 million facility, doubling the size of the previous cancer center.[25] Also in 2021, Ochsner opened a new outpatient center in Metairie, a 12,500-square-foot, newly renovated facility that offers women's health, primary, and pediatric care services onsite and features 27 examination rooms, a blood draw lab, an X-ray room, and two waiting areas.[26] Earlier this year, Ochsner completed a planned merger with Rush Health Systems—the largest healthcare system in eastern Mississippi and western Alabama—

[22] Tommy Santora, *Top Construction Projects 2022: 8. Ochsner Health Expansion*, New Orleans City Business (Feb 9, 2022), https://neworleanscitybusiness.com/blog/2022/02/09/top-construction-projects-2022-8-ochsner-health-expansion/.

[23] Ted Griggs, *Oschsner plans Baton Rouge cancer center on O'Neal Lane campus*, The Advocate (Mar. 12, 2016, updated Mar. 25, 2021), https://www.theadvocate.com/baton_rouge/news/business/article_e9e0f1ad-7315-571d-b4ac-1a88f2a5b085 html.

[24] Maria Clark, *Ochsner completes part of $360 million expansion with new West Campus*, NOLA.com (Mar. 15, 2018, updated July 12, 2019), https://www.nola.com/entertainment_life/health_fitness/article_183f19dd-31bd-51e3-a417-78661595daeb html.

[25] *Ochsner Health and St. Tammany Health System Celebrate Cancer Center Grand Opening*, Ochsner Health (June 7, 2021), https://news.ochsner.org/news-releases/ochsner-health-and-st-tammany-health-system-celebrate-cancer-center-grand-opening.

[26] *Ochsner Health Center in Old Metairie is Now Open*, Ochsner Health (Jan. 7, 2022), https://www.bizneworleans.com/ochsner-health-center-in-old-metairie-is-now-open/.

through which Ochsner added seven hospitals and more than 30 clinics.[27] In 2018, Ochsner and LSU Health Shreveport formed Ochsner LSU Health Shreveport, a public-private partnership providing care to patients in North Louisiana, with a Level 1 Trauma Center and Level II Pediatric Trauma Center, a Level 4 Epilepsy Center, a Level III Trauma Program at its Monroe Medical Center, a Thrombectomy-Capable Stroke Center, and Louisiana's first Advanced Interventional Cardiology Suite, among others. Ochsner LSU Health Shreveport recently invested more than $200 million in capital improvements; renovated more than 225,000 square feet at its St. Mary Medical Center; expanded its ICU capacity; and increased from seven to more than 20 outpatient locations.[28] Ochsner has announced plans for additional multimillion dollar expansions for 2022 and beyond, including a $15 million investment in community health care clinics and senior clinics in St. Tammany Parish and Baton Rouge.[29] Finally, Ochsner has announced it will continue to expand its cancer treatment services in Baton Rouge, including building a specialty pharmacy for cancer drugs as a part of a $10 million project.[30] The planned expansion will also include new patient exam rooms, treatment rooms, and consultation rooms for a wide variety of oncology services.

- **Franciscan Missionaries of Our Lady Health System ("Franciscan Missionaries").** With a total of 1,747 licensed beds, Franciscan Missionaries is one of the largest health systems in Louisiana. Franciscan Missionaries operates ten hospitals and numerous clinics and other facilities located throughout Louisiana and Mississippi, including Our Lady of the Angels Hospital in Washington Parish, Our Lady of the Lake Ascension in Ascension Parish, and Our Lady of the Lake Regional Medical Center in Baton Rouge.[31] Our Lady of the Lake Regional Medical Center includes a 988-bed hospital and a Level I Trauma Center, as well as two freestanding emergency rooms, outpatient imaging and surgery centers, and nearly 15 urgent care clinics.[32] In 2019, Our Lady of the Lake was awarded Magnet status for excellence in nursing services by the American Nurses Credentialing Center and was named Hospital of the Year in the large hospital category by the Louisiana State Nurses Association and the Louisiana Nurses Foundation.[33]

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[27] Dave Muoio, *Ochsner Health Closes Merger with 7-Hospital Rush Health Systems, Pledges Higher Minimum Wages to New Employees*, Fierce Healthcare (Aug. 1, 2022), https://www fiercehealthcare.com/providers/ochsner-health-closes-merger-7-hospital-rush-health-systems-pledges-higher-minimum-wages.

[28] *Our Progress*, Ochsner LSU Health Shreveport, https://www.ochsnerlsuhs.org/who-we-are/progress.

[29] Tommy Santora, *Top Construction Projects 2022: 8. Ochsner Health Expansion*, New Orleans City Business (Feb 9, 2022), https://neworleanscitybusiness.com/blog/2022/02/09/top-construction-projects-2022-8-ochsner-health-expansion/.

[30] Robert Stewart, *Ochsner Continues to Grow its Baton Rouge Cancer Center; See What Else Is In the Works* (Apr. 12, 2022), https://www.theadvocate.com/baton_rouge/news/business/article_ff201036-baa5-11ec-b215-8701495b489f.html.

[31] *About Us*, Franciscan Missionaries of Our Lady Health System, https://fmolhs.org/about-us/.

[32] *About Us*, Our Lady of Lake, https://ololrmc.com/about-us/.

[33] *A Culture of Excellence*, Our Lady of the Lake, https://ololrmc.com/about-us/awards-and-recognition.

In 2021, Our Lady of the Lake Regional Medical Center announced plans for a $100 million investment in a new state-of-the-art cancer center serving Baton Rouge and the Gulf South region.[34] The health system also announced that it purchased nearly 13 acres in St. Tammany Parish to construct a new facility, which will join the system's numerous clinics and surgical centers in the area.[35] In 2022, Our Lady of the Angels Hospital opened a new Family Medicine Clinic in Washington Parish, while Our Lady of the Lake Regional Medical Center announced the acquisition of a children's developmental center that provides outpatient pediatric therapy clinic in the Greater Baton Rouge area.[36]

(c) The combined entity will continue to face competition from outpatient facilities and post-acute care facilities.

Patients have many independent alternatives for outpatient services.[37] Outpatient care includes ambulatory surgery centers, primary care clinics, retail clinics, community health clinics, urgent care centers, skilled nursing homes, specialized outpatient clinics, imaging service facilities, and emergency departments.[38] In general, the shift to outpatient settings is due to clinical innovation, patient preferences, and financial incentives. This is reflected by the vast number of competing—and growing—independent outpatient facilities, nursing homes, assisted living facilities, and hospice care facilities located in the greater New Orleans area that compete for patients with the Parties.[39]

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[34] *Our Lady of the Lake to Make Historic Investment in Cancer Care*, Our Lady of the Lake (Oct. 4, 2021), https://ololrmc.com/news/our-lady-of-the-lake-to-make-historic-investment-in-cancer-care.

[35] *Franaciscan Missionaries of Our Lady Health System Purchases Undeveloped Land in Covington*, Franciscan Missionaries of Our Lady Health System (Feb. 3, 2021), https://fmolhs.org/news/franciscan-missionaries-of-our-lady-health-system-purchases-undeveloped-land-in-covington.

[36] *Our Lady of the Angels Opens New Family Medicine Clinic on Avenue B*, Our Lady of the Angels Hospital (June 7, 2022), https://oloah.org/news/our-lady-of-angels-opens-new-family-medicine-clinic-on-avenue-b; *Our Lady of the Lake Children's Health Announces Expansion of Developmental Medicine with acquisition of McMains Children's Developmental Center*, Our Lady of the Lake Children's Health (Feb. 7, 2022), https://ololchildrens.org/news/our-lady-of-the-lake-childrens-health-announces-expansion-of-developmental-medicine-with-acquisition-of-mcmains-childrens-d.

[37] *The Outpatient Shift Continues: Outpatient Revenue Now 95% of Inpatient Revenue, New Report Reveals*, Advisory Board (Jan. 8, 2019), https://www.advisory.com/daily-briefing/2019/01/08/hospital-revenue (reporting hospitals' net outpatient revenue in 2017 was $472 billion, while net inpatient revenue totaled almost $498 billion).

[38] *Growth in Outpatient Care – The Role of Quality and Value Incentives*, Center for Health Solutions, Deloitte (2018), at 5, https://www modernhealthcare.com/assets/pdf/CH116784829.PDF.

[39] This Application presents competing outpatient and post-acute care facilities in Jefferson, Orleans, and St. Tammany parishes only. While patients are often willing to travel for better care or faster access to inpatient services, studies have shown that most patients prefer to remain within their local areas for treatment of minor medical conditions. *See, e.g.*, Paul H. Keckley et al., *2011 Survey of Health Care – Consumers in the United States – Key Findings, Strategic Implications*, Deloitte Center for Health Solutions, Deloitte, at 17 (2011), http://www.statecoverage.org/files/Deloitte_US_CHS_2011ConsumerSurveyinUS_062111.pdf.

Table 5(h)-2 provides a listing of other health care facilities within LCMC Health's and Tulane's immediate community.

(d) The combined entity will continue to face competition from non-traditional providers, including telehealth and retail competitors that are expanding in the region and beyond.

The use of telehealth services as alternatives to traditional in-person health care has increased exponentially in recent years.[40] Though the rise in telehealth has since slowed after an initial surge during earlier stages of the COVID-19 pandemic, the number of telehealth visits remain substantially greater than pre-pandemic levels.[41] Patients continue to seek health care services outside of hospital settings, choosing instead to receive care through telemedicine and other alternative providers like urgent care centers rather than emergency departments.[42] Hospitals and other traditional in-person providers face competition from virtual care providers that offer patients convenient and efficient access to services.[43] Post-Transaction, the Parties will continue to compete with both retailers and telehealth providers, many of which are expanding.[44] Major retailers are expanding into the health care space to offer both in-person and remote care alternatives to traditional brick-and-mortar-based practices. For example, with its recently proposed acquisition of concierge primary care company One Medical, Amazon has sought to

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[40] *See, e.g.*, Lok Wong Samson et al., *Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location*, U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (Dec. 3, 2021), https://aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf.

[41] *See, e.g.*, Oleg Bestsennyy et al., *Telehealth: A Quarter-Trillion-Dollar Post-COVID-19 Reality?*, McKinsey & Company (July 9, 2021), https://www mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality; Andrew J. Thomson et al., *Outpatient Virtual Visits and the "Right" Amount of Telehealth Going Forward*, 27 Telemedicine & e-Health 1372, https://pubmed.ncbi nlm nih.gov/33794123/ (Dec. 13, 2021).

[42] *See* Erik Swanson, *National Hospital Flash Report*, Kaufman Hall (May 2022), https://www.kaufmanhall.com/sites/default/files/2022-05/KH-NHFR-05-2022-May.pdf.

[43] *See* Shilpa N. Gajarawala & Jessica N. Pelkowski, *Telehealth Benefits and Barriers*, 17 J Nurse Pract. 218 (Feb. 2021), https://www ncbi nlm nih.gov/pmc/articles/PMC7577680/; *Why Efficient Remote Care is a Competitive Advantage for a Healthcare Provider's COVID-19 Recovery Plan*, B Capital Group (July 23, 2020), https://www.bcapgroup.com/why-efficient-remote-care-is-a-competitive-advantage-for-a-healthcare-providers-covid-19-recovery-plan/; (noting that the "surge in telemedicine adoption . . . has been at the expense of the brick-and-mortar providers"); Vince Kuraitis & Thomas Wilson, Ph.D., *Do Virtual Care Platforms Compete With Local Care Providers? It's Complicated*, Healthcare Innovation (May 26, 2021), https://www.hcinnovationgroup.com/population-health-management/telehealth/article/21224283/do-virtual-care-platforms-compete-with-local-care-providers-its-complicated (noting various factors that influence the competition local care providers face from virtual care platforms).

[44] *See, e.g.*, *Amwell Closes Acquisitions of SilverCloud Health and Conversa Health*, Amwell (Aug. 31, 2021), https://business.amwell.com/press-release/amwell-closes-acquisitions-of-silvercloud-health-and-conversa-health/; *Teladoc Health and Livongo Merge to Create New Standard in Global Healthcare Delivery, Access and Experience*, Teladoc Health (Aug. 5, 2020), https://ir.teladochealth.com/news-and-events/investor-news/press-release-details/2020/Teladoc-Health-and-Livongo-Merge-to-Create-New-Standard-in-Global-Healthcare-Delivery-Access-and-Experience/default.aspx.

expand into the role of a health care provider.[45] Other retailers, like CVS, Walgreens, and Walmart, have similarly announced their intentions to expand their health care offerings by moving into the primary care and home health space.[46]

2. The Transaction will enhance competition.

Louisiana law provides that the Department may not issue a certificate of public advantage ("COPA") unless it finds that a transaction "is likely to result in lower health care costs or is likely to result in improved access to health care or higher quality health care without any undue increase in health care costs." R.S. § 40:2254.4. This proposed Transaction will result in higher quality and improved access to health care without any undue increase in health care costs because it will not result in a meaningful reduction in competition for inpatient and outpatient services in the area.

Competition is valuable because it can benefit consumers. The "principal objective of antitrust policy is to maximize consumer welfare by encouraging firms to behave competitively."[47] If the Transaction is consummated, the net effect will be to promote, not lessen, the traditional benefits of competition in the Parties' geographic service areas.

The Transaction will allow the combined entity to compete more effectively against large and significant health systems in the area, many of which are growing themselves, as evidenced by Ochsner's recent merger with Rush Health Systems, for example.[48] As the combined entity expands services, increases investment in Tulane Lakeside and Lakeview, and recruits physicians and other health care providers post-Transaction, LCMC Health and Tulane will increase the number of providers in the community and spur competition among other inpatient and outpatient facilities in the region. Moreover, the Transaction will allow the Parties to develop a premier academic medical center, through a portion of the $220 million investment aimed at furthering Tulane's academic mission. In so doing, the Transaction will expand access to Tulane's world-class medicine at new, destination-level sites of care, thereby naturally promoting competition for such services while improving access to and choice of health care services for patients in the region. Additionally, as detailed above, the combined entity will continue to face competition from several general acute care hospitals, outpatient facilities, and post-acute care facilities in the geographic service area.

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[45] *See Amazon and One Medical Sign an Agreement for Amazon to Acquire One Medical*, Amazon (July 21, 2022), https://press.aboutamazon.com/news-releases/news-release-details/amazon-and-one-medical-sign-agreement-amazon-acquire-one-medical; Justin Greiwe, *Telemedicine Lessons Learned During the COVID-19 Pandemic*, 22 Curr Allergy Ashthma Rep. 1 (Jan. 21, 2022), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8781708/.

[46] Heather Landi, *Healthcare plays by CVS, Walgreens and Amazon will drive more partnerships, tech investment, experts say*, Fierce Healthcare (Sept. 15, 2022), https://www fiercehealthcare.com/health-tech/healthcare-plays-cvs-walgreens-and-amazon-will-drive-more-partnerships-tech-investment (noting that "hospitals and physician practices stand to lose younger, healthier patients to these non-traditional models").

[47] Philip E. Areeda & Herbert Hovenkamp, Antitrust Law: An Analysis of Antitrust Principles and Their Application: Vol. 1, 4 (2nd ed. 2000).

[48] *See, e.g., Rush Health Systems Officially Becomes Ochsner Rush Health*, Ochsner Health (Aug. 1, 2022), https://news.ochsner.org/news-releases/rush-health-systems-officially-becomes-ochsner-rush-health.

Finally, the statutory framework in effect in Louisiana protects against competitive harms by providing several avenues for ongoing, active supervision of the combined entity by the Louisiana Department of Justice, Office of the Attorney General. The approval of any COPA is conditioned upon "the periodic submission of specific data relating to cost, access, and quality." LAC 48:XXV.515. LCMC Health must submit an annual report "evaluating whether the [approved agreement] has been complied with during the preceding year." R.S. § 40:2254.11. Specifically, the reports must provide "information relative to the continued benefits, any disadvantages of the agreement, and sufficient information to evaluate whether any terms and conditions imposed by the department have been met or otherwise satisfied," including "a detailed explanation of the actual effects of the agreement on each party, including any change in volume, market share, prices, and revenues." LAC 48:XXV.517. The Department, in turn, must determine "whether the terms and conditions are being met or otherwise satisfied." R.S. § 40:2254.11. Importantly, the Department has the authority to revoke a previously-granted COPA if it determines that the Transaction "is not resulting in lower health care costs or greater access to or quality of health care than would occur in [its] absence." R.S. § 40:2254.6. Thus, supervision by the Department will ensure that the combined entity will act in furtherance of the public policies that underlie the Louisiana legislation's statutory provisions.

Table 5(h)-1: Competing Inpatient Facilities in the Parishes Surrounding LCMC Health's and Tulane's Hospitals

Hospital Name[49]	Address	Parish
Ochsner Medical Center	1514 Jefferson Hwy. New Orleans, LA 70121	Jefferson
Ochsner Medical Center – Kenner	180 W. Esplanade Ave. Kenner, LA 70065	Jefferson
Ochsner Medical Center – West Bank	2500 Belle Chasse Hwy. Gretna, LA 70056	Jefferson
Omega Hospital	2525 Severn Ave. Metairie, LA 70002	Jefferson
Ochsner Baptist	2700 Napoleon Ave. New Orleans, LA 70115	Orleans
New Orleans VA Medical Center	2400 Canal Street New Orleans, LA 70119	Orleans
St. Charles Surgical Hospital	1717 St Charles Ave. New Orleans, LA 70130	Orleans
Ochsner Medical Center – North Shore	100 Medical Center Dr. Slidell, LA 70461	St. Tammany
Slidell Memorial Hospital (Partner of Ochsner)	1001 Gause Blvd. Slidell, LA 70458	St. Tammany
St. Tammany Parish Hospital (Partner of Ochsner)	1202 S Tyler St. Covington, LA 70433	St. Tammany
Avala Hospital	67252 Industry Lane Covington, LA 70433	St. Tammany
Sterling Surgical Hospital	989 Robert Blvd. Slidell, LA 70458	St. Tammany
Our Lady of the Lake Ascension	1125 West Hwy. 30 Gonzales, LA 70737	Ascension
Prairieville Family Hospital	37358 Market Place Dr. Prairieville, LA 70769	Ascension
Prevost Memorial Hospital	301 Memorial Dr. Donaldsonville, LA 70346	Ascension
Villa Feliciana Medical Complex	5002 Hwy. 10 Jackson, LA 70748	East Feliciana
Ochsner Lafayette General Medical Center	1214 Coolidge Ave. Lafayette, LA 70503	Lafayette
Ochsner University Hospital And Clinics	2390 West Congress St. Lafayette, LA 70506	Lafayette
Our Lady of Lourdes Regional Medical Center, Inc.	4801 Ambassador Caffery Pkwy. Lafayette, LA 70508	Lafayette

[49] *Hospitals*, Program Provider Directory, Louisiana Department of Health, https://ldh.la.gov/page/3008.

Ochsner St. Anne Hospital	4608 Hwy. 1 Raceland, LA 70394	Lafourche
Lady of the Sea General Hospital	200 West 134 Pl. Cut Off, LA 70345	Lafourche
Thibodaux Regional Medical Center	602 North Acadia Rd. Thibodaux, Louisiana 70301	Lafourche
North Oaks – Livingston Parish Medical Complex	17199 Spring Ranch Rd. Livingston, LA 70754	Livingston
St. Bernard Parish Hospital (Managed by Ochsner)	8000 W. Judge Perez Dr. Chalmette, LA 70043	St. Bernard
St. Charles Parish Hospital (Managed by Ochsner)	1057 Paul Maillard Rd. Luling, LA 70070	St. Charles
St. Helena Parish Hospital	16874 Hwy. 43 Greensburg, LA 70441	St. Helena
St. James Parish Hospital	1645 Lutcher Ave. Lutcher, LA 70071	St. James
Cypress Pointe Surgical Hospital	42570 S Airport Rd. Hammond, LA 70403	Tangipahoa
Hood Memorial Hospital	301 Walnut St. Amite, LA 70422	Tangipahoa
North Oaks Medical Center	15790 Paul Vega MD Dr. Hammond, LA 70403	Tangipahoa
Leonard J. Chabert Medical Center (Managed by Ochsner)	1978 Industrial Blvd. Houma, LA 70363	Terrebonne
Physicians Medical Center of Houma	218 Corporate Dr. Houma, LA 70360	Terrebonne
Terrebonne General Health System	8166 Main St. Houma, LA 70360	Terrebonne
Our Lady of the Angels Hospital	433 Plaza St. Bogalusa, LA 70427	Washington
Riverside Medical Center	1900 South Main St. Franklinton, LA 70438	Washington
West Feliciana Parish Hospital	5266 Commerce St. Saint Francisville, LA 70775	West Feliciana

Table 5(h)-2: Other Competing Health Care Facilities
In Jefferson, Orleans, and St. Tammany Parishes

Name	Address	Parish
Ambulatory Surgical Centers[50]		
Advanced Surgery Center of Metairie	720 Veterans Blvd. Metairie, LA 70005	Jefferson
Alliance Endoscopy Center	3717 Houma Blvd. Metairie, LA 70006	Jefferson
Crescent View Surgery Center	3434 Houma Blvd. Metairie, LA 70006	Jefferson
Doctors Same Day Surgery Center	4633 Wichers Dr. Marrero, LA 70072	Jefferson
Harvard Surgery Center	2520 Harvard Ave. Metairie, LA 70001	Jefferson
Houma Outpatient Surgery Center	3717 Houma Blvd. Metairie, LA 70006	Jefferson
Jefferson Ambulatory Surgery Center	2701 Lake Villa Dr. Metairie, LA 70002	Jefferson
MGA GI Diagnostic & Therapeutic Center	1111 Medical Center Blvd. Marrero, LA 70072	Jefferson
MGA GI Diagnostic & Therapeutic Center – Metairie	3333 Kingman St. Metairie, LA 70006	Jefferson
Ochsner Hospital for Orthopedics & Sports Medicine	1221 S. Clearview Pkwy. Jefferson, LA 70121	Jefferson
West Bank Surgery Center	3704 Lapalco Blvd. Harvey, LA 70058	Jefferson
Gamma Radiosurgery Center of New Orleans	3434 Prytania St. New Orleans, LA 70115	Orleans
Hedgewood Surgical Center	2427 St. Charles Ave. New Orleans, LA 70130	Orleans
MGA GI Diagnostic & Therapeutic Center	2820 Napoleon Ave. New Orleans, LA 70115	Orleans
Vivere-Audubon Surgery Center	2701 Napoleon Ave. New Orleans, LA 70115	Orleans
Cardiovascular Specialty Care Center	71070 Hwy. 21 Covington, LA 70433	St. Tammany
EndoCenter – Slidell	58515 Pearl Acres Rd. Slidell, LA 70461	St. Tammany
EndoCenter – Covington	131-A Cherokee Rose Lane	St. Tammany

[50] *Ambulatory Surgical Centers*, Program Provider Directory, Louisiana Department of Health, https://ldh.la.gov/page/3008.

	Covington, LA 70433	
NGA Endoscopy Center	7015 Hwy. 190, East Service Rd. Covington, LA 70433	St. Tammany
Northshore Surgical Center	71207 Hwy. 21 Covington, LA 70433	St. Tammany
Ochsner Outpatient Surgery Suite	103 Medical Center Dr. Slidell, LA 70461	St. Tammany
Our Lady of the Lake Surgery Center – Pontchartrain	4407 Hwy. 190 Service Rd. Covington, LA 70433	St. Tammany
Our Lady of the Lake Surgical Hospital	1700 W. Lindberg Dr. Slidell, LA 70458	St. Tammany
Pinnacle Surgery Center	1234 Pinnacle Pkwy. Covington, LA 70433	St. Tammany
SLENT Surgery Center	1420 N. Causeway Blvd. Mandeville, LA 70471	St. Tammany
Summit Surgery Center	7015 Hwy. 190 E. Service Rd. Covington, LA 70433	St. Tammany
Adult Residential Care[51]		
Academy House	4324 Academy Dr. Metairie, LA 70003	Jefferson
Audubon Care Homes Dreyfous House	4713 Dreyfous Ave. Metairie, LA 70006	Jefferson
Beau Maison	3520 Cleary Ave. Metairie, LA 70002	Jefferson
Fidelis Care I	916 Martin Behrman Walk Metairie, LA 70005	Jefferson
Fidelis Care II	4000 Kent Ave. Metairie, LA 70006	Jefferson
Fidelis Care IV	4801 Tartan St. Metairie, LA 70003	Jefferson
Fidelis Janice House	4421 Janice St. Metairie, LA 70003	Jefferson
Fidelis Scofield House	3721 Scofield St. Metairie, LA 70002	Jefferson
Harvard House	4012 Harvard Ave. Metairie, LA 70006	Jefferson
Henican House	5511 Meadowdale St. Metairie, LA 70003	Jefferson

[51] *Adult Residential Care*, Program Provider Directory, Louisiana Department of Health, https://ldh.la.gov/page/3008.

Inspired Living at Kenner	3801 Loyola Dr. Kenner, LA 70065	Jefferson
Lafreniere Assisted Living and Memory Care	6555 Park Manor Dr. Metairie, LA 70003	Jefferson
Lake Villa House	4212 Lake Villa Dr. Metairie, LA 70002	Jefferson
Laketown Village, Residential Care & Memory Care	1600 Joe Yenni Blvd. Kenner, LA 70065	Jefferson
Old Metairie Gardens	344 Lake Ave. Metairie, LA 70005	Jefferson
Peace of Home EldeResidences	1009 Colonial Club Dr. Harahan, LA 70123	Jefferson
Peristyle Lake Louise	4613 Lake Louise Ave. Metairie, LA 70006	Jefferson
Peristyle Metairie Heights	2701 Metairie Heights Ave. Metairie, LA 70002	Jefferson
Peristyle Richland	3521 Richland Ave. Metairie, LA 70002	Jefferson
Schouest House	7004 Schouest St. Metairie, LA 70003	Jefferson
Serenity Senior Residences	3949 Meadowdale St. Metairie, LA 70002	Jefferson
Serenity Senior Residence 2	817 Aurora Ave. Metairie, LA 70005	Jefferson
St. Francis Villa Assisted Living	10411 Jefferson Hwy. River Ridge, LA 70123	Jefferson
St. Michael's Assisted Living	314 Transcontinental Dr. Metairie, LA 70001	Jefferson
Sunrise of Metairie	3732 West Esplanade Ave. Metairie, LA 70002	Jefferson
The Blake at Colonial Club	7904 Jefferson Hwy. Harahan, LA 70123	Jefferson
The Jefferson	224 Central Ave. Jefferson, LA 70121	Jefferson
Tranquil Living	4500 Leo St. Marrero, LA 70072	Jefferson
Tranquil Living II	613 Ave. E Marrero, LA 70072	Jefferson
Ville Ste. Marie Senior Living Community	4112 Jefferson Hwy. Jefferson, LA 70121	Jefferson
A & D Adult Residential Care – Westbank	3081 Elmwood Park Dr. New Orleans, LA 70114	Orleans
Chateau de Notre Dame Assisted Living	2820 Burdette St.	Orleans

	New Orleans, LA 70125	
Lakeview House	858 Mouton St. New Orleans, LA 70124	Orleans
Lambeth House Assisted Living	150 Broadway St. New Orleans, LA 70118	Orleans
Oak House Assisted Living	5354 Magazine St. New Orleans, LA 70115	Orleans
SummerHouse Vista Shores	5958 Saint Bernard Ave. New Orleans, LA 70122	Orleans
The Suites at Algiers Point	813 Pelican Ave. New Orleans, LA 70114	Orleans
Trinity House	1422 Kerlerec St. New Orleans, LA 70116	Orleans
Westbank Lighthouse	1712 Holiday Dr. New Orleans, LA 70114	Orleans
Anderson Memory Care	4108 Dauphine St. Slidell, LA 70458	St. Tammany
Avanti Senior Living at Covington	2234 Watercross Pkwy. Covington, LA 70433	St. Tammany
Azalea Estates of Slidell	354 Robert Blvd. Slidell, LA 70458	St. Tammany
Beau Provence Memory Care Assisted Living	100 Beau West Dr. Mandeville, LA 70471	St. Tammany
Brookdale Mandeville	1414 N. Causeway Blvd. Mandeville, LA 70471	St. Tammany
Christwood Retirement Community	100 Christwood Blvd. Covington, LA 70433	St. Tammany
Creole Cottage Residential Care Home	29506 Sticker Bay Rd. Lacombe, LA 70445	St. Tammany
Fidelis Northshore I	5011 Sharp Rd. Mandeville, LA 70471	St. Tammany
Fidelis Northshore II	2045 Olene Dr. Mandeville, LA 70448	St. Tammany
Oak Park Village of Slidell	2200 Gause Blvd. Slidell, LA 70461	St. Tammany
Restoration Senior Living of Covington	1444 Andrew Dr. Covington, LA 70433	St. Tammany
St Anthony's Gardens	601 Holy Trinity Dr. Covington, LA 70433	St. Tammany
Summerfield Retirement Community	4104 Dauphine St. Slidell, LA 70458	St. Tammany
SummerHouse Park Provence	1925 Possum Hollow Dr. Slidell, LA 70458	St. Tammany
The Trace Senior Community	19432 Crawford Rd. Covington, LA 70433	St. Tammany

The Windsor Senior Living Community	1770 N. Causeway Blvd. Mandeville, LA 70471	St. Tammany
Emergency Medical Care Facilities[52]		
Ochsner Emergency Room – Marrero	4837 Lapalco Blvd. Marrero, LA 70072	Jefferson
St. Tammany Health System Mandeville Emergency Department (Ochsner)	2929 US-190 Mandeville, LA 70471	St. Tammany
Hospice Agencies[53]		
Anvoi Hospice	1013 N. Causeway Blvd. Metairie, LA 70001	Jefferson
Guardian Angel Hospice	825 Little Farms Ave. Metairie, LA 70003	Jefferson
Gulf South Hospice of New Orleans	812 Hesper Ave. Metairie, LA 70005	Jefferson
Harmony Hospice	3621 Ridgelake Dr. Metairie, LA 70002	Jefferson
Heart of Hospice	1700 Belle Chasse Hwy. Gretna, LA 70056	Jefferson
Hospice Associates of New Orleans	3941 Houma Blvd. Metairie, LA 70006	Jefferson
Lakeside Hospice	4300 S. I-10 Service Rd. West Metairie, LA 70001	Jefferson
Louisiana Hospice & Palliative Care of New Orleans	3500 N. Causeway Blvd. Metairie, LA 70002	Jefferson
My Hospice	3510 N. Causeway Blvd. Metairie, LA 70002	Jefferson
NOLA SJH II	507 Upstream St. River Ridge, LA 70123	Jefferson
Serenity Hospice Services	3445 N. Causeway Blvd. Metairie, LA 70002	Jefferson
Canon Healthcare	3600 Prytania St. New Orleans, LA 70115	Orleans
Notre Dame Hospice	1000 Howard Ave. New Orleans, LA 70113	Orleans
Passages Hospice	605A Dublin St. New Orleans, LA 70118	Orleans
St. Margaret Home Health and Hospice	3525 Bienville St. New Orleans, LA 70119	Orleans
Canon Hospice	19374 3rd St.	St. Tammany

[52] *Ochsner Emergency Room – Marrero, Ochsner Health*, https://www.ochsner.org/locations/ochsner-emergency-room-marrero; *St. Tammany Health System Mandeville Emergency Department*, Ochsner Health, https://www.ochsner.org/locations/st-tammany-parish-hospital-mandeville-emergency-department.

[53] *Hospice*, Program Provider Directory, Louisiana Department of Health, https://ldh.la.gov/page/3008.

	Covington, LA 70433	
Concerned Care Hospice	19550 N 10th St. Covington, LA 70433	St. Tammany
Egan Hospice	121 Park Pl. Covington, LA 70433	St. Tammany
Enhabit Hospice of the Northshore	112 Innwood Dr. Covington, LA 70433	St. Tammany
Heart of Hospice	1001 Hwy. 190 E. Service Rd. Covington, LA 70433	St. Tammany
Hospice Compassus – Greater New Orleans	1301 W. Causeway Approach Mandeville, LA 70471	St. Tammany
Interim Healthcare Hospice of East Louisiana	2637 N. Causeway Blvd. Mandeville, LA 70471	St. Tammany
St. Joseph Hospice and Palliative Care Northshore	19500 Helenberg Rd. Covington, LA 70433	St. Tammany
St. Tammany Hospital Hospice	1010 South Polk St. Covington, LA 70433	St. Tammany
Traditions Health	303 West 21st Ave. Covington, LA 70433	St. Tammany
Nursing Homes[54]		
Bayside Healthcare Center	3201 Wall Blvd. Gretna, LA 70056	Jefferson
Chateau Living Center of Kenner	716 Village Rd. Kenner, LA 70065	Jefferson
Colonial Oaks Living Center	4312 Ithaca Street Metairie, LA 70006	Jefferson
Jefferson Healthcare Center	2200 Jefferson Hwy. Jefferson, LA 70121	Jefferson
Maison DeVille Nursing Home of Harvey	2233 8th St. Harvey, LA 70058	Jefferson
Marrero Healthcare Center	5301 August Ln. Marrero, LA 70072	Jefferson
Metairie Health Care Center	6401 Riverside Dr. Metairie, LA 70003	Jefferson
Ochsner Medical Center Skilled Nursing Facility	2614 Jefferson Hwy. Jefferson, LA 70121	Jefferson
Park Place Healthcare	535 Commerce St. Gretna, LA 70056	Jefferson
St. Anthony Community Care Center	6001 Airline Hwy. Metairie, LA 70003	Jefferson

[54] *Nursing Homes*, Program Provider Directory, Louisiana Department of Health, https://ldh.la.gov/page/3008.

St. Joseph of Harahan	405 Folse Dr. Harahan, LA 70123	Jefferson
Waldon Health Care Center	2401 Idaho St. Kenner, LA 70062	Jefferson
Wynhoven Health Care Center	1050 Medical Center Blvd. Marrero, LA 70072	Jefferson
Chateau De Notre Dame	2832 Burdette St. New Orleans, LA 70125	Orleans
Covenant Home	5919 Magazine St. New Orleans, LA 70115	Orleans
Ferncrest Manor Living Center	14500 Haynes Blvd. New Orleans, LA 70128	Orleans
Good Samaritan Rehab & Nursing Center	4021 Cadillac St. New Orleans, LA 70122	Orleans
Jo Ellen Smith Convalescent Center	4502 General Meyer Ave. New Orleans, LA 70131	Orleans
Lafon Nursing Facility of the Holy Family	6900 Chef Menteur Hwy. New Orleans, LA 70126	Orleans
Maison Orleans Healthcare of New Orleans	1420 General Taylor St. New Orleans, LA 70115	Orleans
Our Lady of Wisdom Health Care Center	5600 General De Gaulle Dr. New Orleans, LA 70131	Orleans
Poydras Home	5354 Magazine St. New Orleans, LA 70115	Orleans
River Palms Nursing & Rehab	5301 Tullis Dr. New Orleans, LA 70131	Orleans
St. Anna's at Lambeth House	150 Broadway New Orleans, LA 70118	Orleans
St. Luke Nursing Home	4201 Woodland Dr. New Orleans, LA 70131	Orleans
St. Margaret's at Mercy Nursing Home	3525 Bienville St. New Orleans, LA 70119	Orleans
St. Jude's Nursing Home	450A S. Claiborne Ave. New Orleans, LA 70112	Orleans
Christwood Nursing Home	100 Christwood Blvd. Covington, LA 70433	St. Tammany
Forest Manor Nursing and Rehabilitation Center	1330 Ochsner Blvd. Covington, LA 70433	St. Tammany
Greenbriar Community Care Center	505 Robert Blvd. Slidell, LA 70458	
Heritage Manor of Mandeville	1820 W. Causeway Approach Mandeville, LA 70471	St. Tammany

Heritage Manor of Slidell	106 Medical Center Dr. Slidell, LA 70461	St. Tammany
Lacombe Nursing Centre	28119 Hwy. 190 Lacombe, LA 70445	St. Tammany
Pontchartrain Health Care Center	1401 Hwy. 190 Mandeville, LA 70448	St. Tammany
Trinity Neurologic Rehabilitation Center	1400 Lindberg Dr. Slidell, LA 70458	St. Tammany
Trinity Trace Community Care Center	612 Holy Trinity Dr. Covington, LA 70433	St. Tammany
Select Other Health Care Facilities		
Doctors After Hours Urgent Care – Clearview	1000 Clearview Pkwy. Metairie, LA 70001	Jefferson
Doctors After Hours Urgent Care – Oaklawn	545 Oaklawn Dr. Metairie, LA 70005	Jefferson
In & Out Urgent Care – Metairie	100 N.Labarre Rd. Metairie, LA 70001	Jefferson
MinuteClinic – Metairie	2105 Cleary Ave. Metairie, LA 70001	Jefferson
Ochsner Rehabilitation Hospital	2614 Jefferson Hwy. New Orleans, LA 70121	Jefferson
Ochsner Urgent Care – Kenner	3417 Williams Blvd. Kenner, LA 70065	Jefferson
Ochsner Urgent Care – Metairie	2215 Veterans Blvd. Metairie, LA 70002	Jefferson
Rapid Urgent Care – Metairie	3908 Veterans Memorial Blvd. Metairie, LA 70002	Jefferson
The Urgent Care – Veterans	4517 Veterans Blvd. Metairie, LA 70006	Jefferson
United Medical Healthwest – New Orleans	3201 Wall Blvd. Gretna, LA 70056	Jefferson
Urgent Care of Metairie	3440 Division St. Metairie, LA 70002	Jefferson
Bliant Specialty Hospital	14500 Hayne Blvd. New Orleans, LA 70128	Orleans
Bausey Urgent Care	8070 Crowder Blvd. New Orleans, LA 70127	Orleans
Concentra Urgent Care	318 Baronne St. New Orleans, LA 70112	Orleans
Doctors After Hours Urgent Care – Lakeview	101 W. Robert E. Lee Blvd. New Orleans, LA 70124	Orleans
Downman Urgent Healthcare Clinic	4543 Downman Rd. New Orleans, LA 70126	Orleans

In & Out Urgent Care – Uptown	6225 S. Claiborne Ave. New Orleans, LA 70125	Orleans
Maxem Health Urgent Care	4304-6 S Claiborne Ave. New Orleans, LA 70125	Orleans
MinuteClinic – New Orleans	4401 S Claiborne Ave. New Orleans, LA 70125	Orleans
Ochsner Urgent Care – Lakeview	111 Allen Toussaint Blvd. New Orleans, LA 70124	Orleans
Ochsner Urgent Care – Mid-City at Canal	4100 Canal St. New Orleans, LA 70119	Orleans
Ochsner Urgent Care – Uptown	4605 Magazine St. New Orleans, LA 70115	Orleans
Ochsner Urgent Care – UNO	2000 Lakeshore Dr. New Orleans, LA 70148	Orleans
Ochsner Urgent Care – Warehouse District	900 Magazine St. New Orleans, LA 70130	Orleans
The Urgent Care – Mid-City	231 N Carrollton Ave. New Orleans, LA 70119	Orleans
Urgent Care Eleven – Claude Ave.	3218 St. Claude Ave. New Orleans, LA 70117	Orleans
Urgent Care Eleven – Broad St.	1780 N. Broad St. New Orleans, LA 70119	Orleans
AMG Physical Rehabilitation Hospital – Covington	5025 Keystone Blvd. Covington, LA 70433	St. Tammany
Doctors Urgent Care	971 Robert Blvd. Slidell, LA 70458	St. Tammany
GreenLight Urgent Care – Covington	1200 Business, U.S. Hwy. 190 Covington, LA 70433	St. Tammany
In & Out Urgent Care – Covington/ Madisonville	13130 LA-1085 Covington, LA 70433	St. Tammany
In & Out Urgent Care – Mandeville	925 LA-59 Mandeville, LA 70448	St. Tammany
Maxem Health Urgent Care – Mandeville	3810 LA-22 Mandeville, LA 70471	St. Tammany
Maxem Health Urgent Care – Slidell	170 Northshore Blvd. Slidell, LA 70460	St. Tammany
MinuteClinic – Covington	1850 N. Hwy. 190 Covington, LA 70433	St. Tammany
MinuteClinic – Slidell	2103 Gause Blvd. E. Slidell, LA 70461	St. Tammany
North Shore Rehabilitation Hospital	64030 Hwy. 434 Lacombe, LA 70445	St. Tammany
Northshore Extended Care Hospital	64030 Hwy. 434 Lacombe, LA 70445	St. Tammany

Ochsner Urgent Care – Covington	1111 Greengate Dr. Covington, LA 70433	St. Tammany
Ochsner Urgent Care – Mandeville	2735 U.S. Hwy. 190 Mandeville, LA 70471	St. Tammany
PAM Specialty Hospital of Covington	20050 Crestwood Blvd. Covington, LA 70433	St. Tammany
Pelican Urgent Care Slidell	2375 Gause Blvd. Slidell, LA 70461	St. Tammany
Rapid Urgent Care – Covington	218 E Boston St. Covington, LA 70433	St. Tammany
Rapid Urgent Care – Mandeville	1111 N. Causeway Blvd. Mandeville, LA 70471	St. Tammany
Rapid Urgent Care – Slidell	2170 Gause Blvd. W. Slidell, LA 70460	St. Tammany
Redi-Med Urgent Care	4430 LA-22 Mandeville, LA 70471	St. Tammany
SouthStar Urgent Care	3333 Pontchartrain Dr. Slidell, LA 70458	St. Tammany
Total Health Urgent Care	73015 LA-25 Covington, LA 70435	St. Tammany

5(i). Identification of the steps necessary, under current market and regulatory conditions, for other parties to enter the territory described in item (e) and compete with the applicants;

Response to Specification 5(i):

Louisiana law promotes competition among health care providers by maintaining low barriers to entry for providers seeking to establish new services and expand existing services, because the state does not require a "certificate of need" ("CON"). Consequently, several hospitals are undergoing or have undergone significant facility and service expansions in New Orleans and the surrounding area.

1. Louisiana does not require hospitals to apply for certificates of need.

Many states limit hospitals' abilities to expand services by requiring them to seek government approval before entering or expanding in the state. State CON laws typically establish requirements for state approval before a new health care provider can enter a market or an existing provider can make certain capital improvements. In such states, if a hospital wants to build a wing or add additional beds, for example, it must first seek regulatory approval. The state will determine whether there is sufficient public "need" for the capital improvement and either grant or deny the provider's application. These restrictions typically lead to reduced competition and innovation, as the laws impose additional regulation and prevent new providers from expanding or entering.[55] By eliminating competition, CON laws drive up cost, lower quality, and limit the availability of needed services.[56]

Hospitals in Louisiana are not shielded by CON laws.[57] Louisiana hospitals can decide how to best serve their patients—whether by expanding facilities, offering new services, or purchasing new equipment—without seeking such government approval. As detailed below, the Parties will continue to face the threat of significant competition from other potential providers—in addition to substantial existing competition—that can challenge the hospitals simply by arriving at their doorstep or improving existing nearby facilities.

2. Health care providers in surrounding parishes are currently undergoing significant expansions, demonstrating the ease of entry for inpatient and outpatient services in the area.

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[55] Maureen K. Ohlhausen, *Certificate of Need Laws: A Prescription for Higher Costs*, 30 Antitrust 50 (Fall 2015), https://www.ftc.gov/system/files/documents/public_statements/896453/1512fall15-ohlhausenc.pdf.

[56] Patrick A. Rivers, Myron D. Fottler, & Jemima A. Frimpong, The Effects of Certificate of Need Regulation on Hospital Costs, 36 J. Health Care Fin. 1, 11 (2010) (finding that CON laws "may actually increase costs"); Thomas Stratmann & David Wille, Certificate-of-Need Laws and Hospital Quality, Mercatus Center (Sept. 2016) ("CON regulations lead to lower-quality care for some measures of quality").

[57] In Louisiana, certain licensed health care facilities, including certain adult residential care providers, nursing facilities, and hospice providers, are subject to a Facility Need Review ("FNR") process, which requires a determination of need for additional units, providers, or facilities before licensure is granted; however; FNR does not apply to acute care hospitals. R.S. § 40:2116. *See also Certificate of Need (CON) State Laws*, National Conference of State Legislatures, https://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx.

Hospitals, health systems, and other facilities—including both Louisiana and out-of-state providers—have recently entered into or expanded service in the Parties' geographic service area.[58] These substantial expansions demonstrate the ease with which hospitals and other health care service providers can enter the market under current market and regulatory conditions. For example:

- **Ochsner.** Ochsner broke ground in 2021 on a "super clinic" in Metairie, a 185,000-square-foot facility that will include, among others, primary and specialty care clinics, outpatient surgery, physical therapy, a drive-through pharmacy, endoscopy suites, a Medi-Spa, behavioral health services, and a cardiology and catheterization lab. The clinic, which is expected to open in early 2023, will be equipped with technology for telemedicine and will also feature a 10-bed "micro-hospital" to accommodate overnight stays.[59] Ochsner also recently announced plans to build a 132,000-square-foot neuroscience center near Ochsner Medical Center that will include an Innovation Center, integrative and aquatic therapies, and a neurological rehabilitation center.[60]

  In 2018, Ochsner opened a new campus as part of a $360 million expansion of its Jefferson Highway complex. The campus includes a skilled nursing facility, an inpatient rehabilitation hospital and a long-term acute care unit.[61] Ochsner also recently opened a $25 million, 51,600-square-foot health clinic in Ascension Parish with 18 exam rooms, a laboratory, a full radiology suite, and a second floor built for future growth;[62] an outpatient health center offering women's health, primary, and pediatric care services in Metairie in December 2021;[63] and a new primary health care clinic located in New Orleans East providing primary and specialty care, such as cardiology, diabetes management and education, podiatry, and smoking cessation services, in October 2020.[64] Recently, Ochsner has also significantly expanded its cancer care capabilities, including a 115,000-square-foot, $56 million addition to the Gayle and Tom Benson Cancer Center located in New Orleans in September 2020 and a new

[58] *See also* the response to Specification 5(h).

[59] *Ochsner Health and Clearview Announce Super Clinic and Micro-Hospital Development at Clearview City Center*, Ochsner Health (Dec. 3, 2020), https://news.ochsner.org/news-releases/ochsner-health-and-clearview-announce-super-clinic-and-miro-hospital-development-at-clearview-city-center; Tommy Santora, *Top Construction Projects 2022: 8. Ochsner Health Expansion*, New Orleans City Business (Feb. 9, 2022), https://neworleanscitybusiness.com/blog/2022/02/09/top-construction-projects-2022-8-ochsner-health-expansion/.

[60] *Ochsner to build neuroscience center on Jefferson Highway*, New Orleans City Business (Sept. 27, 2022), https://neworleanscitybusiness.com/blog/2022/09/27/ochsner-to-build-neuroscience-center-on-jefferson-highway.

[61] *Ochsner Health Celebrates Opening of New West Campus Location*, Ochsner Health (Mar. 15, 2018), https://news.ochsner.org/news-releases/ochsner-health-system-celebrates-opening-of-new-west-campus-location.

[62] *Ochsner Health Center – Gonzales*, Ochsner Health, https://www.ochsner.org/locations/ochsner-health-center-gonzales.

[63] *Ochsner Health Center – Old Metairie is Now Open*, Ochsner Health (Jan. 6, 2022), https://news.ochsner.org/news-releases/ochsner-health-center-old-metairie-is-now-open.

[64] *Ochsner Community Health Brees Family Center Now Open in New Orleans East*, Ochsner Health (Oct. 14, 2020), https://news.ochsner.org/news-releases/ochsner-community-health-brees-family-center-now-open-in-new-orleans-east.

75,000-square-foot cancer care center in St. Tammany Parish, through a partnership with St. Tammany Health System, that more than doubled its existing cancer care space in Covington.[65] Ochsner has also planned a $10 million expansion for its Cancer Center in Baton Rouge, which will include a new pharmacy, additional examination, and consultation rooms. These additions are just a few examples among Ochsner's many new and expanded facilities throughout the state, including in Baton Rouge, Lafayette, Shreveport, and more.[66] Ochsner has also announced plans for additional expansions, including a $15 million investment in community health care clinics and senior clinics in St. Tammany and other parishes planned for 2022.[67]

- **St. Tammany Health System.** A Covington, Louisiana hospital, St. Tammany Health System announced in October 2021 that it plans to construct a $75 million comprehensive surgical center in St. Tammany Parish. The new center will include twelve surgery suites as well as supporting departments and services, including preoperative and postoperative care, beds for overnight stays, surgical sterilization, imaging, lab, pharmacy, rehabilitation, and more.[68]

- **The Surgery Center.** In May 2021, a New Orleans board-certified plastic and reconstructive surgeon announced plans to build a $5 million ambulatory surgical center in New Orleans. The facility, The Surgery Center, primarily serves the physician's practice and offers cosmetic and reconstructive surgery to patients in the New Orleans area.[69]

- **Montecito Medical.** A privately held company specializing in health care-related real estate acquisitions and funding the development of medical real estate headquartered in Tennessee, Montecito Medical is "currently pursuing additional opportunities in

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[65] *The Gayle and Tom Benson Cancer Center Celebrates Expansion with Grand Re-Opening*, Ochsner Health (Sept. 29, 2020), https://news.ochsner.org/news-releases/the-gayle-and-tom-benson-cancer-center-celebrates-expansion-with-grand-re-opening.

[66] *Online Newsroom*, Ochsner Health, https://news.ochsner.org/news-releases; Tommy Santora, *Top Construction Projects 2022: 8. Ochsner Health Expansion*, New Orleans City Business (Feb. 9, 2022), https://neworleanscitybusiness.com/blog/2022/02/09/top-construction-projects-2022-8-ochsner-health-expansion/.

[67] Tommy Santora, *Top Construction Projects 2022: 8. Ochsner Health Expansion*, New Orleans City Business (Feb 9, 2022), https://neworleanscitybusiness.com/blog/2022/02/09/top-construction-projects-2022-8-ochsner-health-expansion/.

[68] *St. Tammany Health Will Build $75 Million Surgical Center*, Nola.com (Oct. 11, 2021), https://www.nola.com/news/communities/st_tammany/article_a74bf6ce-225a-11ec-89c0-33a535427cad.html.

[69] Patsy Newitt, *Physician Opening $5M Plastic Surgery ASC*, Becker's ASC Review (May 21, 2021), https://www.beckersasc.com/new-asc-development/physician-opening-5m-plastic-surgery-asc.html.

Louisiana."[70] In June 2022, Montecito Medical acquired a 7,064-square-foot ambulatory surgical center building in Shreveport.[71]

- **Arise Vascular.** In August 2021, Austin, Texas-based Arise Vascular, in conjunction with local Louisiana physicians, opened a 10,800-square-foot cardiovascular surgery center in Lafayette, the first ambulatory surgical center in the area to exclusively perform cardiovascular procedures.[72]

- **Mary Bird Perkins Cancer Center**. In November 2021, Mary Bird Perkins Cancer Center ("Mary Bird"), with locations in Baton Rouge and Covington, finalized an agreement to partner with OneOncology, a national platform for independent oncology practices.[73] The partnership enabled Mary Bird to expand oncology services and recruitment of additional medical oncologists at its location in Covington.

- **Cardiovascular Specialty Care Center of Covington**. In May 2017, the Cardiovascular Specialty Care Center of Covington opened in Covington, Louisiana. The practice provides various cardiology and internal medical services.

- **CHRISTUS Shreveport-Bossier Health System**. In 2022, CHRISTUS Shreveport-Bossier Health System opened a new Cardiovascular Center of Excellence at CHRISTUS Highland Medical Center in Shreveport. The heart center is the result of a $43 million investment over the past five years and includes an emergency room, 16 new patient beds, new ICU beds, surgical suites, and labs. The medical staff includes CHRISTUS Shreveport-Bossier's cardiology partners at Advanced Cardiovascular Specialists, a practice based in Shreveport.[74]

These expansions demonstrate that competition is alive and well in Louisiana. Hospitals and other providers of inpatient and outpatient services are able to enter Louisiana and expand, as needed, to meet patient needs in the state. Post-Transaction, the Parties expect to continue to face competition from new and existing competitors.

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[70] *Montecito Medical Acquires Surgery Center Property in Shreveport*, Business Wire (June 16, 2022), https://www.businesswire.com/news/home/20220616005673/en/Montecito-Medical-Acquires-Surgery-Center-Property-in-Shreveport.

[71] Armani Washington, *Christus Health ASC Acquired in Louisiana*, Becker's ASC Review (June 22, 2022), https://www.beckersasc.com/asc-transactions-and-valuation-issues/louisiana-asc-property-acquired-christus-health-asc-acquired-in-louisiana.html.

[72] *Arise Vascular Opens First Outpatient Cardiovascular Center in Lafayette*, La., PR Newswire (Aug. 30, 2021), https://www.prnewswire.com/news-releases/lafayette-la-gains-first-outpatient-cardiovascular-center-301365422.html.

[73] *Mary Bird Perkins Cancer Center and OneOncology Finalize Agreement to Take Giant Leap Forward in Cancer Care*, Mary Bird Perkins Cancer Center (Nov. 2, 2021), https://marybird.org/press-release/mary-bird-perkins-cancer-center-and-oneoncology-finalize-agreement-to-take-a-giant-leap-forward-in-cancer-care/.

[74] Advanced Cardiovascular Specialists, https://acsdoctors.com/.

5(j). A detailed explanation of the projected effects, including expected volume, change in price, and increased revenue, of the agreement or transaction on each party's current businesses, both generally as well as the aspects of the business directly involved in the proposed agreement or transaction;

Response to Specification 5(j):

Following the Transaction, the Parties expect to retain existing patient volumes and revenue through expanded clinical services, improved access to quality care, enhanced patient experience, and an academic health system accessible to all residents of Louisiana. The Parties also expect to attract new patients and associated revenues and operate more efficiently to drive costs down for patients.

1. The Parties' combined patient volumes will fuel improved quality of care post-Transaction.

The Parties' proposal to create a combined academic health system will increase patient volume by retaining prior patient volumes and attracting new patients through better care coordination, greater combined expertise, and higher-quality care. The Parties expect that, system-wide, volumes will not be reduced because the Parties will be able to better coordinate clinical services and improve access to care. Moreover, the combined volumes and clinical expertise will lead to improvements in the quality of services offered at the combined system.[75] Improvements include the Parties' plans to enhance training and recruitment of additional primary care physicians, specialists, and subspecialists; develop Centers of Excellence; and upgrade catheterization lab suites at University Medical Center New Orleans, among many others.[76] The Parties expect these enhanced facilities and higher quality services to increase retention and attract new patients. Moreover, patients that would have otherwise left the region or the state for high-end services may instead choose to receive care locally at either EJGH or University Medical Center New Orleans.

Additionally, the Parties anticipate that the Transaction will lead to increased patient volumes at certain facilities following the relocation of clinical services from TUMC. For example, the Parties expect increased patient volumes at EJGH after relocating services from TUMC to EJGH, [redacted].[77] Similarly, the Parties anticipate increased patient volumes at University Medical Center New Orleans and Touro following the relocation of certain services from TUMC to LCMC Health's downtown New Orleans hospital. These increased volumes will in turn improve quality, as increased patient volumes correspond with increased quality across a number of services.[78]

2. The Parties expect to increase revenue post-Transaction, which can be reinvested locally to improve health care in the region.

[75] *See* the response to Specification 5(m)(3)(b), (4) for more detail.

[76] *See* the responses to Specifications 5(d) and 5(m)(6), (8) for more detail.

[77] *See* the response to Specification 5(m)(4) for more detail.

[78] *See* the response to Specification 5(m)(4) for more detail.

The Parties also expect to both retain existing revenue and grow revenues following the Transaction. Planned investments in the combined health system, development of centers of excellence, and enhanced clinical services will continue to draw the Parties' existing patient population, but it will also draw new patients to the combined entity. Increased revenues can be reinvested locally to improve health care in the region, thereby benefitting patients and the community at large.[79]

3. The Transaction will not lead to "unduly increased" prices.

The Parties remain committed to providing access to high-quality health care at low costs and will continue to do so post-Transaction. There are several factors that will prevent "unduly increased" prices post-Transaction, including:

- A COPA participant must submit price data in its annual report. LAC 48:XXV.517(B)(3). The Attorney General may then disapprove any changes to hospital service rates through informal mechanisms, through an enforcement action, or through revocation. R.S. §§ 40:2254.9–40:2254.11; LAC 48:XXV.517. This authority to provide ongoing supervision ensures that costs do not balloon for patients.[80]

- The Transaction will not reduce competition among health care providers or health care facilities. Rather, the Parties will continue to face robust competition from large and significant health systems, hospitals, and other facilities. This competition, in turn, will incentivize the Parties to keep costs down to remain competitive with other providers of health care services in the area, including Ochsner's many hospitals in the greater New Orleans region.

- The Transaction will result in substantial efficiencies and cost savings,[81] which will allow the Parties to improve health care quality without unduly increasing costs.

- Post-Transaction, the Parties will continue to provide services at low or no cost to patients in underserved populations, including by continuing to provide charity care and services to sizeable Medicaid and Medicare populations.[82]

[79] *See* the response to Specification 5(n) for more detail.

[80] *See* the response to Specification 5(m) for more detail.

[81] *See* the response to Specification 5(o) for more detail.

[82] LCMC Health provides medical care without charge or at reduced costs to residents of its community through financial assistance. In addition, consistent with its charitable purpose, LCMC Health funds a broad range of community programs, including health seminars, health screenings, in-home caregiver services, counseling, pastoral care, health enhancement and wellness programs, to serve the health needs of the community. *See* the response to Specification 5(m) for more detail.

5(k). Each entity's estimate of their respective present market shares and that of others affected by the proposed agreement or transaction, and projected market shares after implementation of the proposed agreement or transaction;

Response to Specification 5(k):

The Parties' resulting combined market shares for inpatient and outpatient services as part of the Transaction will enable the combined system to provide better quality, personalized health care services for patients living throughout the entire state of Louisiana. However, the Parties will continue to face robust competition from large and significant health systems, hospitals, and other facilities.

Tables 5(k)-1 and **5(k)-2** contain the projected post-Transaction, state-wide market shares, based on data from 2019, for the Parties and other health care systems in the surrounding communities for both inpatient and outpatient services. Together, LCMC Health and Tulane account for only 12% share of inpatient share for commercial payors and 15% share of hospital-based outpatient services for commercial payors, compared to Ochsner, which accounts for 27% and 35%, respectively. Both Parties draw patients from all 64 parishes in Louisiana, which will continue post-Transaction given the Parties' commitment to enhancing clinical service and quality, advancing medical education and research, and ultimately improving overall patient experience.

Table 5(k)-1: Inpatient Discharge Market Shares for All Patients

	All Patients	
System/Hospital	**All Payors**	**Commercial Payors Only**
LCMC Health	12%	9%
Tulane	4%	3%
Ochsner Health System[83]	30%	27%
Franciscan Missionaries of Our Lady Health System	14%	14%
CHRISTUS Health	5%	8%
Willis-Knighton Health System	7%	7%
North Oaks Health System	2%	1%
Woman's Hospital	3%	7%
Baton Rouge General Medical Center	3%	5%
Allegiance Health Management	3%	2%
HCA (Rapides Regional Medical Center)	3%	2%
Lake Charles Memorial Health System	3%	3%
Opelousas General Health System	1%	1%
Glenwood Regional Medical Center[84]	2%	5%
Other LA Hospitals	8%	6%
TOTAL	100%	100%

[83] Ochsner has a partnership with LSU Health Shreveport and a joint venture with CHRISTUS Health. *See Ochsner Health and LSU Health Shreveport Join Forces to Improve Healthcare in North Louisiana*, Ochsner Health (Sept. 24, 2018), https://news.ochsner.org/news-releases/ochsner-health-system-and-lsu-health-shreveport-join-forces-to-improve-heal; *CHRISTUS Health and Ochsner Health Finalize Partnership in Lake Charles*, Ochsner Health (Sept. 5, 2018), https://news.ochsner.org/news-releases/christus-health-and-ochsner-health-system-finalize-partnership-in-lake-char.

[84] Operated by Steward Health Care System.

Table 5(k)-2: Outpatient Hospital-Based Market Shares for All Patients

	All Patients	
System/Hospital	**All Payors**	**Commercial Payors Only**
LCMC Health	15%	10%
Tulane	4%	5%
Ochsner Health System[85]	31%	35%
Franciscan Missionaries of Our Lady Health System	15%	13%
CHRISTUS Health	4%	5%
Willis-Knighton Health System	4%	4%
North Oaks Health System	2%	1%
Woman's Hospital	3%	7%
Baton Rouge General Medical Center	1%	2%
Allegiance Health Management	3%	2%
HCA (Rapides Regional Medical Center)	2%	1%
Lake Charles Memorial Health System	3%	2%
Opelousas General Health System	2%	1%
Glenwood Regional Medical Center[86]	1%	1%
Other LA Hospitals	10%	11%
TOTAL	100%	100%

Inpatient Services – Post-Transaction, Ochsner would remain the largest health care system in Louisiana, serving more patients than LCMC Health and Tulane combined. In 2019, Ochsner had a 30% share of inpatient services in Louisiana. Then, Franciscan Missionaries of Our Lady had a 14% share. In contrast, LCMC Health had a 12% share of inpatient discharges in Louisiana in 2019, and Tulane had a 4% share. Post-Transaction, the Parties would have a combined 16% of inpatient visits throughout the state of Louisiana. Furthermore, as outlined in response to Specifications 5(h) and 5(i), the Parties will continue to face considerable competition from several leading health care systems as well as a litany of other regional centers providing health care services to patients throughout Louisiana.

[85] Ochsner has a partnership with LSU Health Shreveport and a joint venture with CHRISTUS Health. *See Ochsner Health and LSU Health Shreveport Join Forces to Improve Healthcare in North Louisiana*, Oschner Health (Sept. 24, 2018), https://news.ochsner.org/news-releases/ochsner-health-system-and-lsu-health-shreveport-join-forces-to-improve-heal; *CHRISTUS Health and Ochsner Health Finalize Partnership in Lake Charles*, Ochsner Health (Sept. 5, 2018), https://news.ochsner.org/news-releases/christus-health-and-ochsner-health-system-finalize-partnership-in-lake-char.

[86] Operated by Steward Health Care System.

Outpatient Services – Ochsner currently provides the biggest share of outpatient services to patients in Louisiana, with 31% of hospital-based outpatient visits, and would likely maintain this position post-Transaction. As for other health care systems, Franciscan Missionaries of Our Lady Health System had a 15% share, CHRISTUS Health had a 4% share, and Willis-Knighton Health System had a 4% share of hospital-based outpatient visits in 2019. Post-Transaction, the Parties would have a combined 19% of outpatient visits throughout Louisiana.

As noted in response to Specification 5(e), the Transaction will allow the Parties to better address the current health needs for patients across the state – an impact neither party can accomplish individually.

5(l). Identification of business plans, reports, studies, or other documents that discuss each entity's projected performance in the market, business strategies, competitive analyses and financial projections, including any documents prepared in anticipation of the cooperative agreement, merger or consolidation, as well as those prepared prior to contemplation of the transaction;

Response to Specification 5(l):

The following business plans, reports, studies, and other documents have been identified as responsive to Specification 5(l):

Table 5(l): Business Plans, Reports, and Studies

Entity	Document Title
LCMC Health	Acute Discharges – University Medical Center New Orleans (2021–Apr. 2022)
	East Jefferson General Hospital & Berkely Research Group Assessment Report Out (dated 4/30/2019)
	East Jefferson General Hospital – Strategy & Business Development Briefing (dated March 2019)
	LCMC Health – Acute Discharges & ED Visits (2017–2022)
Tulane	Market Scenario Planner (dated 5/25/2022)
	New Orleans Market Next Generation Growth (dated 9/4/2019)
HCA	NOLA Market Study (through Q3 2021)
	HCA New Orleans Market Projections (dated 6/12/2019)
	Analysis of Tulane Divestiture (dated 3/28/2021)
	Breakeven Analysis (dated June 2022)

5(m). A description of each entity's performance goals, including quantitative standards for achieving the objectives of:

(1) lower health care costs; or

(2) higher quality health care or greater access to health care in Louisiana without any undue increase in health care costs.

Response to Specification 5(m):

The Transaction will allow the Parties to achieve their goals of providing greater access to higher quality health care without an undue increase in health care costs, to the benefit of the greater New Orleans community. As detailed below, the Parties plan to achieve these goals through specific commitments that will produce numerous quantitative benefits to the community.

1. The Parties' non-profit status, post-Transaction, will allow the entities to continue providing care to underserved populations.

After the Transaction returns UHS' operations to a local, not-for-profit institution, the Parties will continue providing access to higher-quality services at low or no cost to underserved populations. These services, which include providing health care to significant Medicaid and Medicare populations, serve as a continuation of the Parties' historic commitment to providing care for these patients. For example:

- LCMC Health and Tulane serve a higher percentage of Medicaid and Medicare patients, based on the number of discharges, than many competitors in the region.[87] In 2019, for example, 78% of LCMC Health discharges and 74% of Tulane discharges were Medicaid and Medicare patients, compared to 70% for Ochsner.[88]

- When considering Medicaid patients only, the Parties serve a significantly higher percentage of such patients than many other hospitals and health systems in the area. For example, in 2019, 42% of patients served at LCMC Health were Medicaid patients, as compared to just 32% of patients served at Ochsner and 28% of patients at Franciscan Missionaries of Our Lady Health System.[89]

- Compared to other hospitals and health systems in the state, LCMC Health and Tulane serve a more varied mix of payors while other hospitals serve more commercial payors. For example, in 2019, just 18% of LCMC Health discharges and 19% of Tulane discharges were commercial patients, whereas 21% of Ochsner discharges and 23% of

[87] Payor data from Louisiana Health Information Network ("LHIN") (2019). *See LHIN User Group and Data Training - Overview*, Louisiana Hospital Association Management Corporation, http://www.lhaonline.org/resource/resmgr/edu_17/10.5_LHIN_User_Grp_and_Data.pdf.

[88] *Id.*

[89] *Id.*

discharges at Franciscan Missionaries of Our Lady Health System were commercial patients for that same time period.

Additionally, the hospitals' non-profit status post-Transaction will allow them to continue to provide charity care to individuals without the ability to pay. Non-profit hospitals receive the benefit of tax exemption in exchange for providing benefits to the community.[90] The benefit of this tax exemption, in turn, allows non-profit hospitals to provide charity care and other financial assistance services to patients. A recent report found that tax-exempt hospitals provided more than $110 billion in total benefits to their communities in 2019 alone, the most recent year for which comprehensive data is available.[91]

The Parties' hospitals provide charity care—unbilled and uncollected expenses for patients unable to pay for services—in addition to the Medicare and Medicaid services discussed above, and will continue to do so post-Transaction. LCMC Health's hospitals already operate as non-profit hospitals, a tradition that stretches back to its original children's hospital, and they will continue to do so after the Transaction. Today, LCMC Health provides both financial assistance, defined as medical care without charge or at reduced costs to residents of its community, as well as community support, which includes a broad range of community programs designed to meet the health needs of the community that are funded and resourced by LCMC Health.[92] Community support includes educational programs such as health seminars, health screenings, in-home caregiver services, counseling for patients and families, pastoral care, health enhancement and wellness programs, telephone information services, and the donation of space for use by community groups.

The provision of charity care by the UHS Hospitals will only be enhanced by the Transaction. These hospitals will take not-for-profit status following the Transaction, allowing them to provide more significant charity care and other services at low or no cost to patients in the area. As non-profits, the UHS Hospitals will join in LCMC Health's tradition of providing both financial assistance and community support to Louisiana's patient populations.

2. The COPA statute's supervision provisions will ensure costs are contained for the benefit of patients.

The Louisiana Department of Justice, Office of the Attorney General, has authority to supervise COPA recipients, ensuring that health care costs will not be unduly increased. Specifically, a party to a COPA must submit regular reports with "specific data relating to cost, access, and quality" to the Office of the Attorney General for review.[93] LAC 48:XXV.515. The reports must include detailed explanations of any changes in prices and a description of "how the

[90] *Charitable Hospitals – General Requirements for Tax-Exemption Under Section 501(c)(3)*, Internal Revenue Service, https://www.irs.gov/charities-non-profits/charitable-hospitals-general-requirements-for-tax-exemption-under-section-501c3.

[91] *Results from 2019 Tax-Exempt Hospitals' Schedule H Community Benefit Reports*, American Hospital Association (June 2022), https://www.aha.org/system/files/media/file/2022/06/aha-2019-schedule-h-reporting.pdf.

[92] Financial assistance includes direct and indirect costs associated with providing financial assistance.

[93] *See* the response to Specification 5(h) for more detail.

agreement has affected the cost"—as well as quality and access—"of services provided by each party." LAC 48:XXV.517. After reviewing these reports, the Department has the authority to revoke a previously granted COPA if it determines that the Transaction "is not resulting in lower health care costs or greater access to or quality of health care than would occur in [its] absence." R.S. § 40:2254.6. Post-Transaction, LCMC Health will submit annual reports in accordance with these requirements.

Additionally, the applicable statute requires "direct" and "active" supervision of the implementation of an agreement for which a COPA has been granted, thereby granting the Attorney General the authority to approve or deny future changes to hospital service rates. R.S. §§ 40:2254.1; 40:2254.9. In doing so, the statute prevents a party from increasing inpatient and outpatient prices without justifying such increases to, and receiving approval from, the Attorney General. Thus, by providing for supervision by the Attorney General, the statutes in effect in Louisiana will ensure that health care costs do not unduly increase as a result of the Transaction.

3. Post-Transaction, the Parties will be well-equipped to improve quality, measured quantitatively, by combining services and sharing clinical expertise.

The Parties' hospitals have proven track records of providing quality care to patients in the greater New Orleans area, as demonstrated by a number of awards, designations, and certifications. Though the hospitals' current performances have been recognized and awarded, opportunities remain to improve the quality of care delivered. By consolidating clinical programming and patient care, the Transaction will allow the Parties to improve quality across the combined health system, measured quantitatively by various national metrics and rankings, through increased patient volumes and by combining services at University Medical Center New Orleans, Touro, and the new academic medical center located at EJGH. In doing so, patients will benefit from the quality and expertise each hospital brings to the combined entity post-Transaction.

(a) The Parties' hospitals have been awarded numerous accolades and designations demonstrating high levels of quality care.

Recognition of EJGH's Quality. EJGH has consistently been awarded a number of accolades related to quality of care. For example, in July 2022, EJGH received an overall CMS 4-Star rating, the region's highest rating,[94] based on how well it performed across different areas of quality, such as treating heart attacks and pneumonia, readmission rates, and safety of care.[95] EJGH received a CMS 3-Star rating in Patient Experience, which is based on patients' evaluations of communication with doctors and nurses, responsiveness of hospital staff, communication about medicines, cleanliness and quietness of the hospital, discharge information, transition to post-

[94] For hospitals within 25 miles of New Orleans, Louisiana. *See Care Compare*, Centers for Medicare & Medicaid Services ("CMS"), https://www.medicare.gov/care-compare/results?searchType=Hospital&page=1&city=New%20Orleans&state=LA&zipcode=&radius=25&sort=closest.

[95] *Care Compare*, CMS, https://www.medicare.gov/care-compare.

hospital care, and overall rating of the hospital.[96] Similarly, in 2021, EJGH received Healthgrades' Patient Safety Excellence Award, recognizing EJGH as top in the nation for providing excellence in patient safety by preventing infections, medical errors, and other preventable complications.[97] In 2022, EJGH was named one of America's 100 Best Hospitals for Prostate Surgery, according to Healthgrades. Additionally, in spring 2022, EJGH was one of only 932 hospitals nationwide to receive Leapfrog's highly-coveted "A" safety grade—the highest possible marker—based on its performance in preventing medical errors, infections, and other harms.[98] EJGH was also ranked in the top 10% of all hospitals in America by CareChex for overall medical excellence and patient safety in four specialties, was designated #1 in its market by CareChex in five specialties, and was designated in the top 10% of its market by CareChex in four specialties.[99]

EJGH's quality of care has also been recognized through numerous awards from highly-regarded national and state organizations, including: the Joint Commission (Gold Seal of Approval); the American Heart Association (Gold Award); the American Nurses Credentialing Center (Magnet Recognition); and Blue Cross Blue Shield of Louisiana (Blue Distinction Center for Knee and Hip Replacement).[100] Additionally, EJGH has numerous accreditations, certifications, and designations, which demand a high level of quality to obtain and maintain, including: Louisiana Birth Ready Plus Designation; Baby Friendly Redesignation; American College of Cardiology Transcatheter Valve Certification; Joint Commission Thrombectomy Capable Stroke Recertification; American Association of Cardiovascular & Pulmonary Rehabilitation – Pulmonary Rehabilitation Program Certification and Cardiac Rehabilitation Program Certification; American Heart Association (Mission: Lifeline EMS Recognition); and American College of Radiology Accreditation in CT, Mammogram, MRI, Nuclear Med, Ultrasound, Radiation Oncology, and PET.[101]

Recognition of University Medical Center New Orleans's Quality. University Medical Center New Orleans has also been recognized through accolades and designations that require a high level of quality to obtain and maintain, including The Joint Commission's Gold Seal of Approval, designation as an Antimicrobial Stewardship Center of Excellence by the Infectious Diseases Society of America, and the American Heart Association/American Stroke Association's

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[96] *HCAHPS: Patients' Perspectives of Care Survey*, Medicare, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.

[97] *East Jefferson General Hospital*, Healthgrades, https://www.healthgrades.com/hospital-directory/louisiana-la-new-orleans/east-jefferson-general-hospital-hgst4a064176190146.

[98] *East Jefferson General Hospital*, Leapfrog Hospital Safety Grade, https://www hospitalsafetygrade.org/h/east-jefferson-general-hospital; *Explanation of Hospital Safety Grades*, Leapfrog Hospital Safety Grade (Spring 2022), https://www.hospitalsafetygrade.org/media/file/ExplanationofSafetyGrades_Spring2022.pdf.

[99] *Awards and Accreditations*, LCMC Health, https://www.lcmchealth.org/about-us/awards-and-accreditations/.

[100] *Quality & Patient Safety*, East Jefferson General Hospital, https://www.lcmchealth.org/east-jefferson-general-hospital/about-us/quality-patient-safety/.

[101] Based on data available December 31, 2021. *See Fact Sheet*, East Jefferson General Hospital https://www.lcmchealth.org/documents/content/EJGH-2021-Fact-Sheet.pdf.

Get With The Guidelines Target: Stroke Honor Roll Gold Plus Quality Achievement Award.[102] University Medical Center New Orleans has a Level 1 trauma center, as well as an American Burn Association Verified Burn Center, a Pulmonary Hypertension Association Accredited Center of Comprehensive Care, a Nationally-Certified Primary Stroke Center by The Joint Commission, and a Commission on Cancer Accredited Cancer Program.[103] Additionally, LCMC Health, together with LSU, is currently in the process of pursuing NCI designation for a Cancer Center located at University Medical Center New Orleans, which will further enhance the quality of cancer care provided. In July 2022, University Medical Center New Orleans received a CMS 3-Star patient survey rating.[104]

Recognition of TUMC's Quality. Similarly, TUMC has received various awards and recognitions demonstrating quality, including The Joint Commission's Gold Seal of Approval, Aetna Institutes of Quality recognition, and a Certificate for Outstanding Contribution in Promoting Patient Safety With Medical Devices from the Food and Drug Administration and MedSun Patient Safety Staff.[105] TUMC received a CMS 3-Star patient survey rating in July 2022 and a "B" Leapfrog safety grade in spring 2022.[106] The hospital was rated High Performing in stroke, heart attack, and five other procedures or conditions by U.S. News, and according to CMS in July 2022, only 1% of patients left the emergency department before being seen, less than the national average of 2%.[107] Left without being seen ("LWBS") data is commonly used as an indication of quality, with lower rates demonstrating higher quality.[108]

Additionally, TUMC has been awarded Advanced Comprehensive Stroke Designation by The Joint Commission; Carotid Artery Stenting Facility Certification by CMS; Chest Pain Center Accreditation by the Society of Cardiovascular Patient Care; Echocardiography Accreditation by the Intersocietal Accreditation Commission; Accreditation by the Foundation for the Accreditation of Cellular Therapy; Bariatric Surgery Program Accreditation by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program; Accreditation by the Commission on Cancer Accreditation Program; Mammography Accreditation by the American College of Radiology; and Laboratory Accreditation by the College of American Pathologists.[109]

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[102] *Recognitions & Awards*, University Medical Center, https://www.lcmchealth.org/university-medical-center-new-orleans/about-us/recognitions-awards/.

[103] *Medical Services & Programs*, University Medical Center, https://www.lcmchealth.org/university-medical-center-new-orleans/our-services/.

[104] *Care Compare*, CMS, https://www.medicare.gov/care-compare.

[105] *Awards*, Tulane Medical Center, https://tulanehealthcare.com/about/awards.dot.

[106] *Tulane University Hospital and Clinic*, Leapfrog Hospital Safety Grade, https://www.hospitalsafetygrade.org/h/tulane-university-hospital-and-clinic; *Care Compare*, CMS, https://www.medicare.gov/care-compare.

[107] *Tulane Health System – New Orleans*, U.S. News Best Hospitals, https://health.usnews.com/best-hospitals/area/la/tulane-medical-center-6720032; *Care Compare*, CMS, https://www medicare.gov/care-compare.

[108] *See, e.g.*, Kendra P. Parekh et al., *Who Leaves the Emergency Department Without Being Seen?*, BMC Emergency Medicine (June 21, 2013), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3699376.

[109] *Accreditations and Certifications*, Tulane Medical Center, https://tulanehealthcare.com/about/awards.dot.

Recognition of Tulane Lakeside's Quality. Tulane Lakeside has received many recent accolades and accreditations for its quality. The hospital received an "A" grade on the Spring 2022 Leapfrog Safety update and was named a Top Teaching Hospital nationally by The Leapfrog Group for the second time in December 2021.[110] Also in 2021, Newsweek named Tulane Inpatient Rehabilitation Center at Tulane Lakeside one of America's Best Physical Rehabilitation Centers.[111] Tulane Lakeside is a GIFT-Designated Birthing Facility, and in 2021 was awarded the Birth Ready+ Designation by the Louisiana Department of Health for the highest level of consistent application of practices that promote safe, equitable, and dignified birth.[112] Tulane Lakeside has received Accreditation by The Joint Commission, Laboratory Accreditation by the College of American Pathologists, and Mammography Accreditation by the American College of Radiology.[113]

Recognition of Lakeview's Quality. Tulane's Lakeview Regional Medical Center has been recognized for providing quality care on a number of metrics. The hospital has earned The Joint Commission's Gold Seal of Approval.[114] In June 2022, Lakeview was awarded a Top Workplaces honor by *The Times-Picayune* and *The New Orleans Advocate*.[115] Lakeview has also received the following awards demonstrating quality: 2022 Gold Recognition by the National Hospital Organ Donation Campaign; American Heart Association and American Stroke Association Get With The Guidelines – Stroke GOLD PLUS with Honor Roll and Target: Type 2 Diabetes Honor Roll; Healthgrades Stroke Care Excellence Award 2022; and Hospital of the Year Award for Respiratory Care by the Louisiana Society for Respiratory Care.[116] The hospital has received American Association of Cardiovascular and Pulmonary Rehabilitation Certification; Advanced Certification in Stroke (Primary Stroke Center) by The Joint Commission; Aetna Institutes of Quality Designation; Baby-Friendly Designation; GIFT Designation; and Accreditations in

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[110] *Tulane Lakeside Hospital*, Leapfrog Hospital Safety Grade, https://www.hospitalsafetygrade.org/h/tulane-lakeside-hospital; *Tulane Lakeside Named Top Teaching Hospital by Leapfrog*, Tulane Lakeside Hospital (Dec. 7, 2021), https://tulanelakeside.com/about/newsroom/tulane-lakeside-named-top-teaching-hospital-by-leapfrog.

[111] *America's Best Physical Rehabilitation Centers 2021*, Newsweek, https://www.newsweek.com/best-physical-rehabilitation-centers-2021/louisiana.

[112] GIFT stands for Guided Infant Feeding Techniques and is endorsed by the Louisiana Chapters of the American Academy of Pediatrics and American College of Obstetricians and Gynecologists and the Louisiana Commission on Perinatal Care and the Prevention of Infant Mortality. *See Awards*, Tulane Lakeside Hospital, https://tulanelakeside.com/about/awards.dot. *See also Tulane Lakeside Named Top Teaching Hospital by Leapfrog,* Tulane Lakeside Hospital (Dec. 7, 2021), https://tulanelakeside.com/about/newsroom/tulane-lakeside-named-top-teaching-hospital-by-leapfrog.

[113] *Fact Sheet*, Tulane Lakeside Hospital, https://tulanelakeside.com/util/documents/TMC-Fact-Sheet-2020.pdf.

[114] *Lakeview Regional Medical Center*, Leapfrog Hospital Safety Grade, https://www.hospitalsafetygrade.org/h/lakeview-regional-medical-center-a-campus-of-tulane-medical-center; *Accreditations and Certifications*, Lakeview Regional Medical Center, https://lakeviewregional.com/about/awards.dot.

[115] *The Times-Picayune and New Orleans Advocate Name Lakeview Regional Top Workplace*, Lakeview Regional Medical Center (June 28, 2022), https://lakeviewregional.com/about/newsroom/the-times-picayune-and-new-orleans-advocate-name-lakeview-regional-top-workplace.

[116] *Awards*, Lakeview Regional Medical Center, https://lakeviewregional.com/about/awards.dot.

Mammography, MRI, Nuclear Medicine, and Ultrasound from the ACR Committee on Accreditation.[117]

(b) After the Transaction, the Parties will continue to improve and maintain high quality of care.

As part of the Transaction, the Parties plan to relocate and combine clinical services from TUMC to University Medical Center New Orleans and a new academic medical center located at EJGH. Doing so will allow the Parties to enhance quality by sharing the clinical expertise and practices that led to the various accolades and accreditations earned by EJGH, University Medical Center New Orleans, and TUMC separately.

After clinical services are transitioned to EJGH, patients that currently receive these services at TUMC will benefit from the high-quality care being provided at EJGH. The combined entity will be well-equipped post-Transaction to continue making use of the best practices, protocols, and programs that have led to EJGH's CMS 4-Star rating, "A" Leapfrog grade, and multiple other quality awards. At the same time, patients that receive care post-Transaction at EJGH and University Medical Center New Orleans will have the benefit of TUMC's excellence in stroke, heart attack, and various other procedures that have been recognized as high performing at TUMC. Similarly, where TUMC currently outperforms EJGH on quality measures—such as in LWBS rates—the combined entity post-Transaction will have the benefit of TUMC's expertise in improving quality in these areas.[118]

The Transaction will also allow the Parties to amplify each individual hospital's quality achievements by increasing both patient volumes and coordination of care between facilities and providers. As discussed in more detail below, higher volumes are associated with better outcomes, and increased care coordination can reduce medical errors—and costs—such as those associated with treatments by different physicians who do not coordinate with each other.[119] Thus, by combining patient volumes and through relocating clinical services, the Transaction will enable the Parties to improve quality, measured by various national metrics and rankings.

4. The Transaction will lead to higher patient volumes, which are associated with better outcomes.

The Transaction will help the Parties to improve the quality of care through increased patient volumes. Higher volumes are strongly associated with better outcomes across a wide range

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[117] *Accreditations and Certifications*, Lakeview Regional Medical Center, https://lakeviewregional.com/about/awards.dot.

[118] In July 2022, EJGH reported 2% of patients left the emergency department before being seen, compared to 1% at TUMC. *Care Compare*, CMS, https://www medicare.gov/care-compare.

[119] *See* Maria Hewitt, *Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality: Workshop Summary*, Institute of Medicine at 4-5 (2000), https://www nap.edu/catalog/10005/interpreting-the-volumeoutcome-relationship-in-the-context-of-health-care-quality; *Improve Care Coordination*, Office of the National Coordinator for Health Information Technology, https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/improve-care-coordination.

of procedures and conditions.[120] For example, patients with myocardial infarctions admitted to hospitals with low volumes were 17% more likely to die within 30 days after admission than in high-volume hospitals.[121] Similarly, stroke patients in high-volume units had better outcomes than those at low-volume units, as reflected by shorter lengths of stay at the initial hospital and reduced bed use in the first year after a stroke.[122] Mortality and length of stay also significantly improve when trauma volume exceeds a certain threshold of cases per year.[123] Thus, patient volume can serve as a proxy for quality of care and as a driver of recognition for clinical excellence, and, in light of that correlation, patient volume is one factor in ranking clinical programs.[124]

Here, the Parties plan to increase patient volumes—and corresponding improvements in quality of care—by combining the clinical programming currently offered at EJGH and TUMC at one location. At the same time, moving clinical services from TUMC to EJGH will also increase patient volumes at University Medical Center New Orleans, resulting in improved outcomes for patients across the state.

This relocation is a direct result of the Transaction. [redacted] Post-Transaction, the Parties estimate that the expanded EJGH facility will see significant increases in patient volumes, with increases in patient volumes also expected at University Medical Center New Orleans. LCMC Health's facilities will be able to absorb TUMC's volumes, given the respective current licensed bed count at each facility, while also maintaining available capacity for additional patients.

In sum, post-Transaction, volume will shift from [redacted] TUMC to LCMC Health's nearby locations through the relocation of services to EJGH and University Medical Center New Orleans, allowing better utilization of the facilities even as additional capacity at each facility will remain available for incremental patients. This increased volume can be expected to lead to better outcomes for patients in Jefferson and Orleans Parishes and beyond.

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[120] *See* Maria Hewitt, *Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality: Workshop Summary*, Institute of Medicine at 4-5 (2000), https://www nap.edu/catalog/10005/interpreting-the-volumeoutcome-relationship-in-the-context-of-health-care-quality.

[121] David R. Thiemann et al., *The Association between Hospital Volume and Survival after Acute Myocardial Infarction in Elderly Patients*, 340 New England Journal of Medicine 1640 (May 27, 1999), https://www.nejm.org/doi/full/10.1056/NEJM199905273402106.

[122] Marie Louise Svendsen et al., *Higher Stroke Unit Volume Associated With Improved Quality of Early Stroke Care and Reduced Length of Stay*, 43 Stroke 3041 (Nov. 2012), https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.111.645184.

[123] Avery B. Nathens et al., *Relationship Between Trauma Center Volume and Outcomes*, 285 JAMA 9 (Mar. 7, 2001), https://jamanetwork.com/journals/jama/fullarticle/193615.

[124] See, e.g., 2020-2021 Best Hospitals Rankings, U.S. News.

5. LCMC Health will implement an integrated Epic-based EMR system to increase care coordination and reduce medical errors, thereby improving quality and efficiency for the overall patient experience.

The Parties also seek to improve quality, efficiency, and patient experience post-Transaction by implementing a uniform EMR system across all facilities. Currently, LCMC Health uses a fully integrated electronic records system, Epic, across all facilities it owns and manages. The Tulane facilities, on the other hand, currently use a different system, Meditech. In recent surveys, Epic has outperformed Meditech on a number of measures, including meeting business needs, ease of use, quality of ongoing product support, and feature updates.[125] Further, Epic enables the Parties to build a platform that is very user-friendly for patients, allowing direct communication with providers, access to appointment scheduling, and the ability to make payments online, all of which directly enhance the patient care experience. Additionally, Meditech does not communicate seamlessly with LCMC Health's EMR system. This lack of interoperability can create inefficiencies when a patient is treated by both LCMC Health-affiliated and Tulane-affiliated providers, as it requires LCMC Health and Tulane to use inefficient, costly processes to collect and transmit patient information to the other system. Because of the relatively close proximity of the Parties' hospitals, patients obtain services from both systems on a regular basis.

After the Transaction, additional capital, estimated at [redacted] will be invested to implement Epic at Tulane Lakeside and Lakeview. The unified EMR system will make patient histories and treatment records—from any of the Parties' various locations—readily available to providers in real time and allow for seamless communication among providers. A single records system can also lead to improved patient outcomes, including reducing medical errors and decreasing unnecessary duplication of health care services,[126] all leading to more efficient and higher quality care for patients living in the greater New Orleans area, including on the Northshore in St. Tammany Parish.[127] For example, studies have found associations between EMR use and a lower number of medication errors, higher guideline adherence, and reduced documentation time.[128] In studies of ambulatory quality, specifically, EMR use was associated with higher quality of care overall and in various specific measures, including certain blood testing

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[125] *See, e.g.*, *Compare Epic and Meditech Expanse*, G2, https://www.g2.com/compare/epic-vs-meditech-expanse; Anuja Vaidya, *Epic v Cerner v Meditech v Allscripts: Who is winning Canada's EHR Battle?*, MedCity News (Jan. 14, 2021), https://medcitynews.com/2021/01/epic-v-cerner-v-meditech-v-allscripts-who-is-winning-canadas-ehr-battle/.

[126] *See* Jack O'Brien, *Advocate Unifies her Platform Ahead of Merger with Aurora*, HealthLeaders (Feb. 1, 2018), https://www.healthleadersmedia.com/innovation/advocate-unifiherehr-platform-ahead-merger-aurora (Advocate Health Care touting its plan to transition to a sherle EHR by Epic ahead of Advocate's planned merger with Aurora Health Care, which is in line with the health system's efforts to improve consumer experience, improve coordination and operational efficiency, and provide "the highest quality and safest care" for patients).

[127] Lisa Kern et al., *Electronic Health Records and Ambulatory Quality of Care*, 28 Journal of General Internal Medicine 496 (Oct. 3, 2012), https://pubmed.ncbi nlm nih.gov/23054927/; *Improved Diagnostics & Patient Outcomes*, Office of the National Coordinator for Health Information Technology, https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/improved-diagnostics-patient-outcomes.

[128] Paolo Campanella et al., *The Impact of Electronic Health Records on Healthcare Quality: A Systematic Review and Meta-Analysis*, 26 Eur. J. Public Health 60 (June 30, 2015), https://pubmed.ncbi.nlm.nih.gov/26136462/.

in diabetes, breast cancer screening, chlamydia screening, and colorectal cancer screening.[129] Additionally, implementing a single EMR system will allow patients to more easily access clinicians through their Epic MyChart patient portal. These benefits cannot be achieved without the Transaction, as implementation of a single EMR system is not financially or operationally feasible without the Transaction.

6. LCMC Health's initial capital investment of at least $220 million will enhance facilities to improve quality and patient experience post-Transaction.

LCMC Health prides itself on its longstanding commitment to reinvesting in its operations with the goal of improving patient experience and patient care. Since 2017, LCMC Health's capital spending has totaled [redacted]. These capital improvements, from renovating existing facilities to opening a new 48,000 square-foot medical center in Metairie, show LCMC Health's commitment to enhancing quality and increasing access in its community. Representative capital improvements in recent years include:

- Transforming the Children's Hospital campus with a $300 million expansion that created 230,000 square feet of new clinical care space, including a new, 57,000 square-foot Surgery Center, expanded Emergency Department, new Cardiac Intensive Care Unit, and new main concourse, lobby, and registration center, among others;[130]

- Investing [redacted] in infrastructure, IT, and other projects to expand, renovate, and improve EJGH in 2021;

- Building the Ridgelake Health Center in Metairie, a $30 million, 48,000 square-foot medical space offering specialty pediatric services; multi-specialty adult practices including Primary Care, Cardiology, Urology, General Surgery, and Obstetrics/Gynecology; an Oncology and Infusion Center; and an Imaging Center;

- Opening a Level 1 Burn Center and a Primary Care Center; the launch of a Center for Weight Loss and Bariatric Surgery and Palliative Medicine Program; and constructing a $14 million Ambulatory Surgery Center at University Medical Center New Orleans;[131]

- Investing $86 million to modernize WJMC, including renovating and expanding the Outpatient Surgery Center; remodeling the Emergency Room to increase capacity; and

[129] *See id*; Paul G. Shekelle et al., *Assessment of Variation in Electronic Health Record Capabilities and Reported Clinical Quality Performance in Ambulatory Care Clinics, 2014-2017*, 4 JAMA Network Open 4 (Apr. 1, 2021), https://pubmed.ncbi nlm nih.gov/33885774/.

[130] *Campus Transformation*, Children's Hospital New Orleans, https://www.chnola.org/about/campus-transformation/.

[131] *Growth Continues with Construction Project, Expansion of Services at University Medical Center New Orleans*, LCMC Health (July 2, 2019), https://www.lcmchealth.org/university-medical-center-new-orleans/blog/2019/july/growth-continues-with-construction-project-expan/.

relocating the Endoscopy department to a brand new space, spanning over 10,000 square feet, with a new dedicated entrance, parking, and large waiting room;[132] and

- Adding four Urgent Care locations and four Primary Care clinics and acquiring new pediatric clinics across the region, including the Northshore, in 2018.[133]

Post-Transaction, LCMC Health will continue to improve patient experience through significant capital investments, including an investment of at least $220 million over the initial five-year term of the Academic Affiliation Agreement.[134] Through this initial investment, LCMC Health plans to support growth and modernization of Tulane Lakeside and Lakeview, and transform EJGH into a premier academic medical center, focusing on investments that will increase capacity for higher-acuity patients, expand space for teaching requirements, and modernize the facility's infrastructure. For example, LCMC Health estimates funding:

- Clinical relocation and unit improvements for, among other improvements, operating rooms and ICU/CCU;

- Strategic capital investments towards information technology updates, emergency/ambulatory expansion, and academic research space (such as meeting rooms, office space, library, and computer center); and

- Routine capital investments towards modernization of EJGH, Tulane Lakeside, and Lakeview and investments in medical equipment (such as acquiring a linear accelerator, Varian TrueBeam, and Da Vinci robotic surgical system).

Beyond this dedicated capital investment of at least $220 million, after the first five years, LCMC Health has plans to continue funding quality-enhancing capital expenditures at EJGH, Tulane Lakeside, and Lakeview consistent with its past practice of funding similar capital expenditures at its other hospitals.[135] Through the Transaction, capital needs will be met, benefitting not only patients but also physicians and employees in Orleans, Jefferson, and St. Tammany Parishes and throughout Louisiana. Additionally, LCMC Health's commitment to providing capital investment as a means of achieving and maintaining high quality services will ensure that future needs are met as they arise, further enhancing outcomes and patient experiences.

7. Educational initiatives will address community health needs to improve quality and ensure access to care.

The Parties seek to address community health needs, including increasing access to care, as indicated by the Parties' participation in Community Health Needs Assessments for the greater

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[132] *Renovation*, West Jefferson Medical Center, https://www.lcmchealth.org/west-jefferson-medical-center/about-us/renovation/.

[133] *LCMC Health Investing $400 Million in Growth and Expansion Across System*, LCMC Health (Feb. 8, 2019), https://www.lcmchealth.org/blog/2019/february/lcmc-health-investing-400-million-in-growth-and-/.

[134] *See* the response to Specifications 5(b) and 5(c) for more detail.

[135] *See* the response to Specification 5(d) for more detail.

New Orleans area last year. LCMC Health and Tulane both completed yearlong Community Health Needs Assessments in 2021 ("2021 CHNA") to determine significant needs and concerns in the community and identify the top priorities for each Party's various hospitals in the area.[136]

LCMC Health and TUMC's 2021 CHNA reports both identified (1) access to care and (2) health literacy as predominant health needs in the community, among others. Concerns about access to care and continuity of care are evident among community members, and low health literacy is a key factor contributing to poor health outcomes in the community, because it affects patients' ability to access care and manage their health.

In response to the 2021 CHNA, LCMC Health has identified a number of success measures and actions to address the priorities of access and health literacy, which the Parties intend to continue and approach jointly post-Transaction. For example:

Access to and continuity of care. LCMC Health aims to increase the accessibility of health services (both primary care and specialty care) through strategies that expand patients' options and decrease barriers to access. For example, LCMC Health offers telehealth options for a wide variety of services for both adults and children, including urgent care virtual visits for adults, and for children, general pediatrics for both check-ups and sick care, 24/7 on demand urgent care, specialty care in more than 30 specialties, and pediatric mental and behavioral health services.[137] LCMC Health also offers a free "Ask a Nurse" hotline to address any health-related concerns or questions for both new and existing patients.[138] Recent studies have shown that telehealth services and virtual care offerings like these can serve key roles in reaching rural communities, especially, where access remains a primary obstacle for patients seeking care.[139] Post-Transaction, the Parties will be better equipped to expand the reach and variety of virtual care options available to patients in both rural and urban communities through the combined entity's enhanced service offerings. For example, these services may be provided by expanding telemedicine to rural and critical-access hospitals and through expanded physician network coverage in remote physician office locations. Additionally, LCMC Health aims to increase transportation options for patients. In July 2022, LCMC Health was awarded American Cancer Society transportation grants for its hospitals totaling $83,000, which will provide patients and families reliable and safe transportation options to and from cancer-related treatment appointments.[140]

Health education and literacy. LCMC Health aims to increase its ability to improve patient education, by, for example:

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[136] LCMC Health's 2021 CHNA report includes findings not only for LCMC Health hospitals, but also for other hospitals in the area, including various Ochsner facilities.

[137] *Virtual Care*, LCMC Health, https://www.lcmchealth.org/our-services/virtual-care/.

[138] *Free Ask a Nurse Hotline*, LCMC Health, https://www.lcmchealth.org/for-patients/free-ask-a-nurse-hotline/.

[139] Walter Panzirer, *Survey Confirms Effectiveness of Telehealth in Rural America and Beyond*, HealthAffairs (Oct. 21, 2021), https://www healthaffairs.org/do/10.1377/forefront.20211019.985495/.

[140] *LCMC Health Awarded American Cancer Society Community Transportation Grants*, LCMC Health (Jul. 2022), https://www.lcmchealth.org/blog/2022/july/lcmc-health-awarded-american-cancer-society-comm/.

- Documenting patient satisfaction with educational materials;
- Assessing and reviewing patient education materials through a patient's eye for ease of understanding;
- Providing employees with educational opportunities related to patient education; and
- Partnering with the City of New Orleans Health Department in its "Be in the KNOW" campaign to educate local residents on the importance of health care advocacy and to empower communities for better health.[141]

In setting these goals in a CHNA implementation plan and determining the appropriate actions needed to achieve them, LCMC Health anticipates decreasing barriers to services and growing initiatives related to appropriate educational and literacy level materials to the benefit of patients in New Orleans.

8. The Parties will ensure greater access to higher quality care by preserving hospital services and through capacity improvements, clinical optimization, and improved recruitment opportunities fostered by the Transaction.

The Parties also aim to improve access to higher-quality health care services for Louisiana residents, which the Transaction will facilitate in a number of ways. For example:

- The Parties do not plan to discontinue any services currently provided by LCMC Health or Tulane. Rather, the Parties are considering transferring and enhancing several advanced clinical services to EJGH, which will increase access to these new services for patients of Jefferson Parish.[142] Meanwhile, University Medical Center New Orleans will remain the premier academic medical center location for LCMC Health in Orleans Parish. Patients will then benefit from access to the improved quality of these services enabled by the Transaction, as previously discussed. These efforts will allow the Parties' patient care personnel to develop additional proficiency in care delivery, improve outcomes, and enhance patient experience. More robust clinical programming will also offer providers a more rewarding practice environment, contributing to a greater ability to recruit and retain clinical talent.

- The Parties plan to modernize the Emergency Department at EJGH. Patients in Jefferson Parish will have access to enhanced emergency and other services afforded by the new and improved spaces. Additionally, the Transaction will allow for a more efficient use of space across all facilities, [redacted] Post-Transaction, the

[141] *LCMC Health and City of New Orleans Department of Health Launch Exclusive Health Literacy Partnership*, University Medical Center New Orleans (Apr. 4, 2022), https://www.lcmchealth.org/blog/2022/april/lcmc-health-and-city-of-new-orleans-department-o/.

[142] *See* the response to Specification 5(d) for more detail.

Parties expect capacity to remain available for additional patients, ensuring access across all facilities.

- The Parties plan to combine certain service lines to increase patient volumes and optimize the use of resources, resulting in more-efficient, higher-quality care for patients. Increased volumes will allow providers to improve their skills by performing procedures more regularly, thereby reducing adverse events.[143] Additionally, the more efficient use of existing resources will free up capital to be reinvested in expenditures that can further enhance patient services. [redacted]

- Recruitment and retention of medical providers will increase access to care. The Parties seek to create a new, premier academic medical center with expanded clinical services and opportunities for top-tier providers to improve their skills in facilities with higher volumes.[144] The addition of this academic medical center, coupled with the LCMC Health system and University Medical Center New Orleans, creates a broader, more appealing organization for physicians to build their career, thus supporting improved recruitment and retention. In addition, Tulane plans to open a new Nursing Program and other mixed-use offerings at the existing TUMC facility, in order to train and, ultimately, employ the next generation of New Orleans nurses.

[143] Corinna Hentschker & Roman Mennicken, *The Volume-Outcome Relationship Revisited: Practice Indeed Makes Perfect*, 53 Health Services Research 15 (Sept. 4, 2017), https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.12696.

[144] *See* the response to Specification 5(d) for more detail.

5(n). A description of how the anticipated efficiencies, cost savings and other benefits from the transaction will be passed on to the consumers of health care services;

Response to Specification 5(n):

The Transaction's benefits will be passed on to consumers and the local community through reinvestments aimed at improving health care quality and revitalizing downtown New Orleans.

The Transaction will lead to numerous cost savings and efficiencies, which will allow the Parties to reinvest in their facilities and clinical service offerings to the benefit of patients and the greater New Orleans community. Specifically, the Parties anticipate that the Transaction will lead to at least [redacted] in annual, recurring efficiencies.[145] These efficiencies include, among others, cost savings resulting from the relocation of TUMC to EJGH; the elimination and reinvestment of annual management fees; and the optimized use of capital spending. The cost savings resulting from these efficiencies can be reinvested locally to improve health care to the benefit of patients in the surrounding communities and felt by patients throughout Louisiana.

1. The Transaction will support the local and regional economy to the benefit of the greater New Orleans community.

The benefits of the Transaction will be passed on to New Orleans and Louisiana by bolstering the local economy. [redacted]

2. The Transaction will lead to repurposing TUMC to the benefit of the greater New Orleans community.

The Transaction will allow the Parties to engage in various Tulane-led projects to revitalize downtown New Orleans. As described in the response to Specification 5(d), Tulane is considering ways to repurpose the facility currently being used as TUMC, which includes more than 600,000 square feet of facility space, as well as significant and necessary parking space in downtown New Orleans, [redacted][147] The Parties plan to relocate clinical services to EJGH and repurpose the TUMC facility for other uses that will benefit the community—including, for example, developing a new Nursing Program, [redacted] These new offerings will aid in attracting patients throughout the region and recruiting and retaining physicians, nurses, medical students, residents, and faculty, while also providing additional employment and training

[145] *See* the response to Specification 5(o) for more detail.

[146] *See* the response to Specification 5(o) for more detail.

[147] *See* the response to Specification 5(d) for more detail.

opportunities for local students and cutting-edge medical research opportunities. Furthermore, new job opportunities will be created to staff the new Nursing Program, expanded labs, the traumatic brain injury evaluation and rehabilitation program for veterans, and expanded educational space, among others. The Parties plan to fill these expected future job opportunities with New Orleans community members, further augmenting the benefits of the proposed Transaction to the community.

The Parties also seek to improve education for the local community and infuse Orleans Parish with additional capital and employment opportunities. In addition to developing a new Nursing Program and expanding labs, [redacted] Tulane is also evaluating a plan to develop a new medical and surgical education and training center that uses advanced technological models and robust video communication platforms to advance physician and patient education and training. [redacted]

Additionally, LCMC Health and Tulane are exploring ways to collaborate to address the nationwide shortage of forensic pathologists—highly-specialized physicians with intensive training to determine cause and manner of death through post mortem examination, evaluate reports of anatomic and laboratory evidence, and give expert testimony in court regarding their investigations of deaths and sexual assaults. Due to dwindling enrollment, the number of accredited forensic pathology programs nationwide has fallen from 72 to 45, with only approximately 40 new forensic pathologists graduating each year. The Parties are considering the following strategies to address this shortage and alleviate the burden on coroners' offices nationwide:

- identifying, cultivating, and providing financial support for interested Tulane University School of Medicine residents to seek training through an existing fellowship program, under the condition that such fellows return as faculty of Tulane and spend their clinical time contracted with regional coroners' offices to build in-state expertise in the sub-specialty;

- supporting more senior hires to the faculty at Tulane to teach residents and pathology assistants and support regional coroners' offices with their clinical time;

- providing expanded training opportunities for Tulane University School of Medicine pathology residents in coroners' offices across South Louisiana;

- attracting more pathologists' assistants to the market from existing and future Tulane classes of students through additional training in forensic pathology.

3. Cost savings and efficiencies can be reinvested to improve health care quality to the benefit of consumers of health care services.

The anticipated efficiencies and cost savings resulting from the Transaction will allow the Parties to fund significant investments aimed at improving the quality of health care services provided to patients in the region. Such capital investments will be above and beyond the initial investment of at least $220 million already committed by LCMC Health. LCMC Health has a long history of funding significant capital expenditures as a means of achieving and maintaining high quality services. The cost savings and efficiencies resulting from the Transaction will contribute to LCMC Health's ability to fund such projects to ensure that future capital needs are met as they arise. Patients will benefit directly from these improvements in the form of new medical equipment, modernized facilities, and improved patient experience. Additionally, continued investment in the Parties' facilities, including a new, premier academic medical center at EJGH, will allow the Parties to recruit more highly-skilled physicians—thereby offering enhanced clinical services and benefiting patients in the surrounding communities.

4. Significant competition from surrounding health care providers will incentivize the Parties to pass on cost savings to patients.

In addition to benefitting patients by improving the quality of health care services accessible to them, the Parties will be incentivized to pass on cost savings to patients. Studies have shown that competition among hospitals strongly correlates with lower prices.[148] The Parties will continue to face strong competition post-Transaction from a myriad of large and significant health systems, hospitals, and other providers of inpatient and outpatient services in the region.[149] To compete effectively as a combined system, the Parties will need to offer a wide variety of high-quality services and unparalleled patient experience compared to their competitors to attract patients—including keeping costs low— as there are numerous alternatives available to patients in New Orleans, the surrounding parishes, and throughout the state of Louisiana.

[148] *See, e.g.*, Zack Cooper et al., *The Price Ain't Right? Hospital Prices and Health Spending on the Privately Insured*, The Quarterly Journal of Economics (2019), https://healthcarepricingproject.org/sites/default/files/Updated_the_price_aint_right_qje.pdf.

[149] *See* the response to Specification 5(h) for more detail.

5(o). A description of the net efficiencies likely to result from the transaction, including an analysis of anticipated cost savings resulting from the transaction and the increased costs associated with the transaction;

. . .

5(q). A description of why the anticipated cost savings, efficiencies and other benefits from the transaction are not likely to result from existing competitive forces in the market;

Response to Specifications 5(o) and 5(q):

The Transaction will allow a better coordination of resources and decision-making, resulting in significant efficiencies that can be reinvested locally to improve health care in the region. LCMC Health estimates that the combined system may achieve [redacted] in annual, recurring efficiencies that could not be realized without the Transaction.[150]

Annual, Recurring Savings:

- *Relocation of Tulane University Medical Center to East Jefferson General Hospital*: [redacted]

LCMC Health plans to relocate TUMC to EJGH and University Medical Center New Orleans. Currently, both TUMC and EJGH campuses are operating with significant available bed capacity, [redacted]

The planned relocation will not only create a new academic health anchor facility at EJGH in Jefferson Parish, but it will also strengthen clinical services at LCMC Health's existing academic medical center of University Medical Center New Orleans in Orleans Parish, and allow the combined system to realize significant cost savings. [redacted] These savings include, for example, utilities costs, facility maintenance costs, contracted services, and other savings.

- *Elimination and Reinvestment of HCA Management Fees and Replacement of HCA Corporate Services*: [redacted]

UHS pays HCA annual Management Fees as consideration for HCA providing day-to-day management and other services to UHS. The Management Fees support HCA corporate-level

[150] The Transaction will also allow for a more efficient use of capital spending. The efficiencies that have been quantified as of this filing are included below and do not include the significant, incremental efficiencies and quality improvements that the Parties expect to achieve through enhanced and expanded clinical service lines.

[151] Based on 2021 volumes and licensed bed counts.

administrative functions, such as audit fees, real estate and design, and other corporate costs. [redacted] Post-Transaction, the Parties are no longer obligated to pay Management Fees and, instead, can reinvest in local operations.

In addition, HCA provides a number of corporate shared services ("Corporate Services") to its member hospitals, including revenue cycle services, human resources services, payroll, health information management, credentialing, information technology infrastructure and services, and supply chain services. Out-of-state employees and HCA or its affiliates provide these services. [redacted] Post-Transaction, LCMC Health will offer these services locally by integrating UHS within its own corporate services infrastructure and hiring additional local support.

LCMC Health estimates that by eliminating HCA's Management Fees and by offering Corporate Services locally could conservatively achieve [redacted] in cost savings.

- *Increased 340B Funding*: [redacted]

Currently, neither TUMC nor EJGH qualify to participate in the 340B Program, a federal program that limits the cost of outpatient drugs to hospitals serving vulnerable communities to manage rising prescription drug costs ("Covered Entities").[152] The purpose of the 340B Program is to enable Covered Entities to stretch scarce federal resources, reach more eligible patients, and provide more comprehensive services.[153] For-profit entities do not qualify, and EJGH currently does not meet a statutory threshold tied to low-income patient services.

[redacted] These savings will be reinvested locally to improve health care in the region, thereby benefitting patients and the community at large.[154]

Optimized Use of Capital Spending:

The Parties' plans to relocate TUMC to EJGH will allow the Parties not only to achieve annual, recurring cost savings [redacted]

[152] *Fact Sheet: The 340B Drug Pricing Program*, American Hospital Association (March 2021), https://www.aha.org/fact-sheets/2020-01-28-fact-sheet-340b-drug-pricing-program.

[153] *Notice Regarding 340B Drug Pricing Program-Contract Pharmacy Services*, Health Resources and Services Administration (Mar. 5, 2010), https://www federalregister.gov/documents/2010/03/05/2010-4755/notice-regarding-340b-drug-pricing-program-contract-pharmacy-services.

[154] *See* the response to Specification 5(n) for more detail.

[redacted] Rather, LCMC Health will invest at least $220 million over the next five years to, in part, transform the EJGH facility into a modern academic medical center.

[redacted] The Transaction will allow the Parties to forego these costly and duplicative expenditures, while also improving quality and access for the patients currently served by this facility.

[redacted]

One-Time Costs to Achieve Savings:

As described in the response to Specification 5(m), LCMC Health plans to implement its Epic electronic medical record ("EMR") platform at Tulane Lakeside and Lakeview. [redacted] Using one platform will help physicians provide seamless care to the same patients across several locations. This projected one-time cost is estimated at approximately [redacted]

[redacted]

5(p). A statement of whether competition among health care providers or health care facilities will be reduced as a result of the proposed agreement or transaction; whether there will be adverse impact on quality, availability, or cost of health care; whether the projected levels of cost, access to health care, or quality of health care could be achieved in the existing market without the proposed agreement or transaction; and, for each of the above, an explanation of why or why not;

Response to Specification 5(p):

1. The Transaction will enhance competition.

Following the Transaction, the Parties will continue to face robust competition from large and significant health systems and inpatient and outpatient facilities in the region and beyond.[157] The Transaction is procompetitive and will not reduce competition among health care providers or health care facilities. Ochsner in particular will continue to serve as a significant competitor post-Transaction. Ochsner is already the largest health care system operating in the state, with 40 hospitals, more than 300 health and urgent care centers, and substantial market share in the greater New Orleans area. The system continues to grow and compete for patients, as evidenced by its recently completed $360 million expansion. By combining resources to create a stronger network of hospitals, however, the Transaction will allow the Parties to compete more effectively against Ochsner and others, thereby promoting competition to the benefit of patients in the greater New Orleans area by, for example, allowing patients to have more options in their selection of providers.

2. The Transaction will not have an adverse impact on quality, availability, or cost of health care.

The Transaction will allow the Parties to provide greater access to higher quality health care without an undue increase in health care costs, to the benefit of the New Orleans community and the state of Louisiana. The Transaction enables the Parties to combine patient volumes and share clinical expertise, leading to better patient outcomes through increased volumes.[158] The Parties will also improve quality through substantial investments in EJGH, Tulane Lakeside, and Lakeview, including investments in facility modernization to improve patient experience and implementation of a unified EMR system across all hospitals to improve care coordination.

Additionally, the Transaction will not have an adverse impact on availability of health care services, as the Parties do not plan to discontinue any services currently provided by LCMC Health or Tulane. Instead, the Parties plan to relocate clinical services from TUMC to EJGH and University Medical Center New Orleans.[159] TUMC will then be repurposed for other needs, such as expanded outpatient programs, clinical labs, and Tulane's forthcoming Nursing Program.

Finally, the Transaction will not have an adverse impact on health care costs, as various mechanisms are in place to ensure costs do not unduly increase for patients. Importantly, the

[157] *See* the response to Specification 5(h) for more detail.

[158] *See* the response to Specification 5(m) for more detail.

[159] *See* the response to Specifications 5(d) and 5(m) for more detail.

Parties will be subject to ongoing active supervision by the Louisiana Department of Justice (the "Department").[160] Active supervision includes submission to and review by the Attorney General of an annual report, as well as the authority to approve or deny future changes to hospital rates. This supervision will ensure that the Parties will not increase inpatient and outpatient prices unduly. Additionally, the combined entity will continue to face robust competition, thereby incentivizing the Parties to keep costs down.

3. The anticipated benefits to quality, access, and cost cannot be achieved without the Transaction.

Without the Transaction, the Parties will not achieve the same level of benefits that the proposed Transaction will provide. Today, the UHS Hospitals are jointly owned by Tulane University and HCA, a for-profit management company based in Nashville, Tennessee. The Transaction, on the other hand, would bring together two mission-driven, local organizations with the shared goal of providing access to high-quality health care to patients in the greater New Orleans community. The Parties are uniquely suited to work together to achieve this goal.

LCMC Health has consistently proven itself as a committed community health partner, including through multiple partnerships with local and state government to operate hospitals in underserved communities, beginning with the formation of LCMC Health in 2009. Over the following decade, LCMC Health partnered with the City of New Orleans, Jefferson Parish, and the State of Louisiana to operate geographically isolated and financially distressed hospitals, including, most recently, purchasing EJGH in 2020.

At the same time, the UHS Hospitals and Tulane's Medical School are vital assets in the New Orleans health care landscape, offering numerous clinical services, specialties, and research capabilities. By combining the resources of both entities, LCMC Health and Tulane can more effectively serve patients together. Without the Transaction, the Parties would not be able to improve quality by relocating clinical services and combining patient volumes; [redacted] Nor would the Parties be able to establish the planned premier academic medical center at EJGH or to repurpose the TUMC space. These facilities are crucial to the Parties' plans for recruiting and retaining highly skilled physicians, nurses, and other providers, as well as bringing additional jobs and economic benefit to both Jefferson and Orleans Parishes. [redacted] Finally, implementing an integrated electronic medical record system across all hospitals—and the associated benefits of reduced medical errors, increased care coordination, and better population health management—is not financially or operationally feasible without the Transaction.

These benefits, as well as many others discussed throughout this Application, could be lost to the community if the Application is not approved.

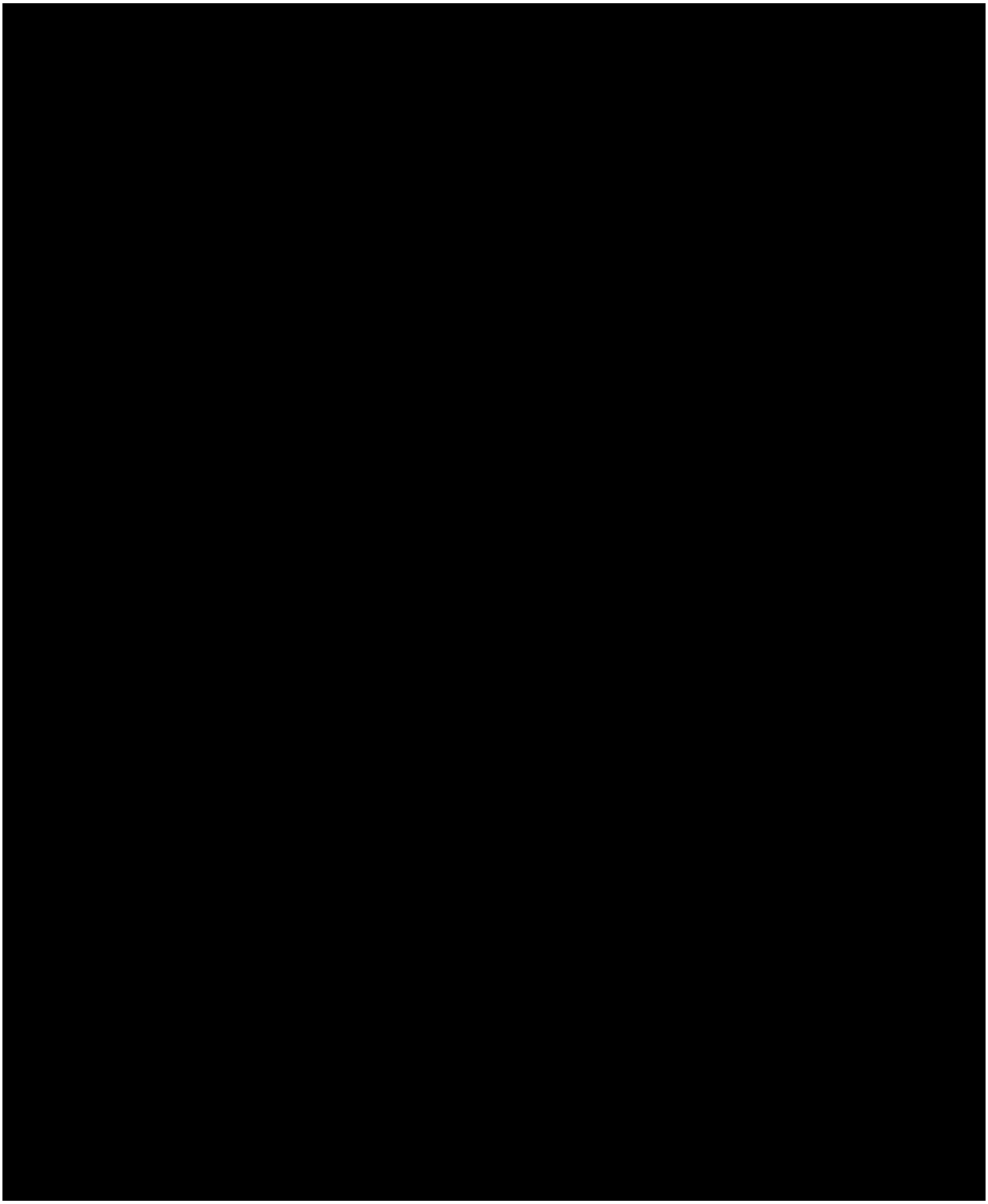
[160] *See* the response to Specification 5(m) for more detail.

Appendix C: Description of Negotiations of the Agreement

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

[redacted]

[161] These advisors include Jones Day, Ropes & Gray, Grant Thornton, Bradley Arant Boult Cummings, Deloitte, Chartis, Juniper Advisory, Simpson Thacher & Bartlett, Waller Lansden Dortch & Davis, and Ernst & Young.



- **January 14, 2022.** LCMC Health and Tulane amended and resigned a non-binding LOI ("2022 LOI"). The 2022 LOI established the initial terms for LCMC Health and Tulane's academic and clinical affiliation, such as (i) the foundation for a long-term

[162] The content of discussions between LCMC Health and its outside counsel, Tulane and its outside counsel, and HCA and its outside counsel is protected by attorney-client privilege.

academic and clinical affiliation between LCMC Health and Tulane, as well as LCMC Health's proposed financial support for Tulane's School of Medicine; (ii) a potential real estate joint venture between the Parties; (iii) LCMC Health's acquisition of University Healthcare System, L.C. and its affiliated hospitals from Tulane; and (iv) a post-closing governance framework.

- **February 2022 – August 2022.** During this period, LCMC Health and Tulane, as well as their outside legal and financial advisors, attended weekly or bi-weekly meetings to negotiate the definitive terms and related agreements for the academic and clinical affiliation. These discussions have generally concerned the structure of the Agreement, the nature of the relationship between LCMC Health and Tulane under the Agreement, financial considerations related to the Transaction, and benefits associated with the Agreement and related topics. In February 2022, the Parties also entered into an amended non-disclosure agreement.

- **February 2022 – October 2022.** During this period, LCMC Health, HCA, and Tulane, as well as their outside legal and financial advisors, held various conferences to discuss the HCA Sale and the transition services HCA would continue to provide to UHS after the close of the HCA Sale.

As outlined above, the conversations between LCMC Health and Tulane have deepened their working relationship and continued to promote a collaborative engagement upon which to build the post-Transaction relationship. Through these productive discussions, the Parties identified four goals concerning the Transaction:

- Develop a renowned, premier academic medical center with at least a $220 million investment aimed at furthering Tulane's academic mission of delivering the highest level of evidence-based patient care, education, and research to the New Orleans community.

- Provide strong and sustained community investments in the local New Orleans community and focus investments by offering expanded employment opportunities and providing high-quality, differentiated care.

- Streamline daily clinical operations supported by advanced, leading technology, including implementing a system-wide EMR platform.

- Expand access by creating an innovative model of inpatient care, allowing for expanded access to Tulane's world class medicine at new, destination-level sites of care.

Appendix D: Proposed Agreement

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Attached is a copy of the Academic Affiliation Agreement, Membership Interest Transfer Agreement, and Unit Purchase Agreement responsive to Specification 7.

Appendix E: Governmental Filings

Governmental Entity	Filing(s)
Centers for Medicare & Medicaid Services	Medicare Enrollment Application CMS Form 855A
Federal Communications Commission	Radio Station Authorization Form 603
Louisiana Board of Pharmacy	Application for New Louisiana Pharmacy Permit; Application for New Controlled Dangerous Substance License
Louisiana Department of Environmental Quality, Office of Environmental Compliance, Radiation Licensing	Radioactive Materials License Addendum to Permit Applications Form and Name/Owner Change Form
Louisiana Department of Health	Hospital License Letter of Intent and Change of Ownership Packet
Louisiana Department of Health, Health Standards Section, CLIA Program	CLIA Change of Ownership Packet
Louisiana Department of Health, Office of Public Health	Permit to Operate a Food Service Establishment Plans Review Questionnaire
Louisiana Medicaid	Entity/Business Ownership Disclosure Information Form
U.S. Drug Enforcement Administration	Controlled Substance Registration Notice Letter and Form 224

Appendix F: Meetings with Governmental Officials

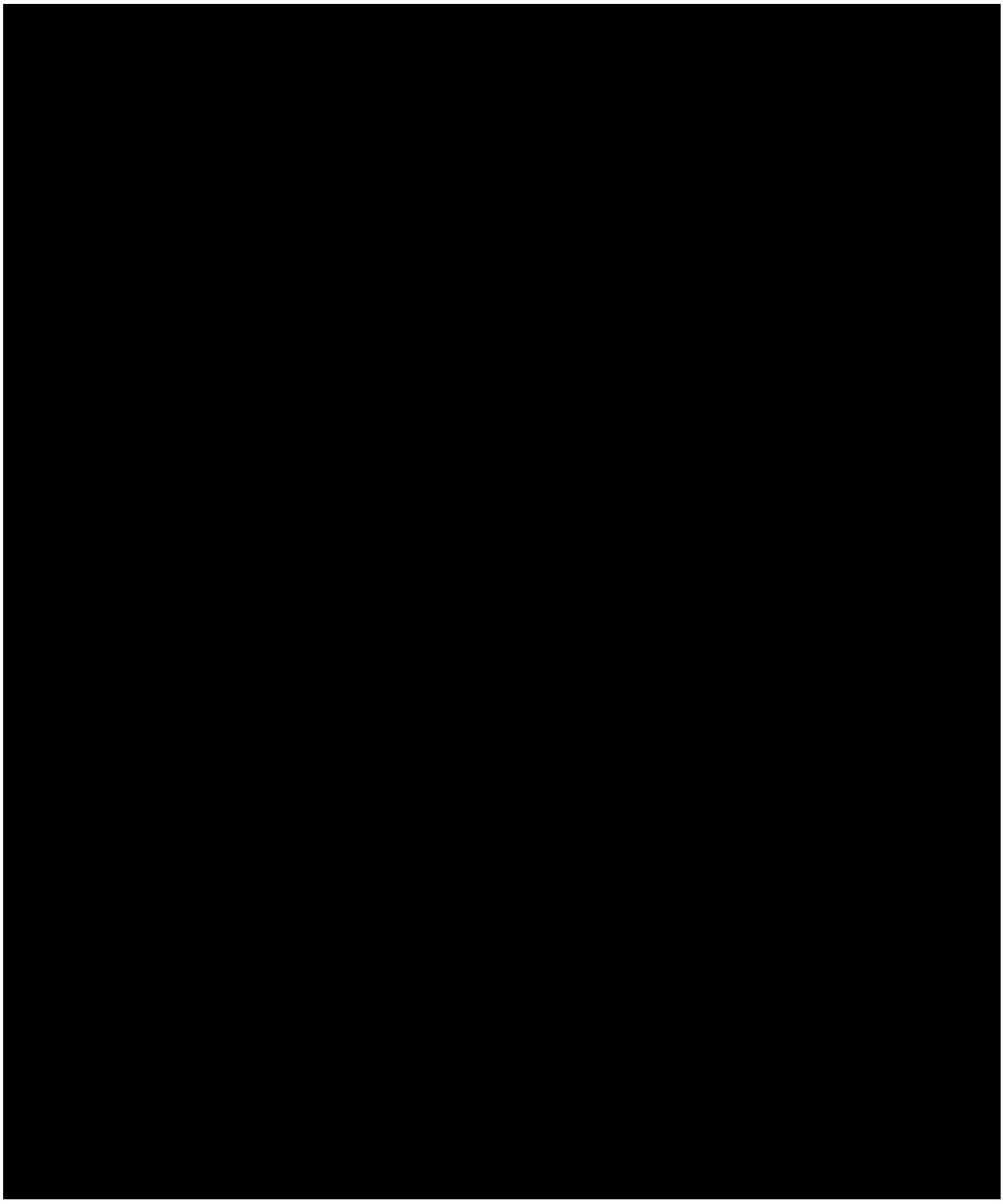
[This Item contains proprietary, competitively sensitive information redacted from the public version.]

LCMC Health, Tulane, and HCA confirm that there have been no other meetings with federal, state, or local authorities regarding any filings or documents provided in response to Specification 8.

LCMC Health, Tulane, and HCA confirm that there are no documents which memorialize or discuss any meetings or other communications with the United States Department of Justice, Federal Trade Commission, or any other state, federal, or local governmental entity in connection with the proposed Transaction.

Appendix G: Letters of Intent

[This Item contains proprietary, competitively sensitive information redacted from the public version.]



Appendix J: Meeting Minutes and Other Information

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Attached are documents for each meeting, whether regular, special, or otherwise, of the board of directors or board of trustees for LCMC Health and Tulane during which the Transaction was discussed, as outlined in **Table 14**. Written reports and documents were not provided to LCMC Health's board or board members in connection with any meetings discussing the Transaction. Proposals or documents referencing or regarding the Transaction were not provided to LCMC Health's board or board members in connection with any meetings discussing the Transaction. Documents responsive to Specification 14 were not provided by HCA as of the time of filing.

Table 14: Meeting Minutes and Other Information

Entity	Document	Date	Number
LCMC Health	LCMC Health Executive Committee Meeting Agenda	4/7/2020	J-000001
	LCMC Health Executive Committee Meeting Agenda	2/2/2021	J-000002
	LCMC Health Executive Committee Meeting Agenda	5/26/2021	J-000003
	LCMC Health Executive Committee Meeting Agenda	6/17/2021	J-000004
	LCMC Health Executive Committee Meeting Agenda	7/27/2021	J-000005
	LCMC Health Executive Committee Meeting Agenda	8/11/2021	J-000006
	LCMC Health Executive Committee Meeting Agenda	9/24/2021	J-000007
	LCMC Health Executive Committee Meeting Agenda	12/1/2021	J-000008
	LCMC Health Executive Committee Meeting Agenda	1/28/2022	J-000009
	LCMC Health Executive Committee Meeting Agenda	4/6/2022	J-000010
	LCMC Health Executive Committee Meeting Agenda	5/25/2022	J-000011
	LCMC Health Executive Committee Meeting Minutes	7/14/2022	J-000012
	LCMC Health Executive Committee Meeting Agenda	7/27/2022	J-000013
	LCMC Health Board Meeting Presentation	10/10/2022	J-000014
Tulane	Tulane Transaction Briefing for Board's Healthcare Sub-Committee	4/22/2021	J-000040
	Tulane Healthcare Sub-Committee Updates & FAQS	4/22/2021	J-000058
	Tulane Transaction Summary for Healthcare Sub-Committee	7/1/2022	J-000079
	Tulane Healthcare Sub-Committee FAQs	7/1/2022	J-000086
	Tulane Transaction Summary for Healthcare Sub-Committee	8/19/2022 8/23/2022	J-000102
	Tulane Healthcare Sub-Committee FAQs	8/19/2022 8/23/2022	J-000109
	Tulane Board Meeting Presentation	10/10/2022	J-000121

Appendix K: Valuation Information

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Appendix M: Mission Statement

The following is LCMC Health's mission statement:[163]

- **Mission:** Health, care, and education beyond extraordinary.
- **Vision:** Creating a culture of wellness.
- **Values:** We bring heart and soul. We're in it together. We give a little extra.

The following is Tulane's mission statement:[164]

- **Mission:** We improve human health and foster healthy communities through discovery and translation of the best science into clinical practice and education; to deliver the highest quality patient care and prepare the next generation of distinguished clinical and scientific leaders.

- **Vision:** To be a distinctive, preeminent research-intensive medical school, transforming health through discovery, lifelong learning, and patient-centered health care.

- **Core Values:** Accountability, Compassion, Quality, Collaboration, Integrity, Diversity, and Creativity.

The following is the mission statement of Tulane Lakeside Hospital,[165] Lakeview Regional Medical Center,[166] and Tulane University Medical Center:[167]

- **Mission:** Our Mission is to provide world-class patient care, education, and research.

- **Vision:** Our Vision is to set the standard for healthcare in our community through acts of kindness, innovation, and discovery.

- **Values:** When at work, we always uphold our T-CARE Values:
  - Truth: "We are honest in all we do and say."
  - Compassion: "We embrace the whole person and respond to their physical and emotional needs."
  - Accountability: "We hold ourselves responsible for our actions."
  - Respect: "We treat every individual as a person of worth."
  - Excellence: "We strive to be the best."

---

[163] *See About Us*, LCMC Health, https://www.lcmchealth.org/about-us/.

[164] *See Mission, Vision, Core Values*, Tulane University School of Medicine, https://medicine.tulane.edu/about-us/mission-vision-core-values.

[165] *See About Us*, Tulane Lakeside Hospital, https://tulanelakeside.com/about/.

[166] *See About Us*, Lakeview Regional Medical Center, https://lakeviewregional.com/about/.

[167] *See About Us*, Tulane University Medical Center, https://tulanehealthcare.com/about/#:~:text=Mission,care%2C%20education%2C%20and%20research.

The following is HCA's mission statement:[168]

Mission and Values: Above all else, we are committed to the care and improvement of human life. In pursuit of our mission, we stand by the following value statements:

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all we serve with compassion and kindness.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.

[168] *See Our Mission and Values*, HCA Healthcare, https://hcahealthcare.com/about/our-mission-and-values.dot. The mission statement of HCA Healthcare, Inc. applies to Columbia/HCA of New Orleans, Inc., Medical Center of Baton Rouge, Inc., Columbia Healthcare System of Louisiana, Inc., and HCA Inc.

Appendix O: Financial Records

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Table 19 outlines the materials responsive to Specification 19 provided by LCMC Health, Tulane, and HCA. LCMC Health, Tulane, and HCA do not have any materials responsive to Specifications 19(j) or 19(k).

The following firm has handled LCMC Health's accounting and auditing services in response to Specification 19(l):

LaPorte, APAC
Attn: Gregory P. Romig, CPA
111 Veterans Blvd., Suite 600
Metairie, LA 70005
504-835-5522

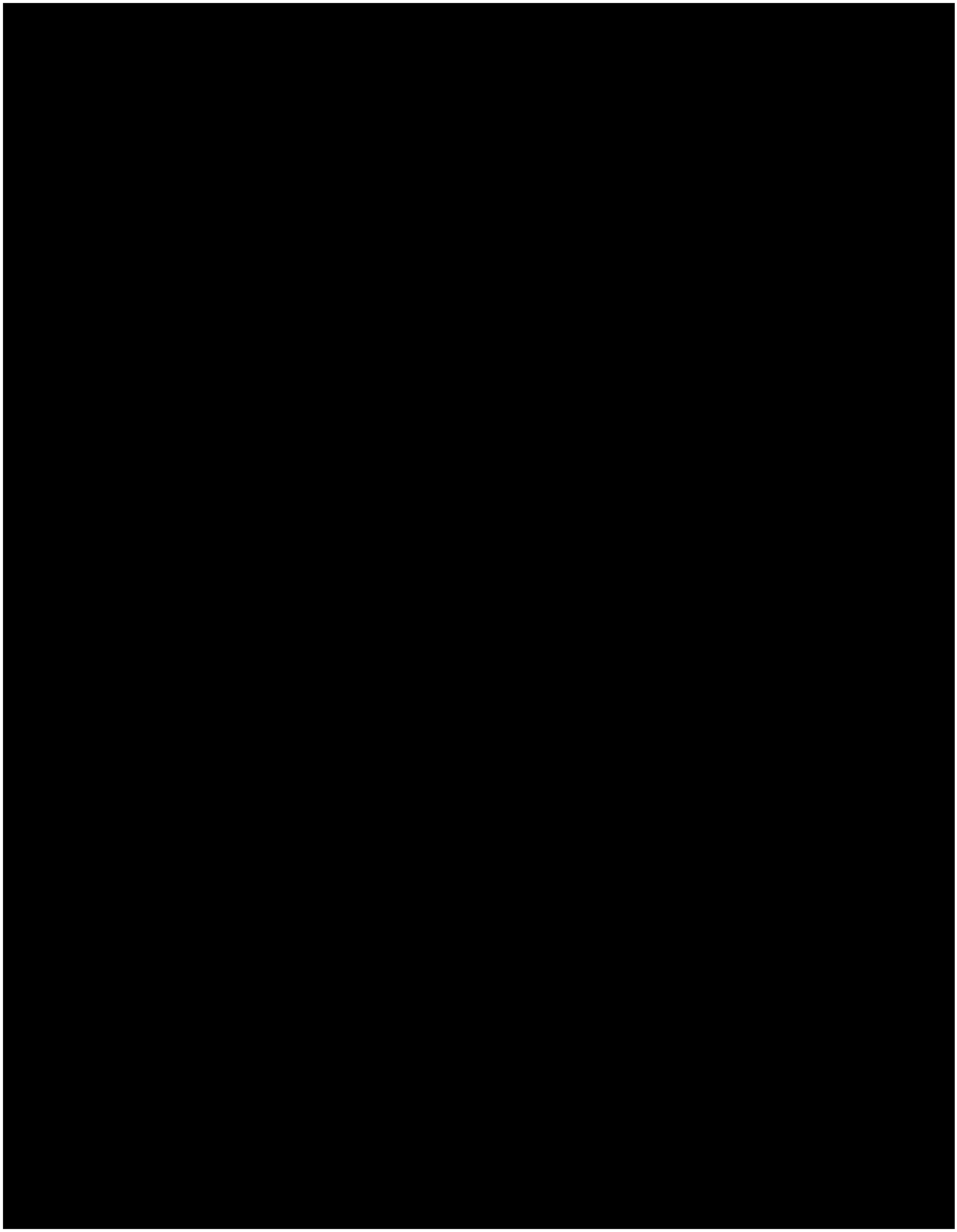
The following firm has handled Tulane's accounting and auditing services in response to Specification 19(l):

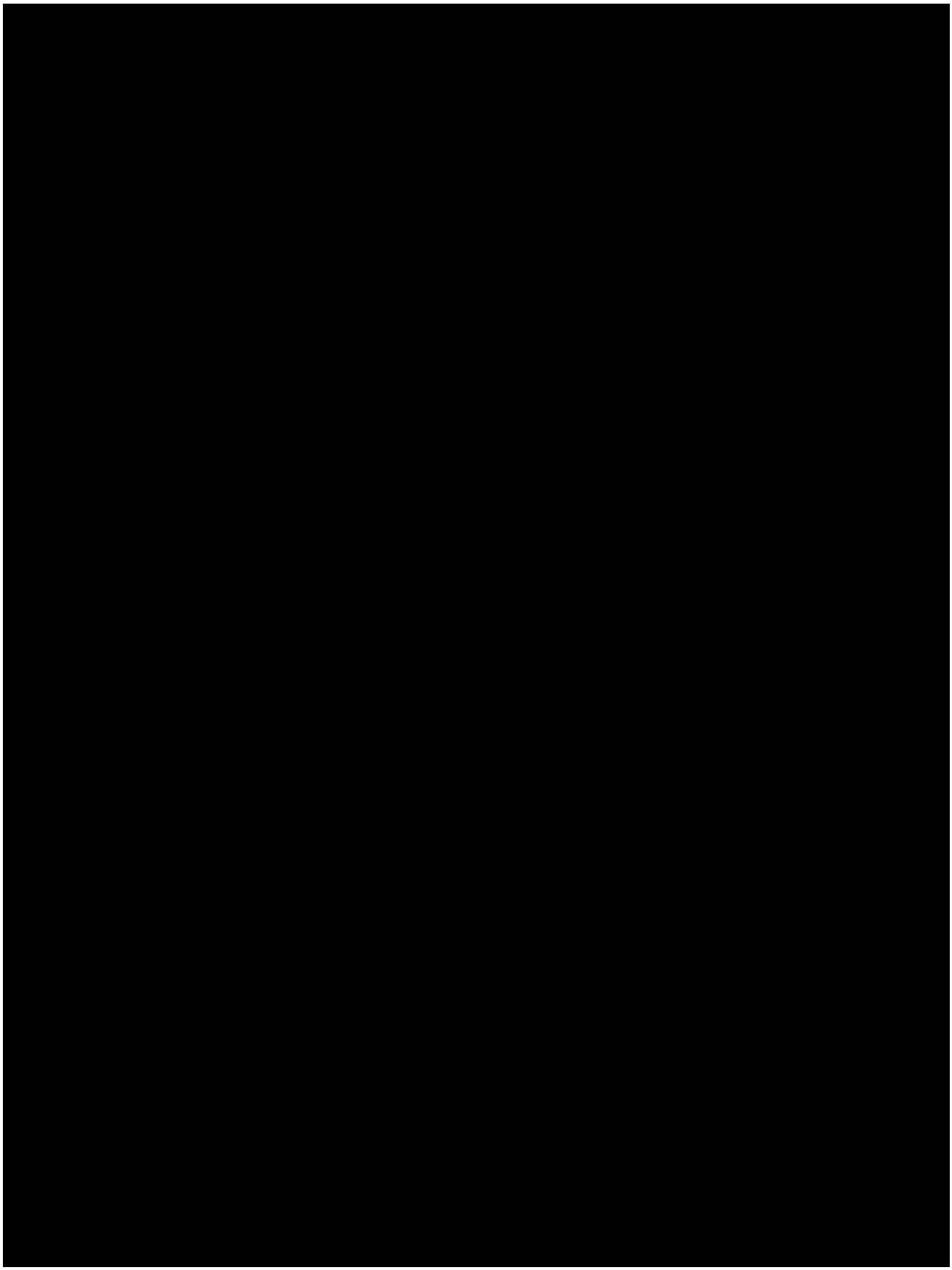
Deloitte & Touche, LLP
Attn: Elaine Reyes, Managing Director, Audit
701 Poydras Street, Suite 4200
New Orleans, LA 70139
504-561-7154

The following firm has handled HCA's accounting and auditing services for UHS in response to Specification 19(l):

Ernst & Young
Contact: Bobby Moran, HCA Development
One Park Plaza, Bldg. 1
Nashville, TN 37203
615-344-2528

Table 19: Financial Records





Appendix R: Persons Involved in Decision Making or Planning

The following individuals were involved in the decision or planning for the Transaction on behalf of LCMC Health, Tulane, and HCA, as outlined in **Table 21(a)**, **Table 21(b)**, and **Table 21(c)**.

Table 21(a): LCMC Health

Name / Title	Contact Information
Gregory C. Feirn, Chief Executive Officer	Energy Centre, 1100 Poydras St., Suite 2500 New Orleans, LA 70163 (504) 896-3035
John F. Heaton, MD, President & Chief Medical Officer	Energy Centre, 1100 Poydras St., Suite 2500 New Orleans, LA 70163 (504) 894-6702
JoAnn L. Kunkel, Chief Financial Officer	Energy Centre, 1100 Poydras St., Suite 2500 New Orleans, LA 70163 (504) 702-5029
Jody B. Martin, Chief Legal Officer	Energy Centre, 1100 Poydras St., Suite 2500 New Orleans, LA 70163 (504) 894-6734
Greg Nielsen, Chief Operating Officer	Energy Centre, 1100 Poydras St., Suite 2500 New Orleans, LA 70163 (504) 702-2673
Richard Tanzella, Chief Executive Officer, East Jefferson General Hospital	4200 Houma Blvd. Metairie, LA 70006 (504) 503-4000

Table 21(b): Tulane

Name / Title	Contact Information
Dr. Patrice Delafontaine, Executive Dean, Professor of Medicine, Pharmacology, and Physiology	1430 Tulane Avenue New Orleans, LA 70112 (504) 988-5459
Mike Fitts, President of Tulane University	6823 St. Charles Avenue 218 Gibson Hall New Orleans, LA 70118 (504) 865-5201
Dr. L. Lee Hamm, III, Senior Vice President and Dean, Tulane School of Medicine	1430 Tulane Avenue, #8001 New Orleans, LA 70112 (504) 988-5462
Victoria D. Johnson, General Counsel for Tulane University	6823 St. Charles Avenue 300 Gibson Hall New Orleans, LA 70118 (504) 865-5783
Patrick J. Norton, Senior Vice President, Chief Operating Officer, and Treasurer	1555 Poydras Street, Suite 836 New Orleans, LA 70112 (504) 862-8698

Table 21(c): HCA

Name / Title	Contact Information
Samuel N. Hazen, Chief Executive Officer	1 Park Plaza Nashville, TN 37203 (615) 344-9551
William B. Rutherford, Chief Financial Officer & Executive Vice President	1 Park Plaza Nashville, TN 37203 (615) 344-9551
Jon Foster, President, American Group	1 Park Plaza Nashville, TN 37203 (615) 344-9551
Ashley Johnson, Chief Finance Officer, American Group	1 Park Plaza Nashville, TN 37203 (615) 344-9551
Mel Lagarde, Former President and CEO, HCA MidAmerica Division	400-5440 West 110th Street Overland Park, KS 66211 (816) 508-4000
Michael R. McAlevey, Senior Vice President and Chief Legal Officer	1 Park Plaza Nashville, TN 37203 (615) 344-9551
Joseph A. Sowell, III, Senior Vice President and Chief Development Officer	1 Park Plaza Nashville, TN 37203 (615) 344-9551
Chadd Tierney, Vice President and Senior Counsel – Legal Development	1 Park Plaza Nashville, TN 37203 (615) 344-2897
Bobby Moran, Associate Vice President, Development	1 Park Plaza Nashville, TN 37203 (615) 344-2528
Erol Akdamar, President, North Texas Division	13155 Noel Road Suite 2000 Dallas, TX 75240 (972) 401-8750

Appendix S: Market Studies

[This Item contains proprietary, competitively sensitive information redacted from the public version.]

Attached are the market studies listed in **Table 22**, which have been identified by the LCMC Health, Tulane, and HCA as responsive to Specification 22. LCMC Health, Tulane, and HCA evaluate market shares in multiple ways, depending on time period, geographic area, type of patient, and other criteria, as evidenced in the attached market studies.

Table 22: Market Studies

Exhibit B

LCMC Health and Tulane University announce partnership

October 10, 2022 2:00 PM

Print to PDF

Keith Brannon
kbrannon@tulane.edu
504-621-2724

LCMC Health and Tulane University today announced intentions to partner to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide community investments and benefits.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will be acquired from HCA Healthcare and will join LCMC Health. Both LCMC Health and Tulane University value our providers and employees and are committed to retaining our staff across both organizations. All employees at the three hospitals – Tulane Medical Center, Tulane Lakeside Hospital, and Lakeview Regional Medical Center, will continue to have jobs under this exciting partnership. Additionally, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement.

The partnership builds on the nonprofit organizations' long history of collaborating to improve the health of patients and communities in New Orleans and across Louisiana. Together, Tulane University and LCMC Health will advance academic medicine to enhance the care provided to patients; increase investment in

groundbreaking research, innovative technology, and lifesaving treatments; expand opportunities to train the next generation of physicians, nurses, and scientists; and accelerate the journey to make Louisiana a destination for healthcare.

“LCMC Health and Tulane University have shared values and a vision to partner to bring the best of community healthcare and academic medicine to all those we serve,” said **LCMC Health CEO Greg Feirn**. “With this transformational partnership, we can build on our strong history of collaboration with our academic partners, Tulane University and Louisiana State University, to do more for our patients, communities, and region together than would be possible as separate organizations. By joining forces, we will increase access to comprehensive and specialty care across our region, ensuring all our patients and communities receive extraordinary care, right here at home.”

“Together with LCMC Health, we can combine our strengths to expand world-class academic medicine in the greater New Orleans area,” said **Tulane University President Michael A. Fitts.** “Academic medical centers provide the most complex and high-quality care and are the birthplace of new treatments and technologies. This partnership will help drive clinical, educational, and economic innovation and growth that improves the quality of life across our entire region.”

Enhancing Patient Care

In the proposed partnership, over the next 12-24 months, the majority of services provided at Tulane Medical Center will shift to nearby East Jefferson General Hospital and University Medical Center New Orleans, creating more opportunities for comprehensive, integrated care at facilities that can support new growth and provide an enhanced patient experience.

This shift will increase access to comprehensive care in downtown New Orleans and create expanded hubs for specialty care, innovation, and academic medicine in both Orleans and Jefferson Parishes. As transition planning advances, both organizations are committed to ensuring a seamless transition for patients, all of whom will continue to receive the high-quality care they need and deserve.

As part of the partnership, LCMC Health has committed to an initial capital investment of $220 million in the operations of East Jefferson General Hospital, Lakeview Regional Medical Center, and Tulane Lakeside Hospital. These funds will be used to maintain the standards of care and patient experience, invest in new equipment and facilities as well as ensure these facilities attract the best and brightest medical providers.

Investing in Innovation, Research and Revitalization

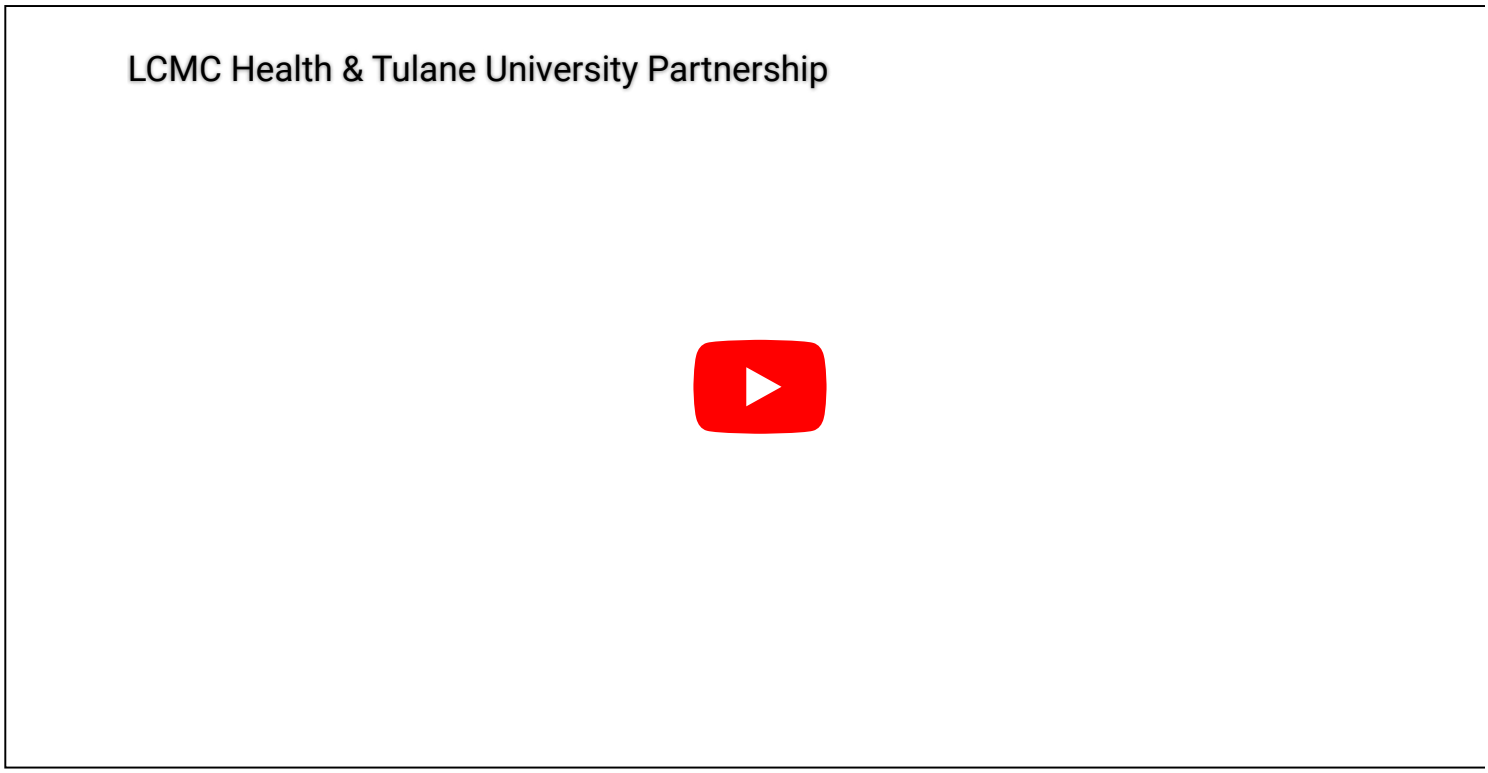
This partnership will also allow Tulane University to build on a one-time impact of $1 billion on the Louisiana state economy and includes a revitalization of the Charity Hospital building and the repurposing of the Tulane Medical Center building. This thriving center of cutting-edge research and innovation will

feature a new nursing program, clinical research programs, educational space for students, graduate programs in public health, social work, professional advancement, and medicine, along with a new space dedicated to research. Through these initiatives, Tulane University will add an estimated 2,300 jobs across New Orleans and Louisiana.

Together, LCMC Health and Tulane University will build on their ongoing commitment to meaningful community partnership, including work with the Louisiana Department of Health's Family Connects/maternal healthcare initiative, Children's Hospital New Orleans' ThriveKids program, and Tulane University's Louisiana Community Engagement Alliance (LA-CEAL).

LCMC Health and Tulane University filed the intent to transition into this combined structure with the Louisiana Department of Justice. A review by the Louisiana Department of Justice and a public comment period will take place during the next 90 days. LCMC Health and Tulane University anticipate the agreement will be finalized late this year or early next year, pending regulatory and governance approvals with transition planning and activities to follow.

For more information, please visit www.lcmchealth.org/extraordinarytogether.



The partnership builds on the nonprofit organizations' long history of collaborating to improve the health of patients and communities in New Orleans and across Louisiana.

TULANE UNIVERSITY
6823 St. Charles Avenue
New Orleans, LA 70118
504-865-5000

Maps & Directions

News

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Medical Center

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Exhibit C

Modern Healthcare

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October 10, 2022 05:36 PM

LCMC Health to spend $150M to acquire 3 HCA Healthcare hospitals in Louisiana

CAROLINE HUDSON

HCA

LCMC Health, as part of a partnership with Louisiana's Tulane University, has agreed to buy three hospitals from Nashville, Tennessee-based HCA Healthcare.

LCMC Health, as part of a partnership with Louisiana's Tulane University, has agreed to buy three hospitals from Nashville, Tennessee-based HCA Healthcare for $150 million.

If the agreement is approved, Tulane Medical Center, Tulane Lakeside Hospital and Lakeview Regional Medical Center will become part of the New Orleans-based system. LCMC said the approximately 1,900 employees at those three facilities will continue to have jobs as well as "expanded opportunities for growth and advancement."

The deal, expected to close later this year or early next year, will encourage academic collaboration with Tulane University and Louisiana State University, plus increase the region's access to specialty care, according to LCMC CEO Greg Feirn. It also moves the three hospitals from for-profit ownership to not-for-profit.

"It allows us to grow our relationship with Tulane and allows Tulane a larger clinical portfolio from which to train its students and residents," Feirn said. "For something this transformative for a community and the state, it’s the right time."

Within the next two years, most services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans. LCMC has also agreed to invest $220 million over five years in the three hospitals for new equipment and facilities.

The deal complements Tulane’s expansion plans in downtown New Orleans, part of a $600 million commitment to the area. The university is

planning to revitalize the Charity Hospital building, which closed after Hurricane Katrina devastated the area in 2005. Tulane is taking 350,000 to 400,000 square feet of the old hospital and will operate its school of public health and employ hundreds of researchers there. The school also is repurposing Tulane Medical Center for outpatient clinics, research and a new nursing school, said Michael Fitts, Tulane's president.

Inline Play

Source URL: *https://www.modernhealthcare.com/mergers-acquisitions/lcmc-health-buy-3-hca-healthcare-hospitals-150m*

Exhibit D

LCMC Health and Tulane University Finalize Partnership

Category: News
Posted on: Jan 3, 2023

Related blogs

LCMC HEALTH GROWS ITS HEALTHCARE PROFESSIONS PIPELINE TO INCLUDE 12 REGIONAL ACADEMIC PARTNERSHIPS
News
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LAKEVIEW HOSPITAL NAMES BEN RICHAUD AS NEW CHIEF EXECUTIVE OFFICER
News
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LCMC HEALTH HOSPITALS RECEIVE BIRTH READY DESIGNATION
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Collaboration to bring multi-faceted and lasting benefits to New Orleans and Louisiana

NEW ORLEANS, La. (January 3, 2023) – LCMC Health and Tulane University today announced that the organizations have finalized their partnership, following approval from the Louisiana Department of Justice. Through this partnership, Tulane Medical Center, Lakeview Hospital , and Lakeside Hospital will join LCMC Health.

This partnership brings wide-ranging benefits to New Orleans and Southeast Louisiana by expanding access to comprehensive and specialty care, advancing academic medicine, boosting innovation and training in the region, and providing investment and other benefits to the community.

"The shared vision between LCMC Health and Tulane University to provide unparalleled patient care and medical research advancements in Southeast Louisiana made this partnership a natural fit," said **LCMC Health CEO Greg Feirn.** "As we integrate our operations, we are able to make locally-based decisions that best serve the comprehensive and specialty care needs of patients in our region."

All employees at the three LCMC Health hospitals – Tulane Medical Center, Lakeside Hospital, and Lakeview Hospital – will continue to have jobs under the partnership as well as new and expanded opportunities for growth and advancement. The combined organization will also mean more investment in groundbreaking research, innovative technology, and lifesaving treatments.

"I can't overstate how important this partnership will be to improving healthcare and boosting medical research in our community," said **Tulane University President Michael A. Fitts.** "Combining the best community healthcare with the latest advances in academic medicine will provide the best care for our families, friends, and neighbors while helping to drive our region's economy."

Optimizing the Patient Experience

The integration of Tulane University's facilities with LCMC Health will take place over the next 12-24 months. Operations at all facilities will continue as normal while LCMC Health and Tulane collaborate to ensure a seamless transition for patients, physicians, and staff.

Over time, Tulane Medical Center will shift the majority of its services to East Jefferson General Hospital and University Medical Center New Orleans. This will create expanded opportunities for comprehensive, integrated care at facilities that can support new growth and provide an enhanced patient experience.

This approach will increase access to comprehensive care in downtown New Orleans and create expanded hubs for specialty care, innovation, and academic medicine in both Orleans and Jefferson Parishes.

Investing in Louisiana

This partnership is part of Tulane University's transformative commitment of $1 billion to Louisiana's economy. This commitment will emphasize commercialization of research and entrepreneurship and include reimaging of the Charity Hospital and Tulane Medical Center buildings. Together these facilities will house a new nursing program, clinical research programs, educational space for students, an exponential increase in space dedicated to research, as well as graduate programs in public health, social work, and medicine. All told, these efforts will create an estimated 2,300 jobs in New Orleans and across Louisiana.

These jobs will come in areas across clinical, educational, and support departments, helping to attract and retain talent in the local community. Through this partnership, Tulane University's new nursing program will help address the nursing shortage in Louisiana by expanding the pipeline of students entering the nursing field – making meaningful progress towards addressing the 2,475 unfilled full-time nursing positions projected in New Orleans by 2025.

For more information, please visit www.lcmchealth.org/extraordinarytogether.

###

Media Contacts:

For LCMC Health:	For Tulane University:
LaDana Williams	Mike Strecker
Director of Public Relations	Assistant Vice President for Communications

P 504.896.2759
ladana.williams@LCMChealth.org

P 504.512-1347
mstreck@tulane.edu

About LCMC Health

Established in 2009, LCMC Health is a Louisiana-based, not-for-profit hospital system serving the healthcare needs of the Gulf Coast region. LCMC Health currently manages Children's Hospital New Orleans, East Jefferson General Hospital, New Orleans East Hospital, Touro, University Medical Center New Orleans, and West Jefferson Medical Center.

About Tulane University

Founded in 1834, Tulane University is one of the country's most highly ranked, sought-after universities. It is a member of the prestigious Association of American Universities, a select group of the 63 leading research universities in the United States and Canada with "preeminent programs of graduate and professional education and scholarly research." Tulane also is ranked by the Carnegie Foundation for the Advancement of Teaching as a university with "very high research activity." Of more than 4,300 higher educational institutions rated by the foundation, Tulane remains in a prestigious category that includes only two percent of universities nationwide.

###

Featured Blogs

LCMC Health invests in future of ...
Featured, News

$1.5 million donation creates pathways for undergraduate students and medical school residents NEW ORLEANS - Today, LCMC Health announced a $1.5 ...

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A new survey shows that New Orleans residents overwhelmingly support the partnership between LCMC Health and Tulane University. Under the partnership, ...

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Access

LCMC Health is committed to providing individuals with disabilities equal opportunity to participate in and benefit from LCMC Health programs and services. We offer reasonable accommodations, including access to service animals, to ensure our programs and services are accessible to and usable by individuals with disabilities.

Service animals are welcome throughout all of our clinics and hospitals. We apply the Americans with Disabilities Act (ADA) requirements, which define a service animal as "one that is trained to do work or perform tasks for the benefit of a person with a disability." Persons with service animals will be accommodated unless LCMC Health formally determines such service animal constitutes a "direct threat" or requires a "fundamental alteration" of its facilities or services.

ADA frequently asked questions More information about service animals

Exhibit E

FEDERAL TRADE COMMISSION
PROTECTING AMERICA'S CONSUMERS

For Your Information

FTC Publishes Inflation-Adjusted Civil Penalty Amounts for 2023

January 6, 2023

Tags: Consumer Protection | Competition | FTC Operations | Bureau of Competition | Bureau of Consumer Protection | Section 5

The Federal Trade Commission has adjusted the maximum civil penalty dollar amounts for violations of 16 provisions of law the FTC enforces, as required by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015. The act directs agencies to implement annual inflation adjustments based on a prescribed formula. The new maximum civil penalty amounts will become effective on January 11, 2023.

The maximum civil penalty amount has increased from $46,517 to $50,120 for violations of Sections 5(l), 5(m)(1)(A), and 5(m)(1)(B) of the FTC Act, Section 7A(g)(l) of the Clayton Act, and Section 525(b) of the Energy Policy and Conservation Act. It has increased from $612 to $659 for violations of Section 10 of the FTC Act.

The maximum civil penalty amount has increased from $1,323,791 to $1,426,319 for violations of Section 814(a) of the Energy Independence and Security Act of 2007. The maximum civil penalty amounts for other law violations within the agency's jurisdiction are listed in the Federal Register notice .

The Commission vote to publish the Federal Register notice amending Commission Rule 1.98 was 4-0.

The Federal Trade Commission works to promote competition, and protect and educate consumers. You can learn more about consumer topics and report scams, fraud, and bad business practices online at ReportFraud.ftc.gov. Follow the FTC on social media, read our blogs and subscribe to press releases for the latest FTC news and resources.

Contact Information

Media Contact

Mitchell J. Katz
Office of Public Affairs
202-326-2161

Exhibit F

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Merger Process Reform: A Sisyphean Journey?

BY JOE SIMS, ROBERT C. JONES, AND HUGH M. HOLLMAN

THE MERGER REGULATORY PROCESS as we know it has existed for thirty years. There have been marginal shifts (up and down) in enforcement intensity with changes in administrations and personnel, but there has been one constant: complaints about the burden of the Second Request process. Some of this is inevitable—prosecutors and potential defendants will rarely have identical perspectives. But there has been enough consensus on the flaws in the process that there have been a series of agency efforts to improve it. The problem has not been solved, and we believe a real solution will require a completely different approach to the problem. This article proposes such a new approach.

Ten years ago, Joe Sims and Deborah P. Herman[1] (now Deborah Platt Majoras) wrote a lengthy article about the first twenty years of Hart-Scott-Rodino.[2] They concluded that the implementation of the statute had far exceeded the goals of its drafters and, like so many other legislative enactments, had taken on a bureaucratic life that dwarfed the relatively modest expectations of its legislative authors.[3] Since that article was published, there have been several serious attempts at reform,[4] but the antitrust community is still debating most of the same issues. Indeed, notwithstanding all the good faith efforts by the agencies to improve the situation, the problem has actually gotten worse in some important respects.

Before we catalogue the problems, it is worth recognizing some ways in which the process is better. Raising the qualifying thresholds,[5] as the Sims/Herman article advocated, has happened, and it did make a difference—not enough, since too many transactions are still caught in the HSR net, but, to borrow a phrase, the situation is not as bad as it could be. In addition, in many (but not all) circumstances, there has been a noticeable improvement in transparency, with agency staffs being more open about their issues and concerns earlier in the process. We say not all, because this is still more a function of particular staff lawyers' attitudes than it should be, but on balance agency transparency during the merger review process is better than it was a decade ago. This is important, since in the vast majority of transactions both sides should have the same goal—finish the process as efficiently as possible and only then argue about the outcome, if necessary.

So there have been some improvements, but they have not kept up with either technology or economic sophistication. Two reinforcing phenomena—electronic document/data availability and more sophisticated economic analysis by the agencies—have led to burdens on the parties that dwarf these positive effects. There are many problems with the Second Request process, a number of which we will discuss in this article. But the 800-pound gorilla is the technology problem—too much electronic material available and too much of it demanded by the agencies. These are the primary forces driving the average cost of a Second Request today to $5–$10 million—*ten to twenty times what it was a decade ago!* Intensive or lengthy Second Request investigations can cost the parties twice that amount or more.

Some tension is inevitable here. The agencies need enough information to make an informed decision about whether to challenge the transaction. No one wants those decisions to be made without the necessary information; the arguments here are about what is necessary. In addition, in the relatively small number of circumstances where the agencies actually challenge or threaten to challenge a transaction, they eventually need to have the facts and data necessary to carry their burden of proof in court. No responsible person can object to the *reasonable* discovery necessary for that; again, the debate is about the scope and timing of that discovery. Finally, it is not practical to expect the agencies to forgo seeking to review *potentially useful* information that is *reasonably* available to the parties; again, the debate is all about the adjectives. But there is at least one point that is not debatable—if the chickens are to be protected, the design of the process cannot be left exclusively to the foxes.[6] Letting the prosecutors unilaterally decide how to draw the line between the relative burdens on the agencies and the parties is not likely to produce a balanced outcome.[7]

This is the practical conundrum: many (perhaps most) would agree that the merger review process could be less burdensome, more efficient, and quicker, while still accomplishing its legitimate public purpose. But there is no real chance for systemic, balanced change so long as the agencies get to make all the decisions. The one constant in all the various reform efforts over the years—again, no doubt well-intentioned and undertaken in good faith—is that they have not solved the basic problem of Second Request burdens.

There is a better way, and it is something that the agencies have feinted at but not properly implemented: impose binding, not recommended, limitations on Second Request production requirements in exchange for the agencies having both the time and the opportunity to perfect their discovery in federal court when they decide to challenge a transaction. Pre-complaint discovery would be minimized in return for post-complaint discovery limited only by the federal rules and

Joe Sims and Robert Jones are partners and Hugh Hollman is an associate in the Washington D.C. office of Jones Day. The views expressed in this article are those of the authors, and not of their firm or any firm client.

a court's discretion, with the agencies assured of the time to engage the court by the imposition of a limited automatic stay upon filing of a complaint in federal court. Properly implemented, this approach would allow the agencies to obtain through Second Requests the information they need to make an informed decision about which transactions to challenge, and to impose substantial discovery burdens only on challenged transactions. At the same time, all parties would see a significant reduction in the pre-complaint merger process burden.[8]

This approach could result in a higher percentage of transactions challenged, if the agencies take the approach of litigating in closer cases because of the opportunity to gain additional discovery. But we doubt it would produce a significant difference. And it would mean that for those transactions that were challenged, the amount of time required to litigate the matter might increase. But if the result of this approach was a shorter average Second Request investigation time for *all* transactions, combined with a slight increase in the number of transactions challenged and a somewhat longer average litigation time, the net impact would be strongly positive.

While the requirement to go to court is a critical constraint on the agencies' power, there is no comparable constraint on the burdens they can and do impose during the Second Request process.

Of course, there is one other feature of this approach that will make some at the agencies nervous—becoming just another litigant, subject to the discretion of a federal court as to what additional discovery, over what time period, would be available post-complaint. It is hard to be too sympathetic to any agency concerns about having to conduct their discovery pursuant to federal court rules and oversight, assuming they could be guaranteed sufficient time to have the court make informed decisions on their discovery and timing requests. The agencies would no doubt worry that the parties would make the standard claims of exigencies, and that at least some courts might not take the time to give the agencies' requests the consideration they deserve. That is why our approach requires something that was considered (but rejected) in the original HSR legislation: a limited automatic stay of any transaction challenged in federal court.[9]

An unlimited stay would give the agencies too much leverage and would create too big an incentive to bring marginal cases for our comfort, so we would limit the automatic stay to thirty days. This would give the agency the time to make a showing to the court as to what additional discovery was required and why; give the parties a chance to respond; and give the court the time to itself make an informed decision, not only about discovery but also about the schedule for a preliminary injunction hearing (or possibly a trial on the merits, if the parties agreed). As a practical matter, most parties will also want time in the federal court proceeding to conduct discovery because that is their first opportunity for third-party discovery. So a short automatic stay, during which all the parties to the litigation and the court sort out the remaining schedule, should be both efficient and a source of comfort for the agencies that they will have the time to have their positions heard and considered by the court.

The Mountain Is Getting Higher

While it may seem (and perhaps is) completely irrelevant today, there is really no doubt that what Congress intended when it passed the HSR Act in 1976 was to provide the federal antitrust agencies advance notice of, and a minimal amount of easily retrievable information about, significant proposed transactions.[10] The agencies were supposed to request data "already available to the merging parties [and] lengthy delays, and extended searches should consequently be rare."[11] But today's HSR process bears little resemblance to this model, having become a full-blown merger regulation system. As a practical matter, the HSR process is distinguishable from any other regulatory system only by the fact that the agencies must seek court intervention to actually block a transaction.

While the requirement to go to court is a critical constraint on the agencies' power, there is no comparable constraint on the burdens they can and do impose during the Second Request process. Clearly, the costs associated with complying with a Second Request are well beyond what was originally intended or contemplated by Congress, and are growing exponentially. The ABA Antitrust Section collected information on costs from its members and provided aggregated results to the Antitrust Modernization Commission (AMC) in 2007.[12] Other commentators also provided estimates of the length and cost of the Second Request process.[13] The average Second Request investigation was reported as taking six to seven months and resulted in average compliance costs of $5 million. Those are average costs; for larger deals costs can quickly rise to the $10–$20 million range.[14] And since those data are two years old, and costs seem to be constantly rising, the actual numbers today are certainly higher.

A primary driver of increased costs is the explosion in the use of electronic communication and recordkeeping and the resulting massive increase in the number of electronic documents and data that are gathered from individuals' computers and companies' network drives. In larger deals, upwards of 175,000 pages per source is not uncommon—and this number has tripled in the last three years. Although electronic review methods have improved to help deal with this document explosion, there is an associated increase in the cost of complying as each additional page still needs to be reviewed to determine its responsiveness to the agencies' request and whether it is privileged.

Electronic review is a cost and burden primarily borne by the merging parties as they cull down the documents to a subset that is responsive to those requested in a Second Request. The average number of electronic pages gathered from a merging party for the transactions we have worked on in the 2006–08 time period was over 6 million pages. The average number of electronic pages produced to the agencies during that same time period was 1.8 million. If this is typical, and we have no reason to think it is not, parties are reviewing more than three times the large volume of documents actually being turned over to the agencies. Accordingly, the huge growth in electronic documents is having a disproportionably larger impact on the parties to transactions than on the agencies.[15]

Nonetheless, the agencies have also been affected. This year, former DOJ Assistant Attorney General Tom Barnett noted that the agencies have increased their storage capacity to hold data turned over by parties by 14,000 percent since 1998, and they anticipate that their electronic storage will grow by 36,000 percent by 2013.[16] Unfortunately, storage is relatively cheap, so this growth is not likely to generate increased incentives for the agencies to reduce parties' burdens.

Another source of increased costs is privilege review. There is a strong correlation between the cost for each individual searched for responsive documents and the number of privileged documents kept by that individual. This is hardly surprising, as reviewing for privilege is more expensive, usually requiring more than one wave of review and then (under current agency procedures) an intensive process of drafting a log that complies with the specifications laid out by the agencies. Of course, the agencies do not bear a similar burden and, indeed, in recent times have increasingly used quibbles over minutiae on the log to delay substantial compliance claims. In fact, at the DOJ there seem to be agency staff members who are specializing in privilege log review, since they reappear on multiple transactions in that role. This implies that at least the DOJ is devoting increased resources to privilege log review. Since we are not aware of any evidence that parties are systemically misusing the privilege designation, why this would be done is unclear. There is no question that creation of the privilege log and arguments over it lengthen the review process and significantly add to the expense.[17]

Apart from the actual costs of complying, lengthy investigations also leave the parties to transactions in limbo, with all the associated costs and problems. And while the average deal is in limbo for seven months, a non-trivial number of the larger transactions are delayed longer, sometimes over a year. During that time, any savings and efficiencies sought through the transaction are delayed, and the parties face other risks, including the loss of important personnel and limitations on how they can respond to marketplace opportunities or changes. Recent experience in the credit markets is an extreme illustration of how time is the enemy of transactions, and the Second Request process has now become, in many cases, the gating event to closing.

It is not meant to be a criticism of the agencies' staff at all to state the obvious—there is little institutional incentive to speed up the process. Just the opposite is true, more time to respond gives the staff more time to think, analyze and become more comfortable with their decision. One constant we have found across the Second Requests we are familiar with is that the intensity of the staff focus on compliance with the nuances of the requests drops dramatically, and the staff willingness to negotiate burden-reducing modifications increases dramatically, once the staff is assured of ample time for its investigation. Again, this is both logical and hard to criticize, but it does impact the burdens on the parties. While there are people at both agencies who do their best to move the process along, relying on these personal efforts is not a systematic solution to the problem.

The Latest Round of Reforms and Results

Working with another firm that is very active in the merger review process,[18] we compiled a series of statistics on deals that the two firms handled that resulted in Second Requests. In particular, we evaluated the following data points: (1) length of time to comply; (2) number of custodians; (3) time limit for search; (4) volume of documents per custodian; (5) privileged documents; (6) data requirements; and the (7) appeal process. Obviously, this is a very limited sample, but it is all we had access to; it would no doubt be interesting to see a broader range of data.[19]

Length of Time to Comply. In 2006, both agencies introduced reforms to the merger review process that were designed to reduce the length and burden of Second Request investigations.[20] But their duration has not been reduced. During fiscal year 2005, the average length of an investigation was reported by the AMC to be about six to seven months.[21] Post-2006, our experience is that investigations last an average of seven months, and some take much longer. It is clear that a major part of the length of Second Request investigations is a result of the huge burden on parties to assemble all the documents and data for compliance. But in addition, the reforms themselves unintentionally have built in additional delay with their timing agreement requirements.

In their 2006 reforms, in order for the parties to qualify for a lower number of employees to be searched, the agencies required the parties to agree to a form of timing agreement.[22] Timing agreements contain provisions setting out when the parties will substantially comply and by when the parties will turn over their documents and data. They often include other details, such as which employees are deposed and the dates for their depositions or investigational hearings. To qualify for lower custodian limits—and this is what we were referring to earlier as a feint toward a real solution—the agencies also require the parties to agree to a sufficient period for the agencies to conduct post-complaint discovery should the investigation result in contested litigation.[23]

This is a seed that could and should be grown into a real reform, but as now being used, and in the context of other-

wise unlimited discretion for the agencies, it is not useful. Parties in DOJ transactions do not take advantage of the promise of this reform initiative because the burden of providing the agencies with a guaranteed period of post-complaint discovery is not being offset with a commensurate reduction in the Second Request burden on the parties.[24] Parties in FTC transactions are much more likely to agree to a timing agreement, but that is largely because FTC staff practice is to make all modifications of the Second Request contingent upon such an agreement. Indeed, as currently extant there is no logical relationship between timing agreements and the supposed burden-reducing focus of the reforms. Our experience since the 2006 reforms is almost uniform: staff focuses heavily on the timing agreement from the outset, postponing serious consideration of the merits of the case or how to facilitate compliance.

Like many of the other suggested initiatives, the timing agreement has also morphed into more than the guidelines contemplate. For example, the FTC guidelines call for *either* a rolling production or a thirty-day extension to the post-compliance period,[25] but our experience is that staff (supported by and at the urging of Bureau of Competition management) are now typically requiring both, and are adding more constraints, such as a requirement that compliance not be certified before a specific date. In all but one of the post-2006 reform transactions in our sample, there has been an extension to the post-compliance period *and* a rolling production.

Timing agreements should be eliminated altogether as a condition for limitations on the scope of Second Requests. It will be in the interest of many parties to have the certainty of a timing agreement, but it should not be a condition to reasonable limitations on the scope of Second Requests. Our proposal eliminates the need for agencies to use Second Request modifications as leverage to gain a timing agreement.

Number of Custodians. A core feature of the 2006 reforms was the presumption that no more than a definite number of employees needed to be searched. The FTC set the default number at thirty-five, while the DOJ decided on thirty custodians.[26] In our experience, this default number is almost completely irrelevant. The AMC reported, based on data submitted by the ABA Section of Antitrust Law, that the average number of custodians searched was 126.[27]

In our sample, the average was lower—forty-seven custodians—still considerably higher than the default. These numbers are somewhat misleading, however, since embedded in them is what often seems to be an interminable negotiation (and accompanying information production) required to convince staff to reduce the number of custodians to be searched. Clearly, the exceptions have swallowed the rule here.

While it may seem arbitrary, what is needed is an absolute limit that cannot be exceeded during the Second Request process. And since (1) more and more often it is the data that are critical to the analysis, not the documents, and (2) a relatively small number of custodians will virtually always have all the documents reasonably needed to make a complaint decision, the limit can be relatively small. We would suggest twenty-five custodians. Only an absolute limit will be effective, given the natural instincts of most staffs to assure they will not miss something that might possibly be useful.

Time Limit for Search. A line that both agencies drew in the sand in their 2006 reforms was a two-year default relevant time period for which a party is required to search for documents.[28] This was a reform over the Model Second Request that previously provided for companies to produce responsive documents from January 1 of the calendar year three years prior to the issuance of the Second Request.[29] The DOJ also set a three year cut-off for data that is not in the FTC reforms, another one of those inconsistencies that are so frustrating to the outside world.[30] In fact, these supposedly hard lines also have been largely ignored.

Generally, the agencies will ask for documents from the beginning of a calendar year two years previously—not from the date of issuance of the Second Request—resulting in the actual time period for documents varying between two to three years on average. In about a quarter of the deals in our sample, agencies have either required production of documents for longer periods or requested longer time periods for certain document requests (or custodians) that vary between three to six years. Because most of the burden on the parties is for search and review, rather than the actual production, curtailment of only some specifications to a shorter period often does little to limit the burden.

A similar trend is found for data requests, except the average data time periods are three to four years, and up to ten years for some deals. This is a significant source of unnecessary burden on the parties. We understand the dynamics here—if we were agency economists, we might want more data rather than less. But this instinct requires some balance. The reform time limits were a step in the right direction, but they need to be more rigorously adhered to.

Volume of Documents per Custodian. Our data show that the volume of documents per custodian, mostly electronic documents, is growing dramatically. In 2005, the average number of pages gathered from each source was 43,396. In 2006 that number had almost doubled to 75,557. But in the 2007–08 time period the average jumped to 179,205—four times greater than the average just three years before. Similar to the number of custodians, the cost of compliance is highly correlated to volume. Staff's response has usually been suggestions to reduce the volume of *production*, which does not assist the parties in dealing with the process of *collection and review* of the documents.

Much of this additional volume comes from electronic documents in company shared drives. Often companies have shared drives that serve as an electronic central filing system used by the entire company. Since shared drives are a repository for information for numerous employees—they often contain a vast quantity of documents and data that the agencies treat as a separate source of information to be reviewed,

limited only by the generally applicable default time period for documents. To cope with this burden, we are aware of some law firms and parties simply turning over the shared drives without any review, making the agencies' task more difficult, and risking disclosure of privileged information. We don't find this an attractive solution. Unfortunately, the reforms do not allow parties to pull files belonging only to the agreed-upon custodians from the shared drives. There is no good reason for the agencies to use the existence of shared drives to be used to effectively expand the custodian list to include every document on the shared drives. Instead, the custodian limitation should encompass only natural persons, and a search of each custodian should include a requirement that the parties ask each custodian on the search list which documents he or she accesses on any shared drives and only those documents should be reviewed for responsiveness.

Privileged Documents. Our analysis revealed a very high correlation between the volume of privileged documents and the cost of production. This is not surprising as firms often have additional reviews for privileged documents, and the agencies require parties to provide a log of the privileged documents that sets out various details, such as recipients of the document, date, etc. We have also noticed an increase in the number of privileged documents per custodian. Most likely thanks to e-mail and the ease with which documents are transmitted, the number of privileged documents per custodian has increased by approximately eight times since the pre-2006 time period.

The FTC tried to address the burden imposed by the privilege log with their partial privilege log initiative.[31] A party opting for the partial log provision is first required to provide a complete list of all the names of the custodians and the number of documents contained in each custodian's files that will be withheld under a claim of privilege.[32] The FTC will then identify within five business days 10 percent of the total number of custodians searched or five custodians, whichever is greater, for which the party is required to produce a complete log.[33] In order to exercise this option, a party must agree to provide a complete log for all custodians within fifteen days of a discovery request.[34]

In theory, this initiative seems to promise a reduction in the number of privileged documents needing to be logged, but it has not produced that result. The partial privilege log provision often becomes simply another source of delay from negotiations over which custodians should qualify for the partial log.[35] The result of all the various issues that arise regarding the partial log is that the parties will often end up doing a complete log anyway as their privilege teams are already in place and it would be more arduous to put together a complete log in fifteen days a few months later in response to a discovery request if the transaction ends up being challenged.

Privilege logs are a significant burden and impose very significant costs on the parties. We suggest that, at a minimum, the FTC adopt the DOJ process of allowing documents to and from counsel to be omitted. And indeed, absent some reason to believe that the parties or their lawyers are abusing the privilege issue, we suggest that complete omission of the privilege log requirement would not make a meaningful difference in the agencies' ability to make a challenge decision, while it would significantly reduce the Second Request compliance cost and time involved for the parties to a transaction. A log could be required in any litigation, or if there is some reason to believe that the parties or their counsel are abusing the privilege exemption.

The most dramatic source of growing burden going forward is likely to be data. Merger analysis is increasingly data driven, as are business decisions, and more data means more opportunities to demand and analyze data.

Data Requirements. All of what we have discussed so far is important, but the most dramatic source of growing burden going forward is likely to be data. Merger analysis is increasingly data driven, as are business decisions, and more data means more opportunities to demand and analyze data. The problem here is not so much the amount of data demanded by the agencies but rather how they insist on it being provided. Turning over raw data that has not been archived is often not a source of huge delay and expense as the data almost always exists and can be produced or accessed electronically. But the agencies generally require parties to create and run programs to turn the large volumes of data into a format that the agency prefers to work with. Reprogramming mountains of data is time-consuming and very expensive, since it frequently requires significant involvement by outside economists and other consultants. Even worse, the agencies frequently require the parties to extract old archived data, requiring additional programming to make it comparable to more recent data.

As huge as the cost is becoming for economists to manipulate the data to conform to agency requirements, much of the data production cost is hidden because often it is incurred by the client directly, using employees who must be paid overtime and/or neglect their normal duties. Of course, one way to help control these costs is to truly limit the time periods for which data are required. Another very practical possibility is to require that any data the parties use in presentations to an agency or in litigation be provided to the agency in the same form as it is used by the parties. But the potential for inappropriate burdens here remains, and will remain, very significant.[36]

Appeal Process. The appeal process that has become a feature in most of the agencies' reform initiatives is irrelevant.[37] It has been our experience that the frequent departures

from the guidelines are almost always supported by management. In one recent matter, we sought to use software programs to eliminate near-duplicates[38] from a very large production; staff refused, we appealed, and the staff position was upheld, despite the considerable burden that would have been alleviated and (in our view) the minimal effect on the agency's substantive analysis. Indeed, when the rare appeals have been taken, our experience is that it is more likely that agency management will insist upon additional requirements than overrule the staff. As a result, no firm active in this process that we are aware of believes that an agency appeal process creates any real protections against overreaching. If there is to be any effective appeal process, it would have to involve an independent third party, as was suggested in the Sims/Herman article ten years ago.[39] The common reaction to that suggestion was that it was impractical, and that may be correct, which is one of the reasons why we suggest that hard limits on pre-complaint discovery are essential to any meaningful reform.

The Solution

Some things are clear. The merger review process continues to become more costly. Agency "reforms" have not really changed this trend, and logically cannot be expected to do so. The problem is likely to get worse, not better, with the growth in available electronic documents and data and the increasingly data-driven approach to merger analysis taken by the antitrust enforcement agencies.

Given this diagnosis, what is the cure? We propose here a paradigm shift, not just some more tweaking of the current flawed system. Our solution would require new mindsets from both the agencies and the antitrust bar—reflecting a recognition that the merger review process by the agencies does not need to be, and in fact should not try to be, absolutely precise. Today, the agencies try very hard to be right in their enforcement decisions—a laudable goal unless, as has happened, it increases the costs for everyone far above what is gained from a public policy perspective. We think the agencies should try to be mostly right, or put another way, try to achieve the 90 percent solution, not the 100 percent solution.[40]

Adoption of this approach might mean a few more merger challenges, since we all know that some close calls are made not to litigate, but usually only after extended and burdensome Second Request investigations. And more litigation could mean more losses by the agencies, but not necessarily, if they do not significantly change the standards applied in bringing cases. But the potential gains from a streamlined merger review process are enormous.

Just do some very simple math. There are seventy Second Request investigations in a typical year.[41] If the average costs are now approximately $6 million, and we reduced that cost by a third, these savings alone would be $140 million. Add to that the internal savings for the parties, the savings to the agencies, and the additional savings from eliminating the extraordinary outlier transactions, and you are talking real money. More importantly, if we reduced the seven-month average investigation time—let's say to four months—the potential positive impact as a result (in faster realization of efficiencies and elimination of uncertainty) would likely be orders of magnitude much greater than the direct savings. And perhaps just as important, the merger enforcement process would be just that, and not a slog through meaningless documents and data for months on end.

Let's be extremely conservative and just say that we are looking at hundreds of millions in possible savings. On the other side of the ledger, there might be additional costs for a small portion of the transactions—those that are challenged but would not have been challenged with a more expansive Second Request. Even under this system, we believe the number of deals likely challenged would remain small. And for those challenged transactions, there would be post-complaint discovery costs, which might be greater if the magnitude of Second Request discovery is reduced. So the prospect of increased costs for a few balanced against reduced costs to the many (parties to deals and consumers, who realize the results of efficiencies faster) seems a small price to pay.

How exactly would we accomplish this? We urge (through legislation if necessary) imposition of the following conditions on Second Request investigations:

1. Eliminate the timing agreement as a condition of any Second Request modification.
2. Limit the number of custodians that must be searched to twenty-five in every transaction.
3. Limit the time period for documents to two years and for data to three years.
4. Require parties to make rolling productions of data and documents, and to provide the agencies with all data used to support any presentations.
5. Eliminate the requirement of a privilege log; any abuse will likely be rare, would be uncovered in a litigation, and if necessary, specific penalties could be imposed as a deterrent.
6. Require the agencies to make a decision whether to challenge the transaction within forty-five days of certification of substantial compliance.[42]
7. Impose an automatic thirty-day stay on the closing of any transaction from the filing of a complaint in federal court. Require the parties to come to an agreement within ten days on both discovery obligations and a schedule for a preliminary injunction or trial on the merits, or present within another seven days their respective positions to the court, leaving an additional thirteen days for the court's decision. Post-complaint discovery would be subject to the Federal Rules and the court's discretion.

Conclusion

The ABA's Section of Antitrust Law's recently published Transition Report calls for the agencies to assess the impact of their merger process review initiatives.[43] The Antitrust Modernization Commission made a similar plea.[44] Obviously, the

problems that have been a part of this process from its beginnings three decades ago have not yet been solved.

We hope that this article offers some useful ideas toward a solution. While we recognize the data limitations in our sample, we think the two firms whose experience we relied on have a reasonable basis for evaluating how the process is actually working. Risking sounding like the agencies, broader data sets are always useful, and thus we would encourage a more systematic investigation of the actual facts.

Still, the heart of the problem is that today the agencies have the incentive (and in their view the need) to use the Second Request process to prepare for litigation *in every deal*. As a result, the costs and delays that are imposed on transactions that are not challenged are greater than they need to be. The only practical solution to that problem is to eliminate the need for (and ability of) the agencies to strive for that goal, or even just for maximum precision in their decisions whether to challenge. For the staff, more time will almost always be desirable. There is no way to eliminate that natural human impulse. Consequently, it is necessary to place what admittedly are arbitrary limits on what can be demanded and the delays that can be imposed by the agencies pre-complaint.

We recognize that to some extent we are trying to go back to the future and make the Second Request process something more akin to what was originally intended by Congress some thirty years ago. But the core concept of the original HSR legislation was sound—create the ability to evaluate whether to challenge a transaction and then allow that challenge to take place prior to the transaction closing. Unfortunately, inexorable processes of bureaucracy and technological change have overwhelmed this concept and produced instead a regulatory process that is made barely palatable only by the fact that the agencies need to seek federal court intervention to actually block a transaction.

Our proposed reforms attempt to reduce or at least slow down the increase in costs on parties to mergers, while still allowing anticompetitive mergers to be effectively challenged. Let the debate begin. ■

[1] Deborah Platt Majoras subsequently became Principal Deputy Assistant Attorney General in the Antitrust Division of the U.S. Department of Justice and then the Chairman of the Federal Trade Commission. In both positions she tried hard to be part of the solution, but despite her efforts the problem remains. Ms. Majoras has no responsibility for the contents of this article.

[2] The Hart-Scott-Rodino Antitrust Improvements Act of 1976, Pub. L. No. 94-435, 90 Stat. 1383 (1976) [hereinafter HSR Act]; Joe Sims & Deborah P. Herman, *The Effect of Twenty Years of Hart-Scott-Rodino on Merger Practice: A Case Study of Unintended Consequences Applied to Antitrust Legislation*, 65 ANTITRUST L.J. 865 (1997).

[3] At the time, Representative Rodino explained that the HSR notification requirements would only impact "the very largest corporate mergers—about the 150 largest out of the thousands that take place every year. . . . If these premerger reporting requirements were imposed on every merger, the resulting added reporting burdens might more than offset the decrease in burdensome divestiture trials. That is why [the bill] applies only to approximately the largest 150 mergers annually." H.R. Rep. No. 94-1373, at 11, 1976 U.S.C.C.A.N. 2637, 2643. They only missed by about 1500 percent; in 2007, 2,201 transactions were reported under the HSR Act. See Dep't of Justice & Federal Trade Comm'n, Hart-Scott-Rodino Annual Report to Congress 2 (2008), *available at* http://www.ftc.gov/os/2008/11/hsrreportfy2007.pdf [hereinafter *2007 HSR Report to Congress*].

[4] *See, e.g.*, Fed. Trade Comm'n & Dep't of Justice, Hart-Scott-Rodino Premerger Program Improvements (Mar. 23, 1995), *reprinted in* 6 Trade Reg. Rep. (CCH) ¶ 45,525 (1995) [hereinafter HSR Improvements]; Press Release, Fed. Trade Comm'n, FTC Announces Changes to "Second Request" Procedures During Premerger Review (Apr. 5, 2000), *available at* http://www.ftc.gov/opa/2000/04/hsrinits.shtm; Press Release, U.S. Dep't of Justice, Antitrust Division Announces Merger Review Process Improvements (Apr. 6, 2000), *available at* http://www.usdoj.gov/atr/public/press_releases/2000/4511.htm [hereinafter DOJ 4/6/2000 Press Release]; Press Release, U.S. Dep't of Justice, Antitrust Division Releases Details of Merger Review Process Initiative (Oct. 12, 2001), *available at* http://www.usdoj.gov/atr/public/press_releases/2001/9305.htm; Statement of the Federal Trade Comm'n's Bureau of Competition on Guidelines for Merger Investigations (Dec. 11, 2002), *available at* http://www.ftc.gov/os/2002/12/bcguidelines021211.htm [hereinafter FTC Guidelines]; Press Release, Fed. Trade Comm'n, FTC Chairman Announces Merger Review Process Reforms, Feb. 16, 2006, *available at* http://www.ftc.gov/opa/2006/02/merger_process.shtm; Press Release, U.S. Dep't of Justice, Antitrust Division Announces Amendments to Its 2001 Merger Review Process Initiative (Dec. 15, 2006), *available at* http://www.usdoj.gov/atr/public/press_releases/2006/220302.htm.

[5] Department of Commerce, Justice, and States, the Judiciary, and Related Agencies Appropriations Act, 2001 P.L. 106-553, 114 Stat. 2762, § 630 (Dec. 31, 2000). *See 2007 HSR Report to Congress*, *supra* note 3, at 2 n.2 ("The decrease in the number of reportable transactions since fiscal year 2000 is, to a considerable extent, a result of the significant statutory changes to the HSR Act that took effect on February 1, 2001. The legislation raised the size-of-transaction threshold from $15 million to $50 million (with annual adjustments for inflation that began in 2005), and made other changes to the filing and waiting period requirements.").

[6] It could be argued that the real chickens here are consumers, who need to be protected from anticompetitive mergers. But while consumers are certainly the ultimate beneficiaries when anticompetitive mergers are blocked, consumers and the parties are the victims when efficient mergers are unnecessarily delayed. During the Second Request process, which takes place before a decision to challenge has been made, and certainly before any determination that the transaction is anticompetitive, the presumed innocents include the parties to the transaction, facing the relatively unconstrained power of the federal government. Ultimately, of course, consumers bear all the costs, both direct and indirect.

[7] *See* J. Thomas Rosch, FTC Commissioner, Reflections on Procedure at the Federal Trade Commission, Remarks at the ABA Antitrust Masters Course IV at 10 (Sept. 25, 2008), *available at* http://www.ftc.gov/speeches/rosch/080925roschreflections.pdf ("Moreover, the pre-complaint investigation is not a level playing field. Staff can and do engage in 'one-way' discovery during this period; Respondents can engage in no discovery until after a complaint is issued. This 'one way' discovery conducted by the staff, particularly when coupled with the 'leave no stone unturned' approach, can be enormously burdensome and expensive for Respondents."). This is all completely understandable. The agencies want to be right on the competitive merits; they do not want to have to rely on what they see as incomplete evidence in deciding whether to challenge a transaction. And they want to be as prepared as possible to litigate a case before they file a federal court action; they do not want to rely upon the uncertainty of federal discovery after a complaint is filed. Let's be candid—the longer it takes the parties to comply with a Second Request, the longer the agencies have to accomplish these, sometimes quite complicated, tasks.

[8] FTC Commissioner Rosch tries to get to a similar result by simply lowering the bar for bringing cases. *See* J. Thomas Rosch, FTC Commissioner, A Peek Inside: One Commissioner's Perspective on the Commission's Roles as Prosecutor and Judge, Remarks Before the NERA 2008 Antitrust & Trade Regulation Seminar (July 3, 2008), *available at* http://www.ftc.gov/speeches/rosch/080703nera.pdf ("But plaintiffs in private antitrust cases (and other litigation) don't have the benefit of the "one-way" discovery that our staff has prior to issuance of a complaint."); *see also* Rosch, *supra* note

7, at 11–12 ("Let me turn now to my radical thoughts. What would happen if a 60% probability were deemed a sufficient reason to believe to vote out an antitrust complaint?"). But it is not the standard for bringing cases that is the problem; rather, it is the reluctance to depend on federal court discovery for those cases that are litigated. Based on our own experience and insights from others, we believe that most former agency decision-makers would concede that, while more information is sometimes (not always) useful, they would be capable of making reasonably informed decisions using the same criteria as today with a significantly lower volume of information than is typically available under current processes.

[9] The Senate removed the automatic stay provision by amendment on June 10, 1976. 122 CONG. REC. 17,426 (1976). See 122 CONG. REC. 30,877 (1976) ("It was, after all, the prospect of protracted delays of many months—which might effectively "kill" most mergers—which led to the deletion, by the Senate and the House Monopolies Subcommittee, of the 'automatic stay' provisions originally contained in both bills.").

[10] In 1976, Congress was trying to resolve a perceived enforcement problem that had emerged during that time. In the early 1970s, the enforcement agencies had limited power to halt a merger before litigation. If they were successful in litigation—and they often were during that time period—it was usually too late to meaningfully enforce the Clayton Act. H.R. Rep. No. 94-1373, at 8, 1976 U.S.C.C.A.N. at 2640. During the course of post-merger litigation, the acquired firm's operations were often irreversibly "scrambled" with those of the acquiring firm, making the restoration of an independent competitor difficult if not impossible. *Id.* at 8–9, 1976 U.S.C.C.A.N. at 2640–41. Post-consummation merger litigation also dragged on for years as the acquiring firm had no incentive to speed-up the litigation. *Id.* By contrast, pre-consummation litigation was rapid but the parties had to agree not to close. *Id.* To solve these problems, Congress was asked to pass the HSR Act to require merging parties to provide advance notice of their intention to merge and a limited amount of information about the merger. *Id.* at 11, 1976 U.S.C.C.A.N. at 2643. Once the parties complied with the information requests, they would be free to close their transaction unless the government won an injunction in federal court. *Id.*

[11] 122 CONG. REC. 30,877 (1976).

[12] Letter from Joseph Angland to the Antitrust Modernization Commission re: Data Regarding the Burden Involved in Responding to HSR Second Request Investigations (Feb. 22, 2007) *available at* http://govinfo.library.unt.edu/amc/public_studies_fr28902/merger_pdf/070222_aba_mergers.pdf.

[13] ANTITRUST MODERNIZATION COMM'N, REPORT AND RECOMMENDATIONS 163 (2007), *available at* http://govinfo.library.unt.edu/amc/report_recommendation/toc.htm [hereinafter *AMC Report*].

[14] *See, e.g.*, Complaint for Declaratory and Injunctive Relief, Whole Foods Market, Inc. v. FTC, No. 1:08-cv-02121, at 16 (D.D.C., Dec. 8, 2008) ("In total, Whole Foods spent more than $12 million dollars in legal and expert fees and costs in complying with the Commission's Second Request and investigation and defending the merger through September of 2007—and has spent through September 2008 an additional $4.5 million in defending the merger.").

[15] The agencies theoretically allow the use of search terms, but only after they approve them in advance. While there is some variance between the agencies, gaining agreement on search terms can take as long as reviewing the documents. Unless there is some evidence that the parties have jiggered the search terms in some way so as to produce an inappropriately limited collection of documents, how the parties collect and make responsiveness decisions should be left to their discretion, as is the general rule for deciding which are responsive documents.

[16] Thomas O. Barnett, Asst. Att'y Gen., U.S. Dep't of Justice, Lewis Bernstein Memorial Lecture: Current Issues in Merger Enforcement: Thoughts on Theory, Litigation Practice, and Retrospectives 22 (June 26, 2008), *available at* http://www.usdoj.gov/atr/public/speeches/234537.pdf.

[17] More aggressive use of clawback concepts would not solve this problem. Few clients will be comfortable with simply producing potentially privileged documents without review, even if (which is not at all clear) they could easily retrieve them if they discovered that privileged documents had been produced. Moreover, the agencies have no ability to change existing state and federal law regarding waiver of privilege.

[18] We thank Arnold & Porter LLP for supplying us with anonymous data from several of their recent Second Requests. The views in this article are those of the authors.

[19] Space constrains us from an exhaustive description of all the aspects of the Second Request process that impose costs and delay. If there is a serious effort at reform, that effort should be thorough. The natural incentives discussed above to seek additional time tend to lead to efforts by too many staffs to stretch out, or use as a negotiating chit, any aspect of the process that can serve that purpose.

[20] *See, e.g.*, Deborah Platt Majoras, Chairman, Fed. Trade Comm'n, Reforms to the Merger Review Process 2 (Feb. 16, 2006), *available at* http://www.ftc.gov/os/2006/02/mergerreviewprocess.pdf [hereinafter FTC 2006 Reforms] ("The reforms are intended to streamline the merger review process by formalizing well-defined best practices. They are designed to facilitate rapid identification of the relevant issues, preparation of more focused second requests, and use of consistent investigation timetables."); *see also* U.S. Dep't of Justice, Merger Review Process Initiative, *available at* http://www.usdoj.gov/atr/public/220237.pdf [hereinafter DOJ 2006 Reforms] ("The goals are to identify critical legal, factual and economic issues regarding the proposed transaction more quickly, to facilitate more efficient and more focused investigative discovery, and to provide for an effective process for the evaluation of evidence, in an effort to deploy the Division's investigative resources more efficiently. These efforts likely will reduce the investigative burden upon all concerned.").

[21] *AMC Report*, *supra* note 13, at 164.

[22] *See* DOJ 2006 Reforms, *supra* note 20, at 6; FTC 2006 Reforms, *supra* note 20, at 15–17.

[23] *See* FTC 2006 Reforms, *supra* note 20, at 19 ("Accordingly, for the custodian presumption to apply to a party, the party must agree that, if the FTC brings a litigation challenge to the transaction, the party will agree to propose to the court jointly with the FTC a scheduling order that contains at least a 60-day discovery period."); *see* DOJ 2006 Reforms, *supra* note 20 ("The [timing] agreement shall include provisions to ensure that the Division has sufficient time to conduct post-complaint discovery if it challenges the transaction in district court.").

[24] *See* Barnett, *supra* note 16, at 25 ("One of the most significant revisions is the new 'Process & Timing Agreement' merger review option, under which parties may be able to limit document searches required by a Division second request to certain central files and a targeted list of 30 employees whose files must be searched for responsive documents. This option will be made available to companies that provide certain critical information to the Division early in the investigation, agree to an investigation schedule, and agree to a sufficient period for the Division to conduct post-complaint discovery should the investigation become one of the few that result in contested litigation. To date, only one company has taken advantage of this agreement. This could mean that, despite the burdens of second request productions, parties believe those burdens are worth bearing rather than to agree to a post-complaint discovery process."). We think it is much more likely that parties do not take advantage of this option because the potential benefits in practice have turned out to be relatively trivial, and thus do not justify any additional burdens.

[25] *See* FTC 2006 Reforms, *supra* note 20, at 15–16 ("For the custodian presumption to apply to a party, the party also must agree to produce the documents and data responsive to the second request 30 days before it submits its certification of substantial compliance with the second request, or to enter into a mutually acceptable 'rolling' production or other timing agreement.").

[26] *See id.* at 9; DOJ 2006 Reforms, *supra* note 20, at 8. The fact that the agencies could not come to a uniform number is disappointing, but reflective of the fact that the two federal antitrust agencies today are more competitive than cooperative.

[27] *AMC Report*, *supra* note 13, at 164.

[28] *See* FTC 2006 Reforms, *supra* note 20, at 19 ("There will be a presumption that the 'relevant time period' for a second request will be from two years prior to the date on which the FTC issues the second request until 45 days prior to the date on which the party certifies that it has substantially complied with the second request."); DOJ 2006 Reforms, *supra* note 20, at 4;

see also U.S. Dep't of Justice, Antitrust Division, Background Information on the 2006 Amendments to the Merger Process Initiative 13–14 (Dec. 14, 2006), *available at* http://www.usdoj.gov/atr/public/220241.pdf [hereinafter *DOJ 2006 Amendments Background*] ("This definition/instruction has been modified to require the submission of responsive documents created or received by the company within two years of the date of the issuance of the second request, except where otherwise specified.").

[29] *See DOJ 2006 Amendments Background*, *supra* note 28, at 13.

[30] *Id.* at 14 ("In general, specifications that call for the submission of data will be subject to a relevant time period of three calendar years, unless otherwise specified."); FTC 2006 Reforms, *supra* note 20, at 19 ("The two-year relevant time period presumption does not apply to requests for data.").

[31] See FTC 2006 Reforms, *supra* note 20, at 25–26.

[32] *Id.*

[33] *Id.* at 26.

[34] *Id.*

[35] For example, FTC staff will ask for counsel's documents to be logged—virtually all of which likely will be privileged and accordingly useless for the merger evaluation. This is in stark contrast to the DOJ Staff which, while they have not instituted a similar partial log reform, allow the parties to completely omit documents sent only between the company and its inside counsel provided they are acting solely in their legal capacity, and documents between the company and its outside counsel not provided to third parties. *See* U.S. Dep't of Justice Model Second Request, Instruction R.2.g, *available at* http://www.usdoj.gov/atr/public/220239.htm. The FTC Staff has also specifically stated in their Second Request instructions that they retain the right to require the parties to produce a complete log for all persons even if the parties choose to do a partial log, which effectively adds another arrow to their quiver to potentially hold up compliance with a Second Request at their option. *See* Federal Trade Comm'n Model Second Request, Instruction Q.5, *available at* http://www.ftc.gov/bc/hsr/introguides/guide3.pdf.

[36] Commissioner Rosch has argued that the agencies need to focus more on the anticompetitive story (if any) rather than the economic models that have come to dominate agency analysis. *See* Rosch, *supra* note 7, at 10 ("[the staff] present recommendations to the Commission that are primarily based on complex economic analysis rather than on the stories about competitive effects that are told by non-economic evidence."). We agree. First of all, this would significantly reduce the burdens of everyone, parties and agencies. Second, our perception, like Commissioner Rosch's, is that the over-emphasis on economic evidence in merger litigation is a major cause of the poor litigation record of the agencies. "Our economists vs. their economists" is not a prescription for litigation success, since most judges (who are not economists) have a very hard time distinguishing between the two on any principled basis. Some of this over-emphasis on economic analysis, of course, is the result of the decreasing availability of the burden-shifting presumptions (largely based on market share) that used to give the agencies such a huge advantage in merger litigation—remember Justice Stewart's famous aphorism about the only common thread he could see in merger opinions was that the government always wins. That is no longer the case. But as recent history shows, the solution is not more economic analysis. Instead, better story-telling by the agencies is the solution (assuming, of course, there is an anticompetitive story to be told). Unfortunately, Commissioner Rosch would pair this with a substantially reduced agency burden in federal court and internal FTC procedural reforms, the combined practical effect of which would be to eliminate any meaningful opportunity for parties to test an agency challenge in court. That seems hard to justify on the merits, so it is usually justified (as he has) on the basis that Congress "intended" this outcome. *See* Rosch, *supra* note 8, at 16. That is not a very compelling argument.

[37] *See, e.g.*, *HSR Improvements*, *supra* note 4; DOJ 4/6/2000 Press Release, *supra* note 4; FTC Guidelines, *supra* note 4.

[38] Near-duplicates is a term used to describe content that is slightly different, e.g., e-mails that are forwarded between users. Eliminating duplicates and near-duplicates can reduce the documents to be reviewed by up to 30 percent. *See* Sheila Mackay et al., *Document Review and Technologies to Make Them More Efficient*, 733 PLI/LIT 357, 364 (2005).

[39] Sims & Herman, *supra* note 2, at 902.

[40] We would not support, and do not think it necessary to accomplish the objective, a 60 percent solution. *See* Rosch, *supra* note 7, at 11–12.

[41] The DOJ reported an average number of 39.9 Second Requests during the period 1998–2007. U.S. Dep't of Justice, Antitrust Division, Workload Statistics 1998–2007. The FTC reported 384 Second Requests issued from 1996 to 2007, i.e., on average 32 per year. *See* Fed. Trade Comm'n, Horizontal Merger Investigation Data 1996–2007 (Dec. 1, 2008), *available at* http://www.ftc.gov/os/2008/12/081201hsrmergerdata.pdf. On average, therefore, the agencies issue approximately 70 Second Requests each year. In 2007, the agencies issued 63 Second Requests (31 issued by the FTC and 32 by the DOJ). *See 2007 HSR Report to Congress*, *supra* note 3, at 5.

[42] Our view is that the agency should be required to go to federal court within fifteen days of certification of substantial compliance to object to certification. While this seems harsh, our view is that most parties and their lawyers will not improperly certify, and if they do and are determined to have done so they should be subject to some significant penalty. Absent a requirement to go to court, the agencies will have an incentive to reject substantial compliance certifications to buy more time, and absent a real penalty some parties may be tempted to make improper certifications. The penalty could be more time to challenge the transaction following actual substantial compliance, and/or a financial penalty significant enough to deter mis-certification. Part of the Second Request problem is that all parties are penalized to protect against the occasional wrongdoer; the better practice is to severely punish the wrongdoer and eliminate the tax on the innocents.

[43] ABA Section of Antitrust Law, 2008 Transition Report 6–7 (2008), *available at* http://www.abanet.org/antitrust/at-comments/2008/11-08/comments-obamabiden.pdf.

[44] *AMC Report*, *supra* note 13, at 167 ("There is little question that second requests have the potential to impose significant costs on the merging parties. The evidence of those costs is largely anecdotal, however, with little systematic quantitative information on the burdens second requests impose. The agencies are in the best position to collect such information.").

Exhibit G

UNITED STATES OF AMERICA
Federal Trade Commission

Prepared Remarks

DISPARATE IMPACT: WINNERS AND LOSERS FROM THE NEW M&A POLICY

Commissioner Noah Joshua Phillips
Federal Trade Commission

Eighth Annual Berkeley Spring Forum on M&A and the Boardroom
San Francisco, CA
Wednesday, April 27, 2022

Thanks, Jan, for the kind introduction, and our hosts, Berkeley Law's Center for Law and Business and Freshfields, for the invitation to be here. My last work trip before the pandemic was to the Bay Area, and it's good to be back.

This year's Berkeley Forum comes at a critical time, just over one year into an administration as hostile to mergers and acquisitions (M&A) as any in my lifetime. This is perhaps a good place to remind all of you that my remarks are my own and do not necessarily reflect the view of the Federal Trade Commission (FTC) or my fellow commissioners.

But back to M&A policy. The traditional view of M&A (to which I subscribe) is that it is part of the way that companies grow (or shrink) and evolve, as assets move to the users that value them most highly. This market, which Henry Manne dubbed the "market for corporate control", also disciplines management and encourages competition.[1] Under this framework, the role of the antitrust enforcer is to determine which deals present threats to

[1] Henry G. Manne, *Mergers and the Market for Corporate Control*, 73 J. POL. ECON. 110, 112 (1965); Noah Joshua Phillips, Comm'r, Fed. Trade Comm'n, Competing for Companies: How M&A Drives Competition and Consumer Welfare, Opening Keynote at The Global Antitrust Economics Conference (May 31, 2019), https://www.ftc.gov/system/files/documents/public_statements/1524321/phillips_-_competing_for_companies_5-31-19_0.pdf.

competition, block or remedy them, and—in keeping with Ronald Coase[2]—otherwise reduce transaction costs and minimize distortions to the market.

But to the new leadership at the antitrust agencies and their fellow travelers, that view is anathema. Their view of M&A boils down to three ideas. *First*, M&A generally produces little social value and a great deal of social cost.[3] *Second*, the costs include a wide swath of ills including lessened competition but also disadvantaged labor,[4] inflation,[5] and undermined democracy.[6] You name the problem, and there's a good chance some prominent

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[2] R.H. Coase, *The Nature of the Firm*, 4 ECONOMICA 386 (1937); R.H. Coase, *The Problem of Social Cost*, 3 J.L. & ECON. 1 (1960).

[3] *See*, *e.g.*, Lina M. Khan, Chair, Fed. Trade Comm'n, Remarks Regarding the Request for Information on Merger Enforcement 2 (Jan. 18, 2022), https://www.ftc.gov/system/files/documents/public_statements/1599783/statement_of_chair_lina_m_khan_regarding_the_request_for_information_on_merger_enforcement_final.pdf ("While the current merger boom has delivered massive fees for investment banks, evidence suggests that many Americans historically have lost out, with diminished opportunity, higher prices, lower wages, and lagging innovation."); U.S. Dep't of Justice & Fed. Trade Comm'n, Request for Information on Merger Enforcement 2 (Jan. 18, 2022), https://www.regulations.gov/document/FTC-2022-0003-0001 ("Finally, the agencies seek specific examples of mergers that have harmed competition, with descriptions of how the merger harmed competition, including how those mergers made it more difficult for customers, workers, or suppliers to work with the merged firm or competitors of the merged firm or made it more difficult for rivals to compete with the merged firm."); Sandeep Vaheesan, *Merger Policy for a Fair Economy*, LPE PROJECT BLOG (Apr. 5, 2022), https://lpeproject.org/blog/merger-policy-for-a-fair-economy/; Sanjukta Paul, *A Democratic Vision for Antitrust*, DISSENT (Winter 2022), https://www.dissentmagazine.org/article/a-democratic-vision-for-antitrust.

[4] *See*, *e.g.*, Marshall Steinbaum, *A Missing Link: The Role of Antitrust Law in Rectifying Employer Power in Our High-Profit, Low-Wage Economy*, ROOSEVELT INST. (Apr. 16, 2018), https://rooseveltinstitute.org/wp-content/uploads/2020/07/RI-Missing-Link-Monopsony-brief-201804.pdf; BARRY C. LYNN, ANTITRUST: A MISSING KEY TO PROSPERITY, OPPORTUNITY, AND DEMOCRACY 13 (New Am. Oct. 2, 2013), https://d1y8sb8igg2f8e.cloudfront.net/documents/Antitrust.pdf.

[5] *See*, *e.g.*, Elizabeth Warren (@SenWarren), TWITTER (Mar. 1, 2022, 9:47 PM), https://twitter.com/senwarren/status/1498852508487331850; Elizabeth Warren (@SenWarren), TWITTER (Jan. 3, 2022, 12:13 PM), https://twitter.com/SenWarren/status/1478051819255382022; *CNBC Transcript: Federal Trade Commission Chair Lina Khan Speaks Exclusively with Andrew Ross Sorkin and Kara Swisher Live from Washington, D.C. Today*, CNBC (Jan. 19, 2022, 12:30 PM), https://www.cnbc.com/2022/01/19/cnbc-transcript-federal-trade-commission-chair-lina-khan-speaks-exclusively-with-andrew-ross-sorkin-and-kara-swisher-live-from-washington-dc-today.html.

[6] *See*, *e.g.*, Zephyr Teachout, *Mega-mergers like AT&T and Time Warner crush American democracy*, GUARDIAN (Jun. 13, 2018, 6:00 AM EDT), https://www.theguardian.com/commentisfree/2018/jun/13/mega-mergers-att-time-warner-crush-american-democracy.

antitrust-reform Progressive has blamed it on M&A.[7] *Third*, M&A is a privilege granted to companies by the government, rather than a natural part of commerce.[8]

Much of the change to merger policy over the last fifteen months is taking place in the context of merger review under the Hart-Scott-Rodino (HSR) Antitrust Improvements Act of 1976. If you share the hostile view of mergers to which antitrust reformers subscribe, then HSR—a process Congress designed to help agencies spot and address ahead of time deals that lessen competition—looks more like an opportunity to slow or stop M&A activity in general. And the latter, what I've called elsewhere the "repeal of Hart-Scott-Rodino,"[9] is exactly what we are seeing. Using HSR this way has several benefits:

> *First*, it allows you to talk about it, broadcasting hostility to M&A that has a positive branding effect for enforcers and may also have some deterrent effect for M&A;
>
> *Second*, you can sow uncertainty and run up the cost of getting deals done, taxing M&A and making the market for corporate control less efficient;
>
> *Third*, these strategies can be accomplished without courts; and
>
> *Fourth*, it shields enforcers from political accountability for enabling M&A.

These "features" explain the merger control policies adopted over the last fifteen months that together constitute the only real novelty thus far in the Biden Administration's approach to M&A. The changes are not particularly well-calibrated to make antitrust enforcement more efficient or effective, and indeed—as Jan's faithful reporting on Twitter of actual merger enforcement statistics shows—it has not been.[10]

Like all policy, the new M&A policies being deployed by the agencies include tradeoffs. And one such tradeoff, I think, deserves particular notice. *Contra* the professed

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[7] *See*, *e.g.*, Tim Wu, Opinion, *A Corporate Merger Cost Us Ventilators*, N.Y. TIMES, Apr. 12, 2020, at A23.

[8] *See*, *e.g.*, Sandeep Vaheesan, *Two-and-a-Half Cheers for 1960s Merger Policy*, HARV. L. SCH. ANTITRUST ASSOC. BLOG (Dec. 12, 2019), https://orgs.law.harvard.edu/antitrust/2019/12/12/two-and-a-half-cheers-for-1960s-merger-policy/.

[9] Noah Joshua Phillips, *The Repeal of Hart-Scott-Rodino*, GLOB. COMPETITION REV. (Oct. 6, 2021), https://globalcompetitionreview.com/gcr-usa/federal-trade-commission/the-repeal-of-hart-scott-rodino.

[10] *See* Jan Rybnicek (@jmrybnicek), TWITTER (Apr. 22, 2022, 10:25 AM), https://twitter.com/jmrybnicek/status/1517509986787672065 (showing that the rate of merger challenges under the Biden Administration is the same as or lower than the rate under the Trump Administration); *see also* Noah J. Phillips (@FTCPhillips), TWITTER (Sep. 30, 2021, 3:00 PM), https://twitter.com/FTCPhillips/status/1443652046893223938 (showing the dramatic drop in merger enforcement after Biden Administration came into office).

goals of Progressive antitrust reformers, to rein in the biggest companies, the gratuitous taxes on M&A being imposed by the antitrust agencies are regressive, hitting smaller companies the hardest. Policies designed in the name of "anti-monopoly" are disproportionately taxing companies that few would consider monopolies, making it harder for them to compete.

Taxing M&A

How are the agencies taxing M&A? Antitrust enforcement over the last fifteen months has been anything but vigorous—indeed, it has been sclerotic. By that I mean not just fewer cases being brought, but a longer process with fewer decisions being made.[11]

The merger review process is already expensive. Merging parties typically end up paying hefty sums in attorney and consultant fees, not to mention the time spent internally to comply with agencies demands. One study estimated the median cost of Second Request compliance at $4.3 million.[12] That is separate and apart from the up-front expense of negotiating deals and conducting due diligence. Full-phase merger investigations can last from several months to a year or more. Unanticipated delays can impose costs beyond fees and distraction, like having to extend deal financing or losing key employees and customers—or even losing out on the deal.

While supporters of agency leadership cheer what they hope will be a deterrent to merging generally, these kinds of costs are felt more heavily by smaller firms. And that disadvantages them relative to larger ones, to whom the costs look more like a rounding error. The fact is that mergers are a way for smaller firms to join forces to compete more effectively and efficiently against larger rivals. Combining can put financially struggling firms on firmer footing, or improve the terms on which they can borrow to grow their business. Advisers to traditional retail grocers on M&A made a recent submission detailing how competition from the Amazons and Wal-Marts of the world was leading investors to

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[11] *Compare* DECHERT LLP, DAMITT Q1 2022: SIGNIFICANT MERGER INVESTIGATIONS FACE STEEPER HURDLES TO SETTLEMENT (Apr. 21, 2022), https://www.dechert.com/knowledge/publication/2022/4/damitt-q1-2022--significant-merger-investigations-face-steeper-h.html (reporting the average duration of significant U.S. antitrust merger investigations as 12.9 months in Q1 2022), *with* DECHERT LLP, DAMITT Q1 2020: NO COVID-19 IMPACT ON MERGER INVESTIGATIONS . . . YET (Apr. 21, 2020), https://www.dechert.com/knowledge/publication/2020/4/damitt-q1-2020--no-impact-from-covid-19---yet.html (average duration of 11.1 months in Q1 2020).

[12] Peter Boberg & Andrew Dick, *Findings From the Second Request Compliance Burden Survey*, THRESHOLD: NEWSLETTER OF THE MERGERS & ACQUISITIONS COMM. (Am. Bar Assoc. Section on Antitrust L.), Summer 2014, at 26, 33, https://media.crai.com/wp-content/uploads/2020/09/16164357/Threshold-Summer-2014-Issue.pdf. Granted, some of the deals in the sample were quite large, but even half the median—$2 million—is a big outlay for a small-to-medium-sized business. And the smaller you are, the harder it is to spend that kind of money.

flee traditional grocers, resulting in lessened investment, store closing, and bankruptcy.[13] While those hostile to M&A might discount this narrative, antitrust reformers have not been shy about basing their criticism of Amazon and Wal-Mart on the challenges faced by precisely these smaller kinds of companies.[14] If growth by M&A is deterred substantially, why would anyone believe that the giants would be the most hamstrung?

Beyond the drawn-out process, the Commission has adopted several policies openly taxing M&A in a way that does nothing for competition and also disparately impacts smaller players.

Early Termination

In the early days of the Biden Administration, FTC leadership suspended early termination ("ET") of the initial HSR waiting period. ET is reserved for transactions that raise no apparent competitive concerns. The FTC told the public that it expected the suspension to be "temporary" and "brief", and justified it by citing the change in administrations and an "unprecedented volume of HSR filings for the start of a fiscal year".[15] That didn't make sense then. The uptick in filings had started long before, and the agency had not only managed it but prosecuted—under Chair Joe Simons—the most prolific merger enforcement in decades.[16] And presidential transition was nothing new. The justifications make even less sense now, over a year since the "temporary" and "brief" termination began. The number of HSR filings had *already dropped* 70% from the 2020

[13] Letter from Scott Moses, Head of Grocery, Pharmacy & Rest. Inv. Banking, Solomon Partners, and Scott Sher, Member, Wilson Sonsini Goodrich & Rosati PC, to U.S. Dep't of Justice and Fed. Trade Comm'n 6-22 (Apr. 19, 2022) (on file with author).

[14] *See*, *e.g.*, Lina M. Khan, *Amazon's Antitrust Paradox*, 126 YALE L. J. 710, 773-74, 780 (2017); Luke Gannon & Stacy Mitchell, *On Pitchfork Economics: How Walmart Gutted Communities*, INST. FOR LOCAL SELF-RELIANCE (Oct. 28, 2021), https://ilsr.org/monopolies-and-the-policies-that-favor-them-have-gutted-rural-and-urban-communities/.

[15] Press Release, Fed. Trade Comm'n, FTC, DOJ Temporarily Suspend Discretionary Practice of Early Termination (Feb. 4, 2021), https://www.ftc.gov/news-events/news/press-releases/2021/02/ftc-doj-temporarily-suspend-discretionary-practice-early-termination.

[16] *Reviving Competition Part 3: Strengthening the Laws to Address Monopoly Power Before the H. Subcomm. on Antitrust, Com., and Admin L.*, 117th Cong. 1 (Mar. 18, 2021) (prepared statement of Noah Joshua Phillips, Comm'r, Fed. Trade Comm'n), https://www.ftc.gov/system/files/documents/public_statements/1588324/final_formatted_prepared_statement_of_ftc_commissioner_noah_joshua_phillips_march_18_2021_hearing.pdf.

peak when the suspension went into effect,[17] and the Administration came into office more than a year ago.

The suspension of ET continues to delay what are, *by definition*, competitively innocuous deals. It is using the HSR process not to protect competition but rather just to tax M&A. These deals can help Americans, even save lives. The day before announcing the suspension, the Commission granted ET to Thermo Fisher's acquisition of Mesa Biotech.[18] The small biotech company had developed an innovative rapid-PCR-testing platform for the novel coronavirus, and combining it with Thermo Fisher's resources, scale, and distribution would better meet then-exploding demand for testing.[19] With America and the world struggling through the pandemic, the grant of ET just 24 hours before the suspension took effect was good for the public—and awfully convenient for the FTC when one considers the negative PR from holding up a deal that stood to improve COVID screening. This incident not only belies the misguided assumption that M&A offers nothing of value, it demonstrates that those impacted by anti-M&A policies are not just giant monopolies, but often small companies . . . and people who need help.

Ending ET accomplishes nothing for competition and nothing good for M&A. But there is another thing worth noting. By never granting ET, we, as enforcers, cannot be accused of "permitting" the deal. More on that soon.

Prior Approval

Another example of gratuitously taxing M&A is the new Commission policy on prior approvals, adopted in October with the zombie vote of former Commissioner Rohit Chopra.[20] Under this policy, all consents require Commission prior approval for future

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[17] Statement of Commissioners Noah Joshua Phillips and Christine S. Wilson Regarding the Commission's Indefinite Suspension of Early Terminations 1 (Feb. 4, 2021), https://www.ftc.gov/system/files/documents/public_statements/1587047/phillipswilsonetstatement.pdf.

[18] Fed. Trade Comm'n, Notice of Early Termination, 20210958: Thermo Fisher Scientific Inc.; Mesa Biotech, Inc. (Feb. 3, 2021), https://www.ftc.gov/legal-library/browse/early-termination-notices/20210958.

[19] Bruce Japsen, *Thermo Fisher To Buy Covid-19 Test Maker Mesa Biotech For $450 Million*, FORBES (Jan. 19, 2021, 8:52 AM), https://www.forbes.com/sites/brucejapsen/2021/01/19/thermo-fisher-to-buy-covid-19-test-maker-mesa-biotech-for-450-million/?sh=556735535d82; Joe C. Matthew, *COVID-19: Thermo Fisher to introduce point-of-care RT-PCR test in India*, BUSINESS TODAY (Jun. 15, 2021, 7:34 PM), https://www.businesstoday.in/latest/economy-politics/story/covid-19-thermo-fisher-to-introduce-point-of-care-rtpcr-test-in-india-298757-2021-06-15.

[20] Dissenting Statement of Commissioners Christine S. Wilson and Noah Joshua Phillips Regarding the Statement of the Commission on Use of Prior Approval Provisions in Merger Orders 1 (Oct. 29, 2021), https://www.ftc.gov/system/files/documents/public_statements/1598095/wilson_phillips_prior_approval_dissenting_statement_102921.pdf.

transactions both by merging parties and divestiture buyers for 10 years. The Commission also threatens to impose restrictions for markets not at issue in the transaction.[21] The new policy warns merging parties that they are more likely to be slapped with prior approval provisions if they substantially comply with the FTC's compulsory requests in a full phase investigation. In marginally less ominous language, the Commission is saying: give up and don't make us investigate your merger, or we'll make you pay.[22] The Commission also holds out the prospect of pursuing prior approval remedies even after parties drop the offending deal, the precise embarrassing and wasteful conduct that led the agency to adopt a policy limiting prior approval requests in 1995.[23]

Giving the Commission a veto over future M&A and all the time it wants to render it imposes significant obligations on merging parties, and innocent divestiture buyers. It slows and chills future M&A activity whether it lessens competition or not. Perhaps those hostile to M&A rest easier now that Hikma Pharmaceuticals, a $2 billion generic drug manufacturer, cannot buy another injectable skin steroid without permission.[24] They are surely relieved that 30-employee XCL Energy cannot buy more land to drill in Utah without government approval.[25] But these two are hardly Pfizer and ExxonMobil. And say what you will, but requiring Price Chopper and Tops to obtain the FTC's permission before acquiring a supermarket in Vermont or upstate New York for the next 10 years is probably not keeping Amazon executives up at night.[26]

Meanwhile, after years of rhetoric claiming that antitrust enforcers are falling down on the job by insinuating that every large pharmaceutical deal or purchase by a large tech company must, somehow, be anticompetitive and unresolvable, are we not supposed to notice AstraZeneca's $39 billion acquisition of Alexion Pharmaceuticals,[27] Merck's $11.5

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[21] Statement of the Commission on Use of Prior Approval Provisions in Merger Orders (Oct. 25, 2021), https://www.ftc.gov/system/files/documents/public_statements/1597894/p859900priorapprovalstatement.pdf.

[22] *Id.* at 2 ("This should signal to parties that it is more beneficial to them to abandon an anticompetitive transaction before the Commission staff has to expend significant resources investigating the matter.")

[23] Dissenting Statement of Commissioners Christine S. Wilson and Noah Joshua Phillips, *supra* note 20, at 4 n. 14.

[24] Decision & Order at 6, Hikma Pharmaceuticals/Custopharm, File No. 221-0001, Docket No. C-4762 (F.T.C. Apr. 18, 2022), https://www.ftc.gov/system/files/ftc_gov/pdf/2210002C4762HikmaCustopharmOrder.pdf.

[25] Decision & Order at 19, EnCap/EP Energy, File No. 211-0158, Docket No. C-4760 (F.T.C. Mar. 25, 2022), https://www.ftc.gov/legal-library/browse/cases-proceedings/2110158-encapep-energy-matter.

[26] Decision & Order at 19, Price Chopper/Tops Markets, File No. 211-0002, Docket No. C-4753 (F.T.C. Jan. 24, 2022), https://www.ftc.gov/legal-library/browse/cases-proceedings/211-0002-price-choppertops-markets-matter.

[27] Noah Higgins-Dunn, *AstraZeneca closes mega $39B Alexion buyout despite antitrust fears, making a splash in rare diseases*, FIERCE PHARMA (July 21, 2021), https://www.fiercepharma.com/pharma/astrazeneca-closes-mega-

billion acquisition of Acceleron Pharma,[28] and Facebook's $1 billion acquisition of Kustomer,[29] each of which went through without any prior approval or other kind of obligation?[30]

Smaller companies are more likely to accede to prior approval requirements because they have less leverage and often need the deal more, and with a prior approval obligation their ability to engage in M&A will be less than their larger competitors. That is a competitive disadvantage to larger rivals.

And let's not forget the divestiture buyers. We are punishing the companies (often smaller ones) that have done nothing but step up to help resolve a competitive concern. This is what Commissioner Wilson and I dubbed "bonkers crazy".[31]

Who does all of this help? One answer, as with the termination of ET, is agency heads who do not wish to be associated with "clearing" mergers. Prior approval requirements deter consents, not mergers. Among other things, they scare off better buyers of assets. Without a consent, there is nothing for enforcers to approve. Sure, this strategy probably will push a few otherwise settleable matters into expensive, uncertain litigation and force staff to review prior approval applications for transactions that would not otherwise merit investigation. Fine, companies will fix it first. And, yes, the agencies will be

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39b-alexion-buyout-despite-antitrust-fears-making-a-splash-rare; Charley Grant, *Post Covid-19, Don't Forget About Healthcare Stocks*, WALL ST. J. (Apr. 19, 2021), https://www.wsj.com/articles/post-covid-19-dont-forget-about-healthcare-stocks-11618830180 ("U.S. regulators gave the green light to drugmaker AstraZeneca's AZN 1.29% planned acquisition of Alexion Pharmaceuticals, which was earlier than investors had expected. Alexion shares shot higher in response.").

[28] CNBC, *Merck to buy Acceleron for about $11.5 billion in rare-disease drugs push* (Sept. 30, 2021), https://www.cnbc.com/2021/09/30/merck-to-buy-drugmaker-acceleron-for-about-11point5-billion.html ("Merck is buying Acceleron Pharma for about $11.5 billion, broadening its portfolio beyond aging cancer drug Keytruda with potential treatments that could bring in fresh revenue. The deal gives Merck access to Acceleron's rare disease drug candidate, sotatercept, which the company expects to be a multi-billion dollar peak sales opportunity, and comes as Keytruda moves toward the loss of market exclusivity in 2028."); Press Release, Merck & Co., Merck Completes Acquisition of Acceleron Pharma Inc. (Nov. 22, 2021), https://www.merck.com/news/merck-completes-acquisition-of-acceleron-pharma-inc/.

[29] Kurt Wagner, *Meta Closes $1 Billion Kustomer Deal After Regulatory Review*, BLOOMBERG (Feb. 15, 2022, 4:30 PM), https://www.bloomberg.com/news/articles/2022-02-15/meta-closes-1-billion-kustomer-deal-after-regulatory-review ("What followed was a lengthy review process, showing that Meta can still complete big acquisitions, just not quickly. The company passed an FTC review and a separate approval by antitrust authorities in the U.K.").

[30] I take no position on whether any of these deals warranted action by the antitrust agencies. I only note them to illustrate the gulf between the Progressives' strong words and their subsequent deeds.

[31] Dissenting Statement of Commissioners Christine S. Wilson and Noah Joshua Phillips, *supra* note 20, at 6.

less effective and efficient as a result. But at least the leadership will be able to dodge some difficult and unpopular decisions. This is a political benefit, not a policy.

I am very concerned we are going to start seeing deals with divestitures but without consents. There are today murmurings in the private bar that the agencies are refusing to engage on remedies, and instead are conveying their competitive concerns and leaving it up to the merging parties to attempt a resolution. This is fixing it first with a wink and a nod—and no enforceable agreement with the government. As a result, the public loses out on the protections that a consent agreement provides—including, ironically, prior approval policy. Only agency heads, who get to avoid the appearance of blessing mergers, gain. Reading strident dissents about failed remedies for years, it never occurred to me that one solution might be neither blocking nor remediating deals at all.

Pre-Consummation Warning Letters

The final change to merger control I'll highlight is the promiscuous use of pre-consummation warning letters, sometimes called "close-at-your-own-peril letters". The point of HSR is to enable the antitrust agencies to review transactions, and block or remedy the anticompetitive ones, before they are consummated.[32] That is not always possible, of course. If the agencies do not expect to complete their review before the merging parties are free to consummate their deal, they will sometimes issue pre-consummation warning letters that typically inform the parties that the investigation is ongoing, may ultimately find that the merger is illegal, and the parties cannot avoid an enforcement action by consummating now.

When a merger presents legitimate competitive concerns and there is a good reason why the investigation will not be completed in time, I have no objection to issuing such letters. But last August, the Director of the FTC's Bureau of Competition announced a new practice of issuing these letters far more liberally.[33] By my count, of late, the FTC has sent warning letters in at least 60 investigations. Some of those are in matters where we haven't even begun to conduct an investigation. In others, the real investigation is over and we lack

[32] *See* PREMERGER NOTIFICATION OFF., FED. TRADE COMM'N, INTRODUCTORY GUIDE I: WHAT IS THE PREMERGER NOTIFICATION PROGRAM? 1 (Mar. 2009), https://www.ftc.gov/sites/default/files/attachments/premerger-introductory-guides/guide1.pdf.

[33] Holly Vedova, Dir., Bureau of Competition, *Adjusting merger review to deal with the surge in merger filings*, FED. TRADE COMM'N COMPETITION MATTERS BLOG (Aug. 3, 2021), https://www.ftc.gov/enforcement/competition-matters/2021/08/adjusting-merger-review-deal-surge-merger-filings.

a reasonable basis to conclude the merger violates the law. But the letters say we're still investigating.

There is a bad government aspect to this. For those matters where we've decided there isn't a competitive issue to address, one of two things must be true. Either we are wasting staff's time and taxpayer dollars on needless investigation, or we are misrepresenting to parties what is really happening.

But to parties trying to make and implement M&A decisions, the result—and, I fear, the goal—is to sow uncertainty about the future. Uncertainty, in turn, discourages post-merger integration and investment. This effect is particularly harmful for small companies, which are more likely than larger firms to need M&A to become more efficient and competitive, and which will have a harder time remaining viable should their merger be unwound. How is that a good thing? Once again, there is a critical benefit to agency heads: because investigations never end, we can never be seen as approving the deals we are investigating.

How is the M&A Tax Working?

If these various M&A taxes have borne fruit as strategies to stop more anticompetitive mergers, those fruit are not apparent. But the disproportionate burdens already are.

Are the big guys running scared? The New York Times' DealBook recently reported that while global M&A is down overall from last year—a natural and predictable corollary of plummeting equity values and rising interest rates—there has been a sharp *increase* in the value and volume of very large deals—i.e., $10 billion or more—"despite increased scrutiny from antitrust regulators and other factors that dampened enthusiasm for smaller deals".[34] If that was the goal in the first place, it is very different from the rhetoric.

Conclusion

Policy involves tradeoffs. In their zeal to tax M&A however they can, especially in ways that courts cannot police, those running the antitrust agencies and their supporters are already inviting perverse consequences. They are driving up costs and sowing uncertainty that disparately impact smaller players, putting them at a competitive

[34] Michael J. de la Merced, *Deal-making took a hit in the first quarter of 2022*, N.Y. TIMES (Apr. 15, 2022, 2:15 PM), https://www.nytimes.com/live/2022/04/01/business/economy-news-inflation-russia#deal-making-took-a-hit-in-the-first-quarter-of-2022.

disadvantage to the biggest companies. And, apart from press releases and avoiding political accountability, what's the payoff?

Everything I have described today involves the process for merger control. But substantive changes are surely coming, as the Antitrust Division of the Department of Justice ("DOJ") and FTC undertake revisions of the merger guidelines. I am not opposed to this project in principle, and I am open to exploring well-supported, administrable changes to the 2010 Guidelines.

But the hostile mentality about M&A responsible for recent process reforms is a bad place to start, and I am concerned that bias is already skewing the Guidelines revisions. The January 18 Request for Information issued jointly by the DOJ and FTC solicits "specific examples of mergers that have harmed competition" but not of mergers that benefited competition. Or consider the "listening forums" undertaken by FTC Chair Lina Khan and Assistant Attorney General Jonathan Kanter, with the ostensible purpose of "hear[ing] from those who have experienced firsthand the effects of mergers and acquisitions beyond antitrust experts." Public sessions are great, but there is no transparency to me or the public about how the presenters—who have uniformly negative things to say—are being selected. This stands in stark contrast to countless past public hearings, where commissioners besides the Chair got input into who would speak.

Even well-crafted policy has unintended consequences. The reforms to the merger process already in place are not well-crafted, so it's little surprise the consequences have not been good. They are doing little for competition, weakening small companies vis-à-vis larger competitors, and serving only to support personal branding and lack of accountability at the agencies. While the RFI process thus far has left much to be desired, the antitrust agencies still have a choice.

Prudence dictates that any new approach to merger enforcement should be warranted by developments in legal and economic analysis, and only after a thorough evaluation of both the administrability and likely impact of that new approach. The process should be transparent. I urge my colleagues and DOJ leadership to proceed with care, and I encourage the public to participate. We've seen too many mistakes already.

Thank you.

Exhibit H

DEPARTMENT OF JUSTICE

It Takes Two[1]: Modernizing the Merger Review Process

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Remarks as Prepared for the
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I. Introduction

Good morning, and thank you for inviting me to speak here today. It is a pleasure to be at Georgetown University for this year's Global Antitrust Enforcement Symposium.

Events like these, which bring competition enforcement officials together to speak with members of the private bar, the business community, and the academic community, serve an important role in the continued development of antitrust law and its enforcement. They facilitate the rule of law by increasing transparency and predictability in enforcement. This, in turn, promotes competition and conserves both public and private resources by allowing the private bar to better counsel their clients so they can avoid anticompetitive behavior. Such events also allow competition agencies yet another opportunity to understand concerns that the business community may have about antitrust enforcement.

Today, I am going to address one of those concerns. My remarks will focus on modernizing the merger review process.

First, I will address the fact that mergers increasingly take longer to review and clear. Many think that is a problem. I do too, and I will explain why.

Second, I will discuss a series of changes that we are making at the Antitrust Division to address this problem and expedite the merger review process.

The Division is committed to achieving this result whenever possible without compromising the quality of merger reviews, but we cannot do it on our own. The merging parties and the Division both exert significant control over the pace and timing of compliance. It

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[1] Rob Base & DJ E-Z Rock, It Takes Two (Profile 1988).

is important to recognize that shortening any investigation requires the cooperation of the merging parties. We need you to submit the necessary information promptly and work with us in good faith to resolve open issues expeditiously. It also means that parties shouldn't hide the eight ball!

II. The Drawbacks of Unduly Lengthy Merger Review

Why do I believe that the merger review process needs to be modernized?

There is widespread agreement that significant merger reviews are taking longer to complete. According to one source, in calendar year 2017, significant merger reviews conducted by U.S. antitrust enforcers took an average of 10.8 months to resolve.[2] That's up from an average of 7.1 months in 2013,[3] which is a 65% increase, according to this source.

Several factors likely have contributed to this increase, some of which are beyond our control.

First, in this electronic age, merging parties frequently maintain enormous quantities of data and documents. It takes longer for the parties to produce them, and it takes longer for enforcement agencies to analyze them.

Second, more and more transactions are international in scope. Necessary coordination with our foreign counterparts — while beneficial— could add time.

Third, when divestitures are required to protect competition and remedy anticompetitive elements to transactions, we increasingly require upfront buyers that are pre-approved before consent decrees can be filed. That also adds time.

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[2] Alec Burnside et al., *DAMITT Q2 2018 Update: Duration of Significant Antitrust Merger Investigations May Have Plateaued Despite Unchanged Levels of Enforcement in the US and EU* (July 19, 2018), https://www.dechert.com/knowledge/hot-topic/damitt--how-long-does-it-take-to-conduct-significant-u-s--antitr.html.

[3] *Id*.

So the question is, what can we do, despite these factors, to increase the efficiency of merger reviews?

Nobody wins with unduly lengthy reviews — other than lawyers and expert economists, perhaps. The Antitrust Division's mission is to protect competition for the benefit of American consumers. That means ensuring that pro-competitive mergers are not unduly delayed by our review process. Indeed, most mergers are pro-competitive, or at least competitively neutral.

As far back as 1982, the Horizontal Merger Guidelines reflected this idea, stating that, "While challenging competitively harmful mergers, the Department [should seek] to avoid unnecessary interference with the larger universe of mergers that are either competitively beneficial or neutral."[4]

Shortly after the guidelines were issued, then-Assistant Attorney General William Baxter elaborated on this idea. He faced criticism that the 1982 Merger Guidelines were too clear and provided too much guidance. This, the argument ran, would "encourage mergers right up to the line" drawn in the Guidelines. Baxter noted that this criticism "exhibit[ed] an inherent hostility to the phenomenon of mergers themselves."

Baxter rejected this hostility, emphasizing that mergers are "an important and extremely valuable capital market phenomenon, that they are to be in general facilitated, and that it is socially desirable that uncertainty and risk be removed wherever possible to do so, subject, of course, to the very important limitation that where a merger threatens significantly to lessen competition, it should be halted."[5]

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[4] U.S. Dep't of Justice, Horizontal Merger Guidelines (1982), https://www.justice.gov/archives/atr/1982-merger-guidelines.

[5] William F. Baxter, *A Justice Department Perspective*, 51 Antitrust L.J. 287, 288 (1982). *See also* Thomas O. Barnett, Assistant Attorney General, U.S. Dep't of Justice Antitrust Div., "Merger Review: A Quest for Efficiency," at 6 (Jan. 25, 2007), https://www.justice.gov/atr/file/519266/download.

I agree with Bill Baxter.

Delay is a form of uncertainty and risk, and we should seek to remove it from the merger-review process whenever possible.

Changes made to the HSR Act nearly twenty years ago reflect the same goal. In my time on the staff of the Senate Judiciary Committee, I worked on legislation that raised the HSR Act filing thresholds to reflect inflation since 1976, and, perhaps more importantly, pegged them to inflation going forward. This dramatically reduced the number of reportable transactions,[6] allowing the agencies to focus their resources on identifying transactions that are more likely to raise competitive concerns.

Let me pause here to make an important broader point.

Too often, effective leadership in antitrust enforcement is equated with the number of enforcement actions brought. The more enforcement actions brought, the thinking goes, the better the enforcement regime. In 1940, Justice Robert H. Jackson, then the Attorney General, rejected this thinking. As he said, "Any prosecutor who risks his day-to-day professional name for fair dealing to build up statistics of success has a perverted sense of practical values, as well as defects of character."[7] I stand with Attorney General Jackson.

Our job is not to bring the most enforcement actions. Our job is to get the right result. More than that, our job is to get the right result in an efficient manner, which often means reaching consent agreements with parties to remedy fully the sources of anticompetitive harm. Only when that is not possible, should we litigate.

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[6] U.S. Dep't of Justice & Federal Trade Comm'n, Annual Report to Congress Regarding the Operation of the Hart-Scott-Rodino Premerger Notification Program for Fiscal Year 2000, at tbl.II (2001) (reporting that 47.3 percent of reported transactions were valued at less than $50 million).

[7] Robert H. Jackson, Attorney General, U.S. Dep't of Justice, "The Federal Prosecutor" at 3 (Apr. 1, 1940), https://www.justice.gov/sites/default/files/ag/legacy/2011/09/16/04-01-1940.pdf.

That brings me to the second reason that unduly long merger reviews are a problem: they can waste public and private resources.

Certainly everyone in the business community who has received a second request, and everyone in the private bar who has worked on one, understands how burdensome compliance can be. We always want to minimize that burden consistent with upholding the antitrust laws.

Some perspective is important. Last year, the Division opened an investigation into only 2.3% of proposed transactions, and issued second requests in less than 1% of proposed transactions.[8] That 1%, however, is expensive. It is also resource intensive.

The government also spends enormous amounts of time and money reviewing mergers that go to a second request. Now, let me be clear, this is time and money well spent when it is necessary to protect competition. Some transactions present knotty problems and it takes a while to untangle them. Once we are in a position to understand the competitive significance of the transaction, however, every additional minute and dollar spent reviewing the merger is deadweight loss. We have limited resources. As a related side note, over the past ten years the Antitrust Division's budget has stayed roughly constant in nominal terms, which means it has declined in real terms, as salaries and other expenses have risen. A significant part of my job, then, is ensuring that we use those limited resources wisely.

III. Improving the Process

So, how can we improve the process?

In a moment, I will announce a series of reforms we are taking to modernize merger review process, but let me lay down an important benchmark to help orient our thinking on this:

[8] U.S. Department of Justice, Antitrust Division Workload Statistics FY 2008 – 2017, https://www.justice.gov/atr/file/788426/download.

Provided that the parties expeditiously cooperate and comply throughout the entire process, we will aim to resolve most investigations within six months of filing.

We are not unilaterally disarming, to be sure.

We will never compromise our ability to enforce the law effectively.

With the merging parties' cooperation, we can expedite our review without compromising quality, and provide expeditious certainty to the business community, and the markets.

Of course, every case is different. Not every investigation can be resolved in six months. Indeed, in some cases, the parties may prefer a longer investigation rather than a quick decision by the Division. Or the parties may wish to extend the timing for various reasons. If the goal of the business community is a shorter review, however, we share that goal and are committed to working towards it.

With that said, let me discuss what we are doing going forward, and will continue to do, to modernize the merger review process. Every merger investigation has distinct stages, and I will discuss improvements that we are making at each stage in the merger review process.

1) Meet with the Parties Early. Often the first stage in an investigation is for the parties to meet with staff. One improvement that we are making is that the Antitrust Division Front Office will be open to an initial, introductory meeting. We expect that these meetings will be most productive if the parties include key executives from relevant businesses. We want to understand their deal rationale and any other facts they believe will be important to our analysis.

2) Model Voluntary Request Letter. Another improvement is that we soon will publish a model voluntary request letter on the Antitrust Division's website. As many of you know, the Division often asks for the voluntary production of key information during the initial waiting

period. This information is crucial to resolving mergers during the initial waiting period for the simple reason that there are enormous information asymmetries between the parties and the enforcer, especially early in a merger investigation. Parties should be prepared to provide key information within the first few days of their HSR filing, if not *before* filing, to allow the staff time to confirm critical facts through the parties' document productions and our own independent investigation. One of my deputies, Barry Nigro, gave a speech on this topic last February,[9] and I would encourage you to read it.

Publishing the model voluntary request letter is intended to give the parties a head start in identifying the kind of information they should look for, so that they can be proactive and submit it as early as possible in the process. A tailored version of this letter is sent to the parties in almost every investigation we open. It identifies information we believe will allow us to assess quickly whether there is any potential anticompetitive harm that would require a longer, more in-depth investigation. The sooner we get this information, the sooner we can close investigations that do not raise competitive issues. When a more in-depth investigation is required, we can use that information to narrow the scope of the investigation as much as possible.

3) Pull-and-Refile Accountability. We also have implemented a system to track what happens when parties pull-and-refile their HSRs. The Division cannot, of course, resolve all concerns within the initial 30-day waiting period. The parties, rather than face a second request they believe unnecessary, may choose to pull-and-refile their HSRs. Our new system is designed to ensure that we have an investigative plan in place to maximize our use of the additional time.

[9] Bernard (Barry) A. Nigro, Jr., Deputy Assistant Attorney General, U.S. Dep't of Justice Antitrust Div., "A Partnership to Promote and Protect Competition for the Benefit of Consumers" (Feb. 2, 2018), https://www.justice.gov/opa/speech/file/1030711/download.

We will determine whether we can close the investigation without issuing a second request, or, if one is necessary, narrow it as much as possible.

4) Model Timing Agreement. We are also publishing a model timing agreement on our website. As many of you know, timing agreements are a mechanism to encourage an orderly process by which the parties comply with the second request and the Division analyzes the transaction and decides whether to clear it, seek remedies, or seek to block it. Done right, timing agreements are mutually beneficial. The Division gets certainty on timing — which is in the parties' control — and the parties get certainty, among other things, on the number of custodians, the number of depositions, and the availability of meetings with the Front Office.

Too often, though, negotiations over timing agreements are taking on a life of their own. Both the parties and the Division are spending too much time on process, slowing our ability to get to the heart of the matter. To facilitate reaching an agreement, we will be publishing a model timing agreement on our website.[10]

5) Reforming Timing Agreements. We are also cognizant that timing agreements are a deviation from the process that Congress outlined in the HSR Act, which sets a deadline of 30 days for the Division to decide once the parties certify compliance with the second request. Thus, we also intend in the coming months to make changes to the model timing agreement in order to narrow potential areas of disagreement, facilitate more efficient reviews, and bring the process closer in line with the HSR Act. While we are still fine tuning the specifics, here are a few examples.

[10] The only model timing agreement currently available online — and often cited to us by parties — is only applicable if the parties participate the Merger Review Process Initiative. *See* Dep't of Justice, Merger Review Process Initiative (rev. Dec. 14, 2006), https://www.justice.gov/atr/merger-review-process-initiative-policy.

- A) Fewer Custodians: We will seek documents from fewer custodians than we generally have in the past. While every investigation is different, as a general matter we will assume that 20 custodians per party will be sufficient unless the Deputy AAG in charge of the investigation explicitly authorizes more.
- B) Fewer Depositions: We will also take fewer depositions than in the past. Again, while every investigation is different, we generally will not seek more than 12 depositions unless the deputy in charge of the investigation authorizes a greater number.
- Together with reducing the number of custodians, these changes will tangibly reduce the burden on the parties of complying with a second request.
- C) Shorter Time from Compliance to a Decision: We also will strive to make a decision as quickly as possible from the time the parties' certify compliance. We will make a decision in no longer than 60 days — sooner, if possible —with the proviso that a Deputy AAG can authorize an extension if necessary.

In exchange for these benefits, we also are going to modify what we expect from the parties:

- D) Faster and Earlier Productions of Documents: We will expect to receive documents and other information earlier in the compliance period. If the parties employ traditional document reviewers, this will mean a more robust rolling production, with the parties producing several tranches of documents roughly evenly spaced over the compliance period. For parties employing technology assisted review, it will mean completing the bulk of the production a certain number of days in advance of certifying full compliance.

- E) Earlier Production of Data: Data is increasingly important in many investigations. Data is often the key to getting merger decisions right. Frequently, there is no reason that data cannot be produced substantially earlier than production of the main bulk of documents. We will expect to receive early cooperation on identifying relevant data for our economists to analyze. We will further expect production of useable data substantially before the second request compliance date.
- F) No More Privilege Log Gamesmanship: We also want to eliminate gamesmanship on privilege issues. The Division respects the attorney-client privilege and the work product doctrine, but too often we see parties game the process, withholding large numbers of documents as privileged, only to de-privilege and dump many of these documents on us much later in the process, often on the eve of a particular deposition. While some of the de-privileged documents might be close calls, most never should have been withheld in the first place.
- G) Longer Post-Complaint Discovery Period: Finally, we will require adequate time to conduct post-complaint discovery in the event that it results in contested litigation. Because most merger investigations do *not* result in contested litigation, and parties therefore can reduce the burdens of the second request review by agreeing to defer some discovery until after a complaint is filed.[11]

[11] Thomas O. Barnett, Assistant Attorney General, U.S. Dep't of Justice Antitrust Div., "Merger Review: A Quest for Efficiency," at 6 (Jan. 25, 2007), https://www.justice.gov/atr/file/519266/download.

6) CID Enforcement. In addition to those improvements to the timing agreement, which you will see on our website when the model timing agreement is posted, we are going to take steps to ensure that third parties comply with our civil investigative demands in a timely manner. A second request is the primary tool by which we get information from the merging parties. While the merging parties are generally the most important source of information about the competitive significance of a transaction, third parties often possess critical documents and data.

As you know, the Antitrust Civil Process Act empowers the Assistant Attorney General of the Antitrust Division to issue CIDs for relevant materials.[12] In significant merger investigations, this can be an essential tool to collect third-party documents, data, and testimony. As you can imagine — in fact, as many of you know firsthand — third parties rarely greet CIDs with enthusiasm. Compliance is often slow and incomplete. This hampers the Division's ability to analyze the transaction at issue expeditiously. Going forward, we are going to hold CID-recipients to the deadlines and specifications in the CIDs we issue. When necessary, we will not hesitate to bring CID enforcement actions in federal court to ensure timely and complete compliance.

7) Demonstrating Leadership in Parallel Investigations. We are also seeking ways to improve coordination with foreign enforcers in parallel investigations. To facilitate the process, when facing parallel investigations, parties should consider aligning time periods with other jurisdictions if possible, and where appropriate ask us to help with that. If there is cooperation on the parties' side, we will gladly help reduce the burdensome red tape wherever possible.

8) Withdrawing the 2011 Remedies Guide. We are also taking a close look at our remedies policy. Negotiating remedies to anticompetitive mergers often adds significant time to

[12] 15 U.S.C. § 1312.

the merger review, and our commitment to shortening the duration of merger reviews extends to the remedies phase. While our review is underway, I want to be transparent with the bar about what the Division's practices will be. To that end, today, I announce the withdrawal of the 2011 Policy Guide to Merger Remedies. The 2004 Policy Guide to Merger Remedies will be in effect until we release an updated policy.

9) Release of Merger Review Statistics. I have described a long list of changes we will be making.

How will you know if they have had an impact?

We will increase transparency.

Going forward, we are going to release statistics that show, on average, how long the Division is taking to review mergers. Specifically, we will release the average duration of second request investigations and the average length of time from the opening of a preliminary investigation to the early termination or closing of the investigation, including investigations that did not result in the issuance of second requests. The Division previously released these statistics in connection with the 2006 amendments to the Merger Review Process Initiative.[13] We believe that releasing them periodically going forward will increase our own accountability and give the private bar and the business community greater insight into our process.

IV. Conclusion

To conclude, we are committed to accelerating the pace of merger review consistent with enforcing the law because we believe that doing so is good for American consumers and taxpayers. We have taken action already, and we plan to do more in the coming months. It does takes two, however. To that end, I welcome the private bar and any other interested parties to

[13] Background Information on the 2006 Amendments to the Merger Review Process Initiative (Dec. 14, 2006), https://www.justice.gov/sites/default/files/atr/legacy/2006/12/15/220241.pdf.

reach out to discuss any other ideas we should consider as we continue to make our processes more efficient.

Thank you.

Exhibit I

ABA SECTION OF ANTITRUST LAW

THE THRESHOLD

Newsletter of the Mergers & Acquisitions Committee

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FROM THE CHAIR

To All Committee Members:

Welcome to the Summer 2014 edition of The Threshold! While the weather has been unseasonably cool in many parts of the country, our authors have been in hot pursuit of interesting and important merger antitrust developments.

We lead off with two "inside baseball" articles on recent merger challenges by the FTC and DOJ. Lisl Dunlop and Heather Kafele, who represented Ardagh in the recent FTC v Ardagh case, discuss a number of interesting issues that arose during twelve months of hard fought investigation, litigation, and settlement negotiations. They focus on relevant market, efficiencies, the FTC's controversial double-barreled administrative and federal court litigation process, and interplay between the ongoing litigation and concurrent settlement

negotiations. In the second inside baseball article, this one related to the DOJ,'s U.S. v. Bazaarvoice case, Chul Pak and Robert Corp, who represented Bazaarvoice, discuss practical lessons learned regarding the importance (or not) of customer testimony, the proof necessary to establish a third party as a rapid potential entrant, and the evidentiary rules in a bench trial.

Next, Peter Broberg and Andrew Dick present findings from the Antitrust Section's second request compliance survey. The survey was funded by the Section and implemented by the Mergers & Acquisitions Committee. While the number of survey responses was not as high as we had hoped, the responses we did receive demonstrate that despite some FTC and DOJ efforts to reduce burdens, second request compliance costs remain very high, averaging $4.3 million among the 17 second requests for which we received reports. Ronan Harty and Jesse Solomon review the fiscal 2013 Hart-Scott-Rodino annual report, and discuss the interesting statistics which show, inter alia, that in the post-clearance phase of review DOJ issued second requests at almost double the rate of the FTC.

We conclude with two articles exploring international issues. Ninette Dodoo discusses China's new streamlined notification procedures applicable to so-called "simple" mergers, and concludes that while the new procedures may reduce the notoriously lengthy MOFCOM review process for some mergers, it is too early to tell how effective the new procedures will be in practice. In our International Roundup piece, Julie Soloway, Leah Noble, Chris Dickinson, and Brittany Shamess discuss the increasingly important intersection between foreign investment review and merger antitrust review in the EC, China, Canada, and the United States—including an analysis of last month's groundbreaking DC Circuit decision in the Ralls Corp. case.

The committee continues to be hard at work, not only on this issue of The Threshold, but also on a new edition of the Premerger Notification Practice Manual, a new edition of the Mergers and Acquisitions book, and several changes to our committee website, including updates of our invaluable product market catalogue, the addition of a new resource base of antitrust-related merger agreement clauses, and the conversion of our website to the ABA Connect platform.

The next Threshold will be out in November. As always, we would be delighted to publish letters to the editor commenting on any past articles, and we would be doubly delighted to hear from you about any articles you would like to write yourself.

Enjoy the newsletter!

--Paul B. Hewitt

FINDINGS FROM THE SECOND REQUEST COMPLIANCE BURDEN SURVEY

Peter Boberg and Andrew Dick[1]

Negotiating the scope of a Second Request is a familiar exercise because the costs and burdens of compliance with overbroad requests can be substantial. Practitioners routinely ask the Federal Trade Commission (FTC) or the Department of Justice (DOJ) for dispensations to spare their clients undue burden, measured in both time and expenditures. The agencies have undertaken general steps to reduce this burden, including the issuance of best practices guides and merger review process initiatives,[2] but evaluating the practical efficacy of those steps has proven difficult. With notable exceptions, recent reports of compliance costs that have made it into public antitrust discourse tend to be sparse and anecdotal.[3] The last systematic effort to collect information on Second Request compliance burdens was undertaken by the ABA Section of Antitrust Law and submitted to the Antitrust Modernization Commission in February 2007.[4] The Section sent a survey to law firms to collect quantitative and qualitative information on the compliance burden in Second Requests issued over a several-

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[1] Andrew Dick and Peter Boberg are vice presidents with Charles River Associates. The conclusions set forth herein are based on independent research and publicly available material. The views expressed herein are the views and opinions of the authors and do not reflect or represent the views of Charles River Associates or any of the organizations with which the authors are affiliated.

[2] In February 2006, the FTC announced reforms to "streamline the merger review process by formalizing well-defined best practices. [The reforms were] designed to facilitate rapid identification of the relevant issues, preparation of more focused second requests, and use of consistent investigation timetables." *See* http://www.ftc.gov/sites/default/files/attachments/merger-review/mergerreviewprocess.pdf. In December 2006, the DOJ followed with its own initiative to "streamline the merger investigation process to improve the efficiency of the Division's investigations while reducing the cost, time and burdens faced by parties to transactions that are reviewed by the Division." *See* http://www.justice.gov/atr/public/220237.htm.

[3] One notable exception to the largely anecdotal reports is the article by Joe Sims, Robert C. Jones and Hugh M. Hollman, *Merger Process Reform: A Sisyphean Journey?* 23 ANTITRUST 60, 60-68, (Spring 2009), *available at* http://www.jonesday.com/files/Publication/2b1280d6-4240-404c-9b46-260a50aee4b4/Presentation/PublicationAttachment/14fb43c1-7cca-4095-874a-9551d8459a1b/Spring09-SimsC.pdf.

[4] Letter from Joseph Angland to the Antitrust Modernization Commission re: Data Regarding the Burden Involved in Responding to HSR Second Request Investigations (Feb. 22, 2007) *available at* http://govinfo.library.unt.edu/amc/public_studies_fr28902/merger_pdf/070222_aba_mergers.pdf.

year period. The merger reviews covered by that survey occurred roughly 10 years ago, making it a timely anniversary to update our knowledge about the actual costs associated with Second Request compliance.

In late 2013, the Mergers & Acquisitions Committee authorized an updated survey of practitioners to collect information on Second Request compliance burdens. The survey was issued to approximately 400 practitioners. Counselors were asked to assemble and provide information about their experience in complying with Second Requests for mergers that were reviewed between 2011 and 2013. Charles River Associates collected the survey responses and prepared summary findings.[5] The summary findings mask all identifying information and individual respondent data to preserve confidentiality of the Second Request compliance process.

A total of 17 responses to the Second Request questionnaire were collected, with greater representation coming from mergers reviewed by the DOJ (11) than by the FTC (6).[6] Notwithstanding the different survey response rates, the quantitative and qualitative information reported by respondents was relatively similar between the two antitrust agencies. Where possible, we compare findings from the current survey with those found by the Section roughly a decade ago. Overall, this comparison suggests that improvements in compliance costs have been isolated or uneven, despite the adoption of extensive merger review process initiatives by both agencies. As some commentators have noted, this stasis may reflect two countervailing phenomena: pressure exerted by practitioners (and indirectly by the business community) on the antitrust agencies to take steps to limit the scope of Second Requests versus the explosive growth in electronic document and data production and storage, meaning that each

[5] Sam Giller and Annie Pemberton at CRA provided invaluable assistance in compiling and summarizing the survey responses.

[6] While the survey questionnaire was sent to counsel for both the "A" and "B" sides of transactions, the survey data suggest that the 17 responses received covered 17 unique Second Requests. Thus, we refer interchangeably to the sample as 17 responses or 17 Second Requests.

custodian covered by a Second Request now yields vastly more material that must be reviewed and analyzed by the merging parties and the assigned agency.

Transaction size and review process. The 17 Second Request responses included transactions ranging in size from $85 million to $7.4 billion, with a median value of $1.0 billion. In roughly one-quarter of the transactions (4 out of 17), the merging parties provided the agency with informal notice of the transaction before making the HSR filing, and on average four weeks of advance notice were given. About one-third of the Second Requests (6 out of 17) were preceded by pulling and refiling the HSR, confirming that this strategy is not a fail-safe means to avoid an extended investigation. Parties certified substantial compliance in the majority of the Second Requests (11 out of 17). In the remaining instances, early termination was granted prior to substantial compliance (4 out of 17) or the parties did not certify compliance (2 out of 17). Eight of the 17 Second Requests led to the acquisition ultimately being cleared, while in the remaining 9 cases a settlement was negotiated with the agency.

The median investigation length was 5.9 months from the issuance of the Second Request until the investigation was closed or an action was taken by the reviewing agency. Investigations ranged from as short as 1.25 months to as long as 11 months. These findings are generally comparable to those from the 2007 survey, which reported a median investigation length of 7 months and a range of 3 to 12 months.

		Qualitative Responses		Quantitative Responses	
Question	**Number of Responses**	**Value**	**Frequency**	**Median**	**Range**
Transaction value	17			$1 B	$85 M – $7.4 B
Was the agency informally notified before the HSR filing?	17	Yes No	4 13		
If so, how many weeks in advance of the HSR filing?	3			4 weeks	1 – 4 weeks
Was the initial HSR filing pulled and refiled?	17	Yes No	6 11		
Did the company certify substantial compliance?	17	Yes No Early termination granted prior to substantial compliance	11 2 4		
Length of the investigation in months, from issuance of Second Request through closure of investigation (including consent acceptance or complaint authorization)	17			5.9 mos	1.25 – 11 mos

Relevant markets. The Second Requests ranged in scope from as few as one market to as many as 18 separate relevant product markets (median = 3) and from one to eight relevant geographic markets (median = 1). The size of the broadest geographic markets identified by the agencies ranged from as small as a state (n = 1), to the entire U.S. (n = 4), to North America (n = 2) to worldwide (n = 10).

		Qualitative Responses		Quantitative Responses	
Question	**Number of Responses**	**Value**	**Frequency**	**Median**	**Range**
Number of relevant product markets	17			3	1 – 18
Number of relevant geographic markets	17			1	1 – 8
Scope of the broadest relevant geographic market	17	State United States North America Worldwide	1 4 2 10		

Data and document production. Merging parties produced very large volumes of data and documents in all cases. The median data production totaled 28.8 GB. Most often, merging parties provided data to the agencies in the form of summary reports generated in response to specific agency requests (10 instances) and in only three cases did the parties provide entire databases to the agencies. In an average investigation, slightly more than 300,000 documents—comprising more than 1,600,000 pages—were produced to the reviewing agency. These materials were collected from an average of 26 custodians, and never fewer than eight custodians. This represents a significant decline from a decade ago, as the earlier survey reported a median of 94 custodians whose files were searched. However, there continue to be notable outliers: in the current survey one respondent reported that 171 custodians were searched as compared to a maximum of 126 custodians in the 2007 survey. The current survey found that the median number of physical locations searched for documents and data was two, although this ranged as high as 24 locations in one instance. Thus, while the data suggest there has been some progress towards narrowing the scope of custodian searches, such progress has been uneven.

		Qualitative Responses		Quantitative Responses	
Question	**Number of Responses**	**Value**	**Frequency**	**Median**	**Range**
Volume of data produced					
Gigabytes Documents Pages	9 13 12			28.8 GB 300,487 1,632,038	1 – 746 GB 5,700 – 908,000 28,000 – 5.47 M
Number of documents custodians produced	17			26	8 – 171
# of shared hard drives/network locations	5			9	5 – 31
Volume of data from shared network or cloud space was searched and reviewed	9			9.5 GB	1.9 – 62.2 GB
Entities searched within the company and number of entities within each category					
Divisions	9	Yes	9		
Number	6			1.5	1 – 10
Regional Offices	7	Yes	7		
Number	5			4	1 – 8
Local Offices	6	Yes	6		
Number	5			4	1 – 16
Foreign Offices	3	Yes	3		
Number	2			2	1 – 2

E-mails and electronic documents. Not surprisingly, e-mail and other electronic documents were a major source of information collected by the reviewing agencies. On average, responding parties reviewed 47 GB of emails

and other electronic documents using review tools. These materials were estimated to represent in excess of 4.8 million pages (including attachments). This compares to an average of about 1.1 million page-equivalents of e-mail and other electronic documents per Second Request investigation a decade ago.

Interrogatory responses covered an average of 64.5 pages per Second Request, with some responses ranging upwards of 300 pages in length. These interrogatory responses were accompanied by an average of 1 GB in electronic production. Interestingly, the current survey suggests that not only has the average length of interrogatory responses declined considerably (down from a median of 275 pages) but so has the accompanying electronic production (down from a median of 13 GB).

		Responses	
Question	**Number of Responses**	**Median**	**Range**
Volume of e-mail and other electronic documents loaded into the review tool	12	47 GB	7.8 – 906.7 GB
Equivalent pages of electronic materials (including attachments)	13	4,810,075	1.2 M – 21.1M
Pages of narrative interrogatory responses produced	16	64.5	10 – 300
Volume of electronic data produced in response to interrogatories	6	1 GB	1 – 2.6 GB

Discovery tools. All survey respondents stated that they used an e-Discovery service to conduct their electronic document production. Keyword searches were commonly used during electronic document review (14 out of 17 Second Requests), but in only a minority of instances were predictive coding (4 instances) or e-mail threading (3 instances) used. In every Second Request,

metadata were produced as well as native files. In all instances, parties were required to search backup and storage archives.

		Responses	
Question	**Number of Responses**	**Value**	**Frequency**
Was an e-Discovery service used?	17	Yes No	17 0
Tools or processes used in preparing Second Request response			
Keyword Searches	14	Yes No	14 0
De-Duplication	17	Yes No	17 0
E-Mail Threading	3	Yes No	3 0
Predictive Coding or Technology Assisted Review	4	Yes No	4 0

Compliance costs. The median estimated cost of compliance was $4.3 million, with a range of $2 million to $9 million.[7] As a percentage of the value of the transaction, compliance costs were about 0.45%, with a range of 0.05% to 5.5%. On a per month basis, the median compliance cost was $996,000 per month, and ranged from $286,000 to $1.8 million per month. Expressed on a per custodian basis, the average compliance cost was about $151,000, and ranged from $27,000 to $500,000 per custodian.

[7] Survey respondents were asked to provide their own total cost estimate as well as estimates of each major cost component. The median total compliance cost of $4.3 million represents the sum of each cost component, and is slightly higher than the overall median estimate of $4.0 million.

Major line items of cost included attorney and paralegal fees (median of $2.49 million), electronic review ($830,000), data processing ($358,000), economist fees and disbursements ($300,000), and attorney and paralegal disbursements ($200,000). Attorney fees ranged from a low of $955,000 to a high of $8.0 million.

In the 2007 survey, the Section found that the median total compliance cost was $3.30 million. Of this total, attorney and paralegal fees and disbursements made up the largest share ($2.42 million). Thus, over the last decade, it appears that legal costs have stayed relatively constant while other cost items have contributed to roughly a $1 million increase in the total compliance cost per Second Request.

		Responses	
Question	**Number of Responses**	**Median**	**Range**
Calculated total cost of complying with the Second Request	16	$4,312,509	$2 M – $9 M
Total compliance cost per value of the transaction	16	0.45%	0.05% – 5.5%
Total compliance cost per month of investigation	16	$996,442	$285,700 – $1.8 M
Electronic review cost	14	$830,484	$356,000 – $2.2 M
Data processing cost	7	$358,000	$130,000 – $1.6 M
Third-party hosting costs	7	$48,851	$0 – $146,000
Costs of economists (fees and disbursements)	7	$300,000	$0 – $1 M
Costs of other consultants' fees (e.g., industry experts)	1	$70,000	$70,000
Attorney/paralegal costs (fees)	16	$2,492,648	$955,000 – $8.0 M
Attorney/paralegal costs (disbursements)	13	$200,000	$10,000 – $1.2 M
Costs of copying or other reproduction of documents and information	11	$22,259	$1,100–$526,000

Staffing and in-house resources. On average, merging parties assigned eight regular attorneys and 60 temporary attorneys to a merger review. In some cases, this ranged as high as 55 regular attorneys plus 195 temporary attorneys for document review. Paralegals were used more sparingly, with a median of two and range of one to 15 regular paralegals, and a median of zero and range of zero to 55 temporary paralegals. Antitrust counsel supplemented their own (or contracted) resources with assistance from in-house counsel, paralegals, and

management. The median investigation consumed 550 hours of assistance from in-house counsel (at an estimated cost of $90,000) plus 20 in-house paralegal hours. The average burden on in-house management and other (non-legal) personnel was 500 hours per investigation.

According to the 2007 survey, the median number of regular staff attorneys per investigation was nine (with a range of three to 78) and the median number of temporary attorneys was 45 (with a range of three to 385). In-house counsel devoted a median of 300 hours per investigation and in-house management and other (non-legal) personnel spent an average of 1,550 hours working on Second Requests.

		Responses	
Question	**Number of Responses**	**Median**	**Range**
Number of regular and temporary attorneys and paralegals working on the review			
Attorneys (Regular)	16	8	4 – 55
Attorneys (Temporary)	16	60	24 – 195
Paralegals (Regular)	13	2	1 – 15
Paralegals (Temporary)	12	0	0 – 55
Total hours spent by the client			
In-house counsel	2	550	500 – 600
In-house paralegals	1	20	20
Management and other non-legal personnel	2	500	400 – 600

Summary. Over the last decade, together the FTC and DOJ issued 46 Second Requests in a typical year.[8] If the average Second Request compliance cost is roughly $4.3 million per party per investigation, then total compliance costs in a typical year are on the order of $400 million. This burden does not include costs borne by the agency (staffing and computing resources), internal costs incurred by merging parties (time and attention paid by in-house counsel and management), or compliance costs associated with extraordinary outlier transactions. Nor do these costs include the delayed realization of merger efficiencies and synergies. Even a relatively modest percentage reduction in these compliance costs, therefore, holds the potential to save "real money" and produce "real benefits" to both merging parties and consumers.

[8] Federal Trade Commission and Antitrust Division, Hart-Scott-Rodino Annual Report, Fiscal Year 2013, Appendix A, *available at* http://www.ftc.gov/system/files/documents/reports/federal-trade-commission-bureau-competition-department-justice-antitrust-division-hart-scott-rodino.s.c.18a-hart-scott-rodino-antitrust-improvements-act-1976/140521hsrreport.pdf?utm_source=govdelivery.

Exhibit J

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF LOUISIANA

FEDERAL TRADE COMMISSION, **Petitioner,** *v.* **LOUISIANA CHILDREN'S MEDICAL CENTER; and HCA HEALTHCARE, INC.,** **Respondents**. **AND** **LOUISIANA CHILDREN'S MEDICAL CENTER, HCA HEALTHCARE, INC.,** **Plaintiff** *v.* **MERRICK GARLAND, et al.,** **Defendants**	Case Nos. 23-cv-1890, 23-cv-1305 Judge Lance M. Africk Section 1 Magistrate Judge Michael B. North Division 5

DECLARATION OF JODY B. MARTIN

I, JODY B. MARTIN, declare the following:

1. I am a United States citizen over the age of eighteen. I am competent to make this Declaration, and I am not a party to this litigation in my individual capacity. I make and submit this Declaration pursuant to 28 U.S.C. § 1746.

2. If called upon as a witness, I could testify to the matters to which this Declaration refers and would be competent to do so.

3. I am Chief Legal Officer at LCMC Health ("LCMC"), where I have been employed since 2017. In that role, I serve as the system's primary legal advisor and manage the many legal issues that arise for the system, including compliance and risk management functions.

4. On October 10, 2022, LCMC, and HCA Healthcare, Inc. ("HCA"), Tulane University ("Tulane"), and University Healthcare System, L.C. ("UHS") applied to the Louisiana

Attorney General ("LADOJ") for a certificate of public advantage ("COPA") under Louisiana's COPA statute, seeking authorization for LCMC to acquire Tulane University Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital (the "Acquisition").

5. On December 28, 2022, the Louisiana Attorney General granted a COPA for the Acquisition after determining that the Acquisition "is likely to result in lower health care costs or is likely to result in improved access to health care or higher quality health care without any undue increase in health care costs." La. Stat. § 40:2254.4. By issuing the COPA, the Attorney General authorized the Acquisition to close immediately. The transaction closed on January 1, 2023, and LCMC has been integrating the acquired facilities since that time.

6. As part of the COPA process, LCMC made commitments to the State of Louisiana to improve the quality of and access to health care in the greater New Orleans region. Among other things, LCMC promised to relocate to East Jefferson General Hospital certain advanced clinical services and academic medical specialty care currently provided at Tulane Medical Center. This relocation is essential to preserve existing services, make more efficient use of these resources, enhance quality by sharing clinical expertise and practices, and support the establishment of an academic medical center at East Jefferson General Hospital.

7. My understanding is that the relief sought by The Federal Trade Commission (the "Commission") in this action includes halting further integration of the transaction until thirty days after the parties have "substantially complied" with the Commission's merger review. I understand that as a practical matter this could mean halting integration for a period of several months to over a year.

8. Halting the further integration of East Jefferson General Hospital and Tulane Medical Center would harm patient care and prevent LCMC from providing the full benefits of

the Acquisition, including the commitments to improve quality and access to care that LCMC made to the State of Louisiana as part of the COPA process.

9. For example, Tulane Medical Center faces significant staffing challenges that have reduced access to life-saving care and threaten to further reduce critical staffed bed space needed to serve patients. As one example, I understand Tulane Medical Center's cardiac catheterization lab previously operated with multiple cath lab teams but has recently been forced to consolidate its staff into a single team due to staff attrition. Accordingly, Tulane Medical Center, which is the only Comprehensive Stroke Center in Orleans Parish, can treat only one stroke patient at a time. LCMC expects that by transitioning Tulane's clinical care providers and staff to LCMC employment on October 1, 2023, it will be able to stabilize such staffing issues. However, if LCMC is unable to transition those staff and providers as part of its integration plan, it may not be able to address the current staffing shortages and stop attrition.

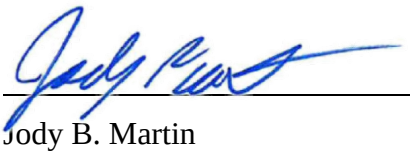
10. As part of the integration plan, LCMC also plans to move a linear accelerator, which is used to provide radiation therapy to treat cancer patients, from Tulane Medical Center to East Jefferson General Hospital as soon as possible. Moving the machine will greatly increase access to cancer treatments. LCMC estimates that East Jefferson General Hospital will be able to treat approximately four to five times more patients per day than Tulane Medical Center is able to treat using the same equipment today. Relocating the machine, which will take at least 8 weeks and requires extensive planning, will be significantly delayed and may not be possible if LCMC is unable to continue integration. Delaying the move further will significantly restrict the availability of radiation treatment for cancer patients.

11. LCMC also plans to relocate clinical services from Tulane Medical Center to East Jefferson General Hospital and other facilities, beginning on October 1, 2023. The vacated space

will be repurposed, in part, for Tulane University's planned nursing program. The space for the new nursing program will be evaluated by the Louisiana State Board of Nursing in November prior to the Board's consideration of the program in December. Halting the planned relocation of these clinical services will threaten the success of the launch of Tulane's nursing program, which is desperately needed due to the rampant nursing shortage across the state.

12. As part of the COPA approval process, LCMC also committed to establish an academic medical center at East Jefferson General Hospital, including making $220 million in capital investments to modernize its facilities (such as investing in robotic surgical systems), offer new medical services (such as kidney, pancreas, liver, bone marrow, and stem cell transplants), and add new specialty care units. An order requiring that the parties cease integration efforts would further impede LCMC's ability to fulfill this promise to the LADOJ and the people of Louisiana.

I declare under penalty of perjury that the foregoing is true and correct.



Jody B. Martin

Executed on July 18, 2023

Exhibit K

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

FEDERAL TRADE COMMISSION, **Petitioner,** *v.* **LOUISIANA CHILDREN'S MEDICAL CENTER,** **and** **HCA HEALTHCARE, INC.,** **Respondents.**	**Case No. 2:23-cv-01890**

DECLARATION OF ANGELIQUE FREEL

I, Angelique Freel, declare as follows:

1. I am a United States citizen over the age of eighteen. I make and submit this Declaration pursuant to 28 U.S.C. § 1746.

2. If called upon as a witness, I could testify to the matters to which this Declaration refers and would be competent to do so.

3. I am the Director of the Civil Division for the Louisiana Department of Justice, Office of the Attorney General, and I have served in that capacity since May 2, 2017. Prior to serving as Director, I worked in various capacities in the Civil Division since July 16, 2007, including Assistant Attorney General, Section Chief of the Education Section, Section Chief of the Governmental Litigation Section, and Deputy Director of the Civil Division.

4. I submit this declaration upon personal knowledge or information and belief, including inquiry of relevant attorneys and staff of the Louisiana Department of Justice ("LADOJ").

5. Pursuant to Louisiana Administrative Code ("LAC"), Title 48, Part XXV, Section 501, *et seq.* the application for the underlying Certificate of Public Advantage ("COPA"), was submitted to me in my capacity as Director of the Civil Division. I personally received and reviewed the application; requested supplementation of the COPA application; presided over the public hearing; conferred with consultants, attorneys, staff of the LADOJ, and the Attorney General relative to consideration of the COPA application.

Louisiana's COPA Statute

6. In 1997, the Louisiana State Legislature passed, and Governor Mike Foster signed into law, La. R.S. 40:2254 (the "COPA Statute"). This COPA statute provided the framework for the LADOJ's review and consideration of the COPA.

7. The COPA Statute is the result of "the legislature['s] find[ing] that the goals of controlling health care costs and improving the quality of and access to health care will be significantly enhanced in some cases by cooperative agreements and by mergers and consolidations among health care facilities." La. R.S. 40:2254.1. The stated purpose is to provide the state, through the LADOJ, with direct supervision and control over the implementation of cooperative agreements, mergers, joint ventures and consolidations among health care facilities for which certificates of public advantage are granted. *Id.*

8. The express stated "intent of the legislature [is] that supervision and control over the implementation of these agreements, mergers, joint ventures, and consolidations substitute state regulation of facilities for competition between facilities and that this regulation have the effect of granting the parties to the agreements, mergers, joint ventures, or consolidations state action immunity for actions that might otherwise be considered to be in violation of state antitrust laws, federal antitrust laws, or both." La. R.S. 40:2254.1.

9. The COPA Statute placed responsibility for the supervision and control of proposed agreements with the LADOJ. Specifically, it established a process for merger parties to apply for, and the LADOJ to consider and approve or reject, a COPA. La. R.S. 40:2254.1-2254.12.

10. After review, the LADOJ may grant a COPA if it "finds that the agreement is likely to result in lower health care costs or is likely to result in improved access to health care or higher quality health care without any undue increase in health care costs." La. R.S. 40:2254.4. In order to make that determination, the process for approving a COPA requires submissions by applicants, consultation with experts, notice to the public, input from a range of stakeholders, a public hearing, and consideration by State officials.

11. Pursuant to the COPA Statute, and in accordance with the Louisiana Administrative Code, the LADOJ promulgated rules and regulations that specify the required form of COPA applications, the substantive information to be included, and the procedures to be followed. LAC 48:XXV.501-519. Among other things, applicants are required to (i) provide descriptions of the products and services offered by the parties to the agreement, (ii) provide descriptions of the market and regulatory conditions and competitive dynamics, (iii) identify business plans and other documents discussions each party's projected performance, business strategies, and competitive analyses, (iv) describe performance goals for achieving (and the quantitative standards for measuring) reductions in health care costs and improvements in quality and access, (v) provide descriptions of anticipated efficiencies and cost savings from the proposed transaction and how they will be passed on to consumers, (vi) provide descriptions of meetings held by the parties with financial advisors, partners, outside experts and consultants, government officials, and other parties regarding the transaction, (vii) submit any fairness opinions analyzing the transaction along with any supplemental expert analysis, (vii) submit minutes of the parties' board meetings addressing the transaction and the documents, presentations, or reports distributed at such meetings, (viii) provide six years of detailed financial records and five years of valuation information for each party, (ix) provide contact information for each party's officers, directors, managers, executives, experts, and others that had substantial input into any phase of decision-making or planning of the transaction, and (x) submit any market studies or analysis conducted by each party. LAC 48:XXV.507.

12. If a COPA is issued, the COPA Statute requires the LADOJ to conduct "active supervision" of the transaction. La. R.S. 40:2254.9(3). Specifically, the COPA Statute requires recipients of a COPA to submit, and the LADOJ to review, periodic reports demonstrating

compliance with any terms and conditions imposed by the LADOJ in connection with the COPA issuance. La. R.S. 40:2254.11. The LADOJ's regulations further require the recipients of a COPA to submit annual reports evaluating the continued benefits of the agreement, including information regarding their progress towards meeting specific benchmark goals of health care cost, quality, and access. LAC 48:XXV.517.

13. The Attorney General may bring an enforcement action to enforce any terms or conditions imposed by the LADOJ relative to the COPA. La. R.S. 40:2254.10.

14. The LADOJ shall revoke a COPA if it determines that the COPA is not resulting in lower health care costs or greater access to or quality of health care that would occur in the absence of the agreement. La. R.S. 40:2254.6.

COPA Application Submitted by LCMC and HCA

15. On October 10, 2022, LADOJ received an application for a COPA regarding the proposed transaction between LCMC Health, HCA, Tulane University ("Tulane"), and University Healthcare System, L.C. ("UHS").

16. The parties' initial COPA application spanned 175 pages, including, among other things, information about the parties and their operations, the services they offer, their contractual relationships, the competitive dynamics and market conditions for health care services in the New Orleans area, the projected cost-savings that would result from the transaction (including from the elimination of certain duplicative expenses and optimization of capital expenditures), and specific investments and other patient-friendly initiatives that LCMC would be able to undertake as a result of the Acquisition.

17. In addition, the COPA application included exhibits reflecting the parties' financials, strategic plans, board deliberations, and consultant analysis of the transaction, among other subjects.

18. After a review of the initial application, the LADOJ requested additional information and supplemental information before deeming the application complete.

19. As part of that iterative review process, the parties made supplemental submissions to LADOJ on November 2nd, 4th, 10th, 15th, and 18th, after which time the LADOJ deemed the COPA application complete.

20. The completeness determination commenced a 30-day period within which the applicable regulations required the LADOJ to hold a public hearing for the public to provide input regarding the COPA application. *See* LAC 48:XXV.511.B.2. The LADOJ scheduled the public hearing for December 8, 2022.

21. Consistent with the applicable regulations, which require the LADOJ to publish notice of the public hearing in the official journal of the parishes where the hospitals are located at least 10 days prior to the scheduled hearing, the LADOJ caused notice of the hearing and instructions to provide public comments to be published in the St. Tammany Farmer – the official journal for St. Tammany Parish, where Lakeview Regional Medical Center is located – and the Times Picayune/The New Orleans Advocate – the official journal of Jefferson and Orleans Parishes, where Tulane University Medical Center and Tulane Lakeside Hospital are located. The notice in the St. Tammany Farmer ran on November 24, and November 30, 2022, and the notice in the Times Picayune/The New Orleans Advocate ran on November 21, 22, and 23, 2022.

22. On December 5, 2022, the LADOJ posted notice of the hearing on the Attorney General's website at https://agjefflandry.com/Article/13095, and a physical notice was posted at

the Claiborne Building, located at 1201 N. 3rd St., Baton Rouge, Louisiana, where the hearing was scheduled to take place.

23. Written comments were submitted to the LADOJ in advance of the public hearing. All written comments were made part of the public hearing record. *See* Exhibit A (attachments to transcript).

24. The public hearing on the COPA application was held on December 8, 2022, at the Claiborne Building in Baton Rouge. All interested persons were allowed to present testimony, facts, or evidence related to the COPA application, and were permitted to ask questions. The hearing began at 10:00 a.m., and it adjourned at 1:40 p.m.

25. Attorneys and staff from LADOJ, along with consultants, considered and discussed the comments that were presented at the hearing.

26. At the conclusion of the public hearing, I announced that I would extend the public comment period and continue to accept written comments through December 13, 2022.

27. A transcript of the public hearing (with all attachments, including the written public comments received) is attached hereto as Exhibit A.

28. After consideration of the COPA application and the public comments received in connection with the hearing, and after extensive analysis by LADOJ attorneys and staff regarding the transaction, the facilities, and the likely effects on health care and competition in the state, which also included input from expert consultants who reviewed the COPA application, the LADOJ determined that the application materials satisfied the statutory requirements and that a COPA should be issued in connection with the Acquisition.

29. The Attorney General approved the COPA. The COPA approval is reflected in a letter from Louisiana Attorney General Jeff Landry to the parties dated December 28, 2022. *See* Exhibit B.

30. The Attorney General's approval remains subject to various terms and conditions as the statute authorized. The terms and conditions empower the LADOJ to "actively supervise" both the transaction itself and the new health system on an ongoing basis to promote the value-based health care objectives of the COPA Statute. *See* Exhibit C.

31. Notably, one of the conditions set out in the approval letter is a requirement for the newly-created health system to submit periodic reports (on quarterly, semi-annual, and annual bases) regarding the investments and other initiatives that the parties described in the COPA, and to collect and submit a wide range of data in order to benchmark the new health system's progress towards the health care cost, quality, and access objectives contemplated by the COPA.

32. With each report, the LADOJ is evaluating the progress towards the proposed improvements to quality and access to healthcare. The LADOJ recently received a quarterly report and evaluated progress towards the following:

- Creation of a new nursing program at Tulane Medical Center;
- Development of Tulane's Downtown Campus;
- Redevelopment of the Abandoned Charity Hospital Downtown;
- Creation of a Premier Academic Medical/Teaching Center at East Jefferson General Hospital;
- Capital investments at East Jefferson General Hospital, Tulane Medical Center, Lakeside Hospital, and Lakeview Hospital;
- Creation of Centers of Excellence--a planned comprehensive stroke program, cardiac care services, solid organ/bone marrow transplant services;
- Medical research;
- Expansion of electronic medical records systems;
- Material openings, closures, mergers of outpatient facilities;
- Material openings, closure or mergers of inpatient facilities; and
- Any required reporting events.

33. In addition to ongoing reporting and monitoring requirements, the COPA also requires that the new health system obtain prior written approval from the LADOJ for any proposed changes in the rates it charges payors for health care services.

34. The LADOJ reviewed LCMC Health's Rate Review Application submitted on April 21, 2023, and subsequent submissions made during May 2023 and June 2023. The LADOJ approved Blue Cross Blue Shield of Louisiana and United Health Care contracts on June 30, 2023. *See* Exhibit D.

35. The LADOJ is currently reviewing LCMC Health's Rate Review Application submitted on June 30, 2023, for Vantage Health Plan Inc., and Aetna Network Services, LLC.

36. The terms and conditions of the COPA require the new health system to adopt a corrective action plan if the LADOJ determines at any time that its activities are inconsistent with the COPA Statute's policy goals, and it expressly reserves to the LADOJ the right to revoke the COPA if it determines that the transaction is not achieving its objectives for health care cost, quality, or access.

37. The LADOJ may also bring an enforcement action to enforce the terms of the COPA or revoke the COPA.

38. The FTC did not contact the LADOJ prior to the approval of the COPA application, nor did the FTC provide a public comment to the LADOJ concerning the proposed transaction.

39. The relief requested by the FTC in this lawsuit, if granted, would interfere with the State's right to implement and actively supervise the COPA, as well as the access and quality of healthcare available in the State.

I declare under the penalty of perjury that the foregoing is true and correct.

Angelique Free
Director of the Civil Division
Louisiana Department of Justice

Executed on July 18, 2023

Exhibit L

Freel Declaration Exhibit A

LOUISIANA DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

CIVIL DIVISION

* * *

PUBLIC HEARING RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE REGARDING A PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

* * *

THURSDAY

DECEMBER 8, 2022

10:00 A.M.

REPORTED BY: CORI M. RODGERS, CCR, CVR

LA CCR# 2020003

PROCEEDINGS

MS. ANGELIQUE FREEL: My name is Angelique Freel. I'm the director of the civil division. And it is my division that receives the COPA application and assists the Attorney General with review and a determination as to the application.

First off, I want to thank everyone that is here today. You know, we occasionally have hospital transactions, but they're not this well attended. And so we appreciate everyone here today, coming here, hopefully, to provide a comment when it's appropriate. And so thank you for being here. We are -- we certainly do appreciate your input.

I'd like to start by just introducing who's up here today. And right here is Brett Robinson, he's also an Assistant Attorney General in the civil division.

We have Nicole Hebert, and she's an Assistant Attorney General in the federalism division.

And then to my right, we have consultants that are assisting us with the review. We have Ben Gaines and Lanzi Meyers with the Gachassin Law Firm. We have CPA Chris Rainey.

To my left, we have Nancy Cassagne, and we have Eric Marshall and Eric Pfeifer from Leavitt. And so this is the team that is assisting the AG's office in review of the application.

At this time, I'd like to give you a little bit of background of the COPA process. And, as everyone knows, this is an application for a Certificate of Public Advantage regarding a proposed transaction between HEA, Healthcare, Inc., Tulane University, Tulane Healthcare System, LLC, and Louisiana Children's Medical Center d/b/a LCMC Health.

So the purpose of a COPA is to better serve the citizens of Louisiana by pursuing and attaining the key aims of value-based healthcare, namely a decreased cost of care, improved quality of care, and our increased access to care.

And for COPA and other transactions, the State of Louisiana aspires to work with healthcare organizations to help the State and to lead the nation to achieve these goals.

For approval to be granted, the State must have reasonable assurance that the goals will be met. So in terms of this specific application, the application was received by our office on October

10, 2022.

As we started reviewing the application, we felt like additional information was needed for it to be complete. And so we did not deem it complete until November 18, 2022.

Once that happened, that triggered some delays as to when we had to make our decision and when we needed to hold this public hearing. And so under the law, we had to hold the hearing by December 18, 2022. We are here today. We decided we didn't want it to be that close to the holidays. We wanted to make sure that people had an opportunity to come here.

And so we're here today for the public hearing. And in an appropriate time, you'll be able to give comment. And then by February 16th, the office has to administer a decision.

So I alluded to the fact that there will be a public comment period. That is why we are here, primarily. And it's important that you do give us some input because the comments will help the Department identify potential benefits and risks associated with the COPA, and help form additional questions that we might need to pose to the applicants.

To my left, in the front, is an assistant with the AG's office, Michelle Boutte. She has cards. We're going to ask that if you would like to provide public comment, that you please just fill out a card. And when it's appropriate, we'll go through those cards and call you up to the mics to provide that comment.

The green card indicates that you're in support of the transaction. You don't have to speak, but you can elect that on the card. You can just show your support for it, or you can indicate that you're in support, but you'd like to speak.

The white card is for information. And the red card is if you're against the transaction. And, again, you don't have to speak. You can indicate whether or not you want to speak. Just to get through everyone, the public comment period will be limited to three minutes.

We do have a court reporter here. She's to the left. She'll be transcribing everything. It'll be part of a record.

And we also, per our publication in the official journals, we gave an address for public comment. And we have received a good many public comments in writing, in advance of this transaction.

And we will go through those after everyone in this room has had an opportunity to testify. That way, if you need to leave, we don't want you to be delayed by us going through the paper comments.

If you want to submit a comment in writing, my email is below. I ask that you do that very soon. We'll -- we're going to close the record, probably the early part of next week, I'd say by Tuesday.

And at this time, we are going to go ahead and turn this over to the applicant for a presentation to provide some history and a general description of the proposed transaction.

MR. PATRICK NORTON: All right. Good morning. My name is Patrick Norton. I'm the senior vice president, chief operating officer, and treasurer of the Cotton Bowl-bound Tulane University. And we are looking forward to describing our partnership and the benefits that will accrue to New Orleans, our region, Louisiana, and beyond. Thank you.

MS. JOANN KUNKEL: And good morning. My name is JoAnn Kunkel and I'm the chief financial officer for LCMC Health. I live in New Orleans, and I'm honored to be here today to talk about the

history of LCMC Health and the combined vision of our partnership with Tulane University.

Today, LCMC Health is a six-hospital health system, proud to call Louisiana home. Each year, nearly one million primary and specialty care clinic visits are delivered by over twenty-seven hundred LCMC physicians and providers.

We're a large employer with almost eleven thousand employees. We've been recognized as a top place to work in healthcare. Recently, over seventy-five percent of our employees participated in an annual employee engagement survey. We saw year-over-year gains in our employee overall rating as a place to work, and in both employee and provider overall ratings as a place for care.

Overall scores are higher than national average. This is exemplified by our mission statement: Health, care, and education beyond extraordinary. And live daily through our values. We bring heart and soul. We're in it together. We give a little extra.

LCMC Health has a long history of serving the community and its healthcare needs. In the beginning, we were Louisiana's only standalone children's hospital. The devastation of Hurricane

Katrina and the closing of Charity Hospital displaced the indigent population. Caring for the neediest patients created financial distress at many of the local hospitals.

In 2009, Touro Infirmary was experiencing financial stress. And as a long-time partner of Louisiana Children's, the two came together to preserve the community assets of Touro and to form LCMC Health.

Similar to Touro, other local hospitals found themselves facing financial hardship. And throughout the next decade, LCMC Health continued to respond to the call in the community by stepping up when asked to partner with and preserve the community health assets, including: New Orleans East Hospital in 2012; in 2015, pursuing and entering into the public private partnership with the University Medical Center in downtown New Orleans; and in Jefferson Parish, adding both West Jefferson Medical Center and East Jefferson General Hospital in 2015 and 2020.

We, LCMC Health, believe we are better together.

MR. PATRICK NORTON: Tulane University has a long and stored history. We're nearly two hundred

years old. We are the largest private employer in Orleans Parish. We contribute over $3 Billion to the Louisiana economy a year. We have over four hundred faculty positions. And we have over seven hundred and fifty medical students.

We have the most engaged -- second most engaged students in community service as ranked by the Princeton Review. And Forbes ranked us as #2 in the state, across all industries, for employee satisfaction.

And if you think about the pandemic and what different industries went through during the pandemic, we had no furloughs, no layoffs. We made commitments to our employees. And we care deeply about our community, our employees. We've been around for over two hundred years, or nearly two hundred years, and we aren't going anywhere.

We have over five thousand employees, as well. And we are the second oldest medical school in the south. Okay.

MS. JOANN KUNKEL: LCMC Health and Tulane University are both mission-based not-for-profit organizations that call Louisiana home. We have shared values and a vision to bring the best community healthcare and academic medicine to all

those we serve.

Together, we will not only increase access to comprehensive and specialty care across the region, but also advance groundbreaking research, innovative technology, and life-saving treatments that ensure all our patients and communities can receive the highest quality care.

As part of the transaction, the three Tulane hospitals are joining LCMC Health: Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital. We are, and remain, committed to all employees and are offering jobs to everyone. And we are committed to quality care and access for all current and future patients.

LCMC Health has committed to investing $220 Million toward the economic development of East Jefferson General Hospital to create a premier academic medical center, which will serve as Tulane's primary teaching facility. The investment will also contribute to enhancing access, services, and quality at the system's downtown University Medical Center.

We will create an expanded hub for specialty care, innovation, and academic medicine at East Jefferson. We will expand clinical services

and academic expertise at University Medical Center. And we will -- ensuring that our patients and communities downtown have increased access and quality care close to home.

MR. PATRICK NORTON: So in addition to creating two academic medical centers, two: one in Orleans Parish right where the UMC is; and one in Jefferson Parish where EJ is. We are also committed to the quality of care and increase access to quality healthcare.

In addition to that, this now allows us to take the property downtown and to re-purpose it for, really, for the benefit of the citizens of New Orleans and for the citizens of Louisiana.

So the Tulane downtown campus will also be a home to a new nursing program. There is a shortage of nurses, not only city-wide, regionally, but also nationally. And we look to start a cohort in 2024. And in steady state, we will be graduating two hundred and twenty nurses a year out of this new nursing program that will be in downtown in the property that -- where the hospital is now.

This could not have been done at the speed or the scale without the partnership of LCMC. Just not possible.

In addition to a new nursing program, we're going to be doing some more clinical research. And that's really important, right? Academic medical centers bring research from the bench to the bedside. And that really does help with health outcomes and a quality of care that we provide to New Orleanians and everybody in Louisiana. We want to be destination healthcare. We want people from Louisiana to stay here in our state, as opposed to going outside of our state for healthcare.

We're also looking at other uses -- and I'll speak about that in a moment -- that's going to happen in that property as well.

So we are committed to improving care in Louisiana, both LCMC and Tulane. Two Hundred and Twenty Million Dollars ($220,000,000.00) will be invested in the community at East Jefferson, at Lakeside, and Lakeview, to provide best-in-class academic medical center facility improvements. So $220 Million have been committed to be deployed out into our healthcare eco system.

In addition, Tulane has committed $100 Million in capital investments dedicated to creating a new nursing program, clinical research programs, and educational space for students at the Tulane

downtown campus.

The hospital building as it is now sits at the epicenter of our downtown campus. Our downtown campus is where our research is happening, where School of Public Health's home is, where our School of Medicine's home is, and where our School of Social Work is as well.

That is part of this. And if you know New Orleans, it's between Claiborne and Elks, and between Canal and Gravier, is really the Tulane downtown campus. This hospital building, all 600,000 square feet of it, is at the center of it. And that's going to be redeveloped for the School of Medicine, for other purposes, but also for the benefit of the citizens of the area.

We also create $286 Million -- or will create $286 Million in annual economic impact and potential creation of 2,300 new jobs in downtown New Orleans and throughout the state.

And just to further talk about our downtown development, we are creating this vibrant community and a research hub. So we are investing, or what's being invested, is approximately $600 Million to downtown New Orleans, including new constructions and enhancements.

And one big project downtown, which you may have heard of, is the revitalization and renovation of the iconic Charity Hospital. Right? A million square feet of space that has been dormant since after Katrina. And when we move into it, along with others, it will be twenty years after Katrina. Twenty years after Katrina. So it would have been laid dormant for that long.

In this building, which is going to be, you know, predominantly housing the School of Medicine and the School of Tropical Medicine -- of Public Health and Tropical Medicine, will be lots of research labs. There's an explosion of research that's happening at Tulane University.

We've done over $200 Million of research and plan to do $300 Million a year of research in the foreseeable future. And we're going to take that research and, once again, from the bench to the bedside, and fuse it into our new healthcare system -- right? -- with LCMC, but also at the same time, scale it, commercialize it, monetize it, through incubator startups, through Art Tulane Innovation Institute, which just got launched over the summer.

So Tulane is doubling, tripling, quadrupling down on research and healthcare. And

this is just an example of it right here.

MS. JOANN KUNKEL: And as was mentioned in the opening, this slide is really why we're here today. We believe this transaction will improve healthcare for all Louisianans.

This partnership will expand access by creating a new and vibrant academic medical center at East Jefferson, while maintaining UMC as a premier academic medical center for downtown New Orleans, and by expanding clinical programming, provider recruitment, and retention.

This partnership will improve quality by combining clinical expertise to enhance patient outcomes and investing in facilities and higher quality services, delivering the highest patient experience.

And this partnership will contain costs by creating efficiencies, allowing for reinvestment in local operations, and eliminating out-of-state overhead funding for hospital management, bringing operational oversight local.

MR. PATRICK NORTON: And this is just a sampling of some of the overwhelming public support we've received so far, and I believe you've received a lot as well, or certainly probably lots of emails,

as you mentioned on this, from our council, from the New Orleans council, from our state senators, from presidents of parishes, parish presidents, and from the chancellor of LSU healthcare system. That just shows the positive overwhelming support. This is just a small sampling.

And you see here, in this room, some more public support. We couldn't fit in this room, or probably in this building, all of the individuals that have been coming up to us and expressing their public support about this transaction and how it's going to affect the lives of New Orleanians and citizens of Louisiana and beyond.

And we look forward to hearing some of the comments and coming back and having some closing comments. Thank you.

MS. ANGELIQUE FREEL: Okay. In advance of this hearing, there were some people that indicated that they are here. And I just want to go ahead and recognize them. And then we'll start with comments.

So we have Jennifer Van Vrancken, Jefferson Parish Council Member, District 5; Jerry Bologna, President and CEO of JEDCO; Ruby Brewer, Chief Nursing Officer, East Jefferson General Hospital; John -- Dr. John Heaton, President and Chief Medical

Officer of LCMC Health; Allison Guste, Vice President of Quality and Nursing, LCMC Health; Charlotte Parent, AVP of Community Affairs, University Medical Center New Orleans; Chip Cahill, Board Member of LCMC Health; Sam Valera, Marketing Director, LCMC Health; LaDana Williams, Director of Public Relations, LCMC Health; John Pourciau, AVP Government Affairs, LCMC Health; Peter Waggonner, Greater New Orleans, Inc.; Terrie Sterling, LCMC Health; Percy Manson; and other persons affiliated with Tulane University, including physicians, residents, and students; Dr. Lee Hamm, Dean, Tulane University School of Medicine.

So with regard to the public comment, notice of the hearing and opportunity for public comment appeared in the official journals of St. Tammany, Orleans, and Jefferson Parish. They were published in both the Times-Picayune, in Advocate, as well as the St. Tammany Farmer. And at this time, for purposes of the record, we will be giving the court reporter the Notices and Certifications of Publication.

All right. And just a reminder, if you would like to speak today, you can fill out a card. We encourage you to do so. And at this time, we'll

start with public comment.

Michelle, can you provide me with the cards that have been submitted as of now?

We'll go ahead and start with Jennifer Van Vrancken, Jefferson Parish Council member, District 5.

MS. JENNIFER VAN VRANCKEN: Okay.

MS. ANGELIQUE FREEL: Thank you. And I apologize if I mispronounced your name.

MS. JENNIFER VAN VRANCKEN: No. You got it fine.

MS. ANGELIQUE FREEL: Okay. Great. Thanks.

MS. JENNIFER VAN VRANCKEN: Do I sit here?

MR. BRETT ROBINSON: Yes.

MS. ANGELIQUE FREEL: And does she need to press something for the mic? It should be on? The mic should be on.

MS. JENNIFER VAN VRANCKEN: So I'm Jennifer Van Vrancken. I'm a Jefferson Parish Councilwoman, and I represent the Metairie area, which is where East Jefferson General Hospital is based. So I have a little prepared statement that I'll read into the record. But funny enough, as I was driving here this morning from Jefferson Parish, I had on WWL

Radio. Tommy Tucker is doing a Radiothon this morning to raise money for Children's Hospital.

And it just so happens that in the 9:00 hour, as I was driving here, he was interviewing a doctor, Dr. Bradford. She is a pediatric cardiologist. So she explained she teaches -- or treats, rather, children who have heart issues. She even treats in utero before their born. And then she explained she treats as adults, those patients who started their heart treatment as children because she said she has specialized training that cardiologists who trained to treat adults don't have.

I am the oldest of three siblings. My youngest sibling, my brother, had heart surgery at a year-and-a-half. And back in the '80s, they were really just on the cusp of being able to fix things that he had. He had Tetralogy of Fallot. We had an older cousin who passed away from that same situation.

So at a year-and-a-half -- I was the oldest in the family. My mom said -- I was, roughly, 10. She said, "When you see him running around, if he starts to turn blue, make sure to slow him down and, you know, let him catch his breath." And so I

remember that very well.

So he had surgery at a year-and-a-half. And they were able to fix those three conditions that he had. Today, he is 42, has a wife and a son of his own. And it is because of that specialized training that he's here and he is, you know, part of our family and, obviously, like I said, has a family of his own.

So it very much hits home with me when we talk about East Jefferson General Hospital becoming a training facility for the next generation of doctors.

So, personally, as someone who lives in the community, I want to be here to submit my personal support as a resident and a family member who calls the area around East Jefferson Hospital home.

More formally, as the councilwoman in whose district the hospital sits, I have to say this proposed partnership between LCMC Health and Tulane University is absolutely phenomenal news for Jefferson Parish and, of course, for our entire region because they don't just serve the Jefferson Parish boundaries, but serve the Metro New Orleans Region.

Two years ago, LCMC Health provided a major

win to patients, providers, and employees when it purchased East Jefferson General Hospital. Their focus on our local community and the high quality healthcare access earned them overwhelming support from East Jefferson and beyond, putting the future of East Jefferson on solid ground.

I've been an elected office for seven years. I had some resounding wins of my own. I will tell you I've never been part of a campaign that will be as successful as that East Jefferson sale to LCMC because voters supported that ninety-five percent.

That is unheard of. Your most, you know, popular politicians always have about twenty percent who vote against them, just because. So ninety-five percent support for the sale of East Jefferson to LCMC shows you the level of support there is in our community for LCMC Health and East Jefferson.

As a result of the LCMC Health and Tulane University partnership, Jefferson Parish is going to gain a premier academic medical center right there on the campus of East Jefferson, wherein partnership with Tulane and LSU, the next generation of medical professionals will be trained.

People from all across the country will

seek to travel to Jefferson Parish for specialized healthcare. And I can't think of anything more exciting than the educational opportunities ahead for the students, the young medical students and residents, as well as the positive economic impact that I know it will have on Jefferson Parish.

This investment is transformational for both residents who will now have the opportunity to train at a world-class facility, as well as for the patients who will continue to receive excellent healthcare right at home in Jefferson Parish.

These two organizations share a deep commitment to our community, and I am absolutely delighted to welcome Tulane University into Jefferson Parish. I wholeheartedly support this partnership and look forward to a prosperous and healthy future for Jefferson Parish. Thank you.

MS. ANGELIQUE FREEL: Thank you.

All right. Next, we have -- and I apologize if I mispronounce the name, please correct me -- Jerry Bologna, President and CEO of JEDCO. Am I saying it correctly?

MR. JERRY BOLOGNA: Close enough.

MS. ANGELIQUE FREEL: Okay.

MR. JERRY BOLOGNA: Bologna, yes.

MS. ANGELIQUE FREEL: Okay. Okay.

MR. JERRY BOLOGNA: Better than most. Good morning, members. My name is Jerry Bologna. I'm president and CEO of JEDCO, the Jefferson Economic Development Commission. I'm here to speak in support.

And I want to start by saying long before this partnership was even discussed, Jefferson Parish, our elected leadership, our business leadership, had identified medical innovation and destination healthcare as a priority for our parish. We saw it as a growing sector, something that we knew would create job opportunities for our residents. And we've been working to that end.

Additionally, while we're the largest parish in Southeast Louisiana, we've always lacked strong university linkages and partnerships. So to that end, we believe that this partnership helps serve both, and helps us get to where we need to be.

The proposed partnership of LCMC Health and Tulane University is a significant win for Jefferson Parish. With the commitment -- with their commitment to invest over $222 Million into the three Tulane facilities, Jefferson Parish will see an infusion of investment in our medical sector that

will benefit our community tremendously.

The new academic medical center that will be created at East Jefferson General Hospital will provide research, innovation, and healthcare access that will be second to none. With someone who had both of my daughters born at East Jefferson, and my primary care physician, who I started seeing at age 18, is still there, we certainly welcome this partnership.

We look forward to strengthening our partnership with LCMC and Tulane in the future.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Ruby Brewer, Chief Nursing Officer, East Jefferson General Hospital.

MS. RUBY BREWER: Good morning. My name is Ruby Brewer. I'm the Chief Nursing and Quality Officer at East Jefferson General Hospital. I've been a nurse forty-three years. I can say it's a career that I have had -- I have found great joy in. I've never regretted becoming a nurse. And leading nursing has been one of the most rewarding experiences of my life, especially at East Jefferson.

I have a master's degree in nursing, and I

have a master's degree in business, as well as an advanced nursing executive board certification.

During my tenure at East Jefferson, I've been the senior vice president of quality for eleven years, and I assumed the chief nursing officer role nine years ago.

My role has really evolved around advancing the quality of patient care and developing the clinical team to achieve the highest standards in patient care. So I can tell you that nursing is truly valued at East Jefferson and LCMC Health.

I represent five hundred and fifteen nurses who work hard every day to make sure that the care we're delivering to our community provides the highest standard of care.

(Fire alarm interruption.)

MS. RUBY BREWER: East Jefferson is well known for excellence in nursing practice. And to demonstrate this commitment, East Jefferson was the first hospital in Louisiana to achieve Magnet designation, and is the only hospital that's been designated five consecutive times. This is --

MS. ANGELIQUE FREEL: Oh, can you just pause for just a second? I just realized that the court reporter is having an issue.

Okay. I think we're good.

MS. RUBY BREWER: Okay.

MS. ANGELIQUE FREEL: Thank you.

MS. RUBY BREWER: As I said, we've been designated five consecutive times. Our most recent designation was this year. And that does take a lot of work, commitment, and dedication of our nursing team.

So you may say, well, what is a Magnet designation? Well, the Magnet Recognition Program demonstrates organizations worldwide, where nursing leaders successfully align their nursing strategic goals to improve the organization's patients outcomes. The Magnet Recognition Program provides a roadmap to nursing excellence, which benefits the whole of an organization. To nurses --

(Fire alarm interruption.)

MS. ANGELIQUE FREEL: I was worried that they were going to tell us there was a fire alarm, so that worked out well. Sorry. You just keep getting interrupted. I apologize.

MS. RUBY BREWER: That's okay. That's okay. Nurses are flexible.

MS. ANGELIQUE FREEL: Okay.

MS. RUBY BREWER: To nurses, Magnet

recognition means education and development through every career stage which leads to greater autonomy at the bedside. To patients, it means the very best care delivered by nurses who are supported to be the best that they can be.

So you've kind of heard a little bit about the plans for promoting and advancing the career of nursing in the community, so that's very exciting. East Jeff and LCMC support for this designation demonstrates ongoing support for the advancement of nursing practice and patient care.

Nurses are empowered to have a voice in patient care delivery design. And to become a Magnet organization, you have to prove that you have achieved these standards through involvement of bedside nurses.

I love working at East Jeff. I'll say this, I was from the area and this was an opportunity for me to return home. And I love working for East Jeff and LCMC because we support each other in serving our community, region, and state. We get patients from all over the state. LCMC -- and some of our neighboring states.

LCMC's commitment and support has allowed East Jeff to continue fulfilling our mission to

deliver extraordinary care with pride. The East Jefferson team has worked tirelessly during the pandemic, Hurricane Ida, and current workforce shortages to find innovative ways to deliver patient care with great outcomes. Strong collaboration and teamwork is the foundation of our care delivery model.

I've worked at East Jeff, like I said, for eleven years, which means through the uncertainty of potential sales to other hospitals. And I'm glad that we ended up with LCMC Health. And as Jennifer was talking about, it was an initiative that was approved with a ninety-five percent approval. And I will tell you our nurses were big campaign leaders in that sale approval. We wanted to be part of LCMC Health.

I've seen firsthand how LCMC Health values communities and the voice of nurses. I know that our voices will be prioritized moving forward, and I look forward to working with all nurses at EJ and Tulane hospitals to ensure we are really showing our -- allowing our nurses to shine. Thank you.

MS. ANGELIQUE FREEL: Thank you for coming today. I appreciate it.

Next, Allison Guste with LCMC Health, Vice

President of Quality and Nursing.

MS. ALLISON GUSTE: Good morning. My name is Allison Guste, and I am the Vice President of Quality and Nursing for LCMC Health. I've been a registered nurse for seventeen years, and have spent most of my nursing career with LCMC Health. They have developed me into the leader that I am today.

In 2004, I started my healthcare career in the emergency department at Touro Infirmary. I was a nurse tech and a nursing student at the time. I knew immediately within the first week at that ER and at Touro, that that was my home. These people were my family.

After nursing school graduation in 2005, I continued my career as a BSN nurse at Touro. As a front-line leader, in 2009 I was a clinical supervisor in the ER when LCMC Health acquired Touro Infirmary.

This was a very positive experience for the hospital, for myself, and for the staff that I called my family. The hospital began to thrive post-acquisition. We all know that Katrina brought hard financial times for many of the local hospitals. And this is what saved the hospital and the community.

My professional development -- I'm sorry -- over the years, LCMC Health has not only invested in the community, but they have invested in me, personally. My professional development and career growth are evident as my start as just a nursing student at the hospital, and now standing before you today is the vice president of quality and nursing.

Still, the journey continues, as they continue to support me through certifications, professional development, and I'm in the final semester of my master's program. It's a great honor and privilege to represent and work with the three thousand plus nurses across our health system.

Nursing at LCMC Health is the backbone of everything that we do. They are the glue that holds our health system together. They're with the patients and their families during some of life's most critical and vulnerable moments. That means nurses, like all caregivers in our facilities, have the opportunity to make a difference, positively impacting the outcomes and the experience for every patient we serve.

Beyond the time-honored reputation that nurses have for compassion and dedication, LCMC Health nurses have risen to the challenge of today's

complex healthcare environment. As patient advocates and skilled providers, the role of nurses has never been more critical at LCMC. Our nurses have received recognition, as you heard Ruby Brewer speak of, in various avenues over the last years.

East Jefferson, as you know, has obtained their Magnet designation for the fifth time. They are one of only forty-three hospitals in this country that has obtained that designation consecutively.

Children's Hospital obtained their first designation this year in 2022. And University Medical Center is in the process of applying for designation.

Magnet status is regarded as the highest recognition of excellence in nursing a hospital can receive. Only nine percent of U.S. hospitals achieve this designation. It is the model around nursing excellence, the model of professional practice culture, and it is the voice for nurses.

Our nurses were recognized not only as a group via Magnet designation, but also individually via the Louisiana State Great 100 Awards. Out of those one hundred awards, forty-three nurses were LCMC Health nurses.

Over the last month, I've been honored to participate in several town halls and leadership meetings at Tulane, Lakeview, and Lakeside; most recently, yesterday. The nurses and staff have repeatedly expressed excitement about working with a local healthcare system that invest in their community, where they receive the returns to their hospital.

When local systems collaborate and work together, we put our patients best interests first. Great things happen when we work together. Together, while we listen and leverage the voice of our nurses, this partnership will expand professional development in cases like you've seen with me, and training opportunities, and bring new clinical, educational, and support, and new jobs, as we keep and attract our top talent here in New Orleans.

This partnership will create more opportunities and integrate care at facilities that can support the new growth and even better patient care, and an even more extraordinary nursing experience.

I am proud to be an LCMC Health nurse. I look forward to welcoming the six hundred new nurses

at Tulane, Lakeview, and Lakeside. We are an LCMC Health nursing family. Thank you.

MS. ANGELIQUE FREEL: Thank you for your time.

Next, we have Charlotte Parent, RN, AVP of Community Affairs, University Medical Center, New Orleans.

MS. CHARLOTTE PARENT: Good morning.

MS. ANGELIQUE FREEL: Good morning.

MS. CHARLOTTE PARENT: My name is Charlotte Parent, and it's my privilege to serve as the vice president of business development at University Medical Center, part of LCMC Health.

I joined LCMC Health in 2016 in the role as assistant vice president of community affairs and network navigation, and after previously serving as a City of New Orleans Health Director. I was born and raised in New Orleans; trained at Charity School of Nursing; received my diploma in nursing; then went on to Loyola University; and then finally, University of New Orleans, where I received my degree in healthcare management.

My career as a nurse and nurse leader was invaluable to me in my current leadership role and community affairs work at UMC. It has been an

essential role for the community and the region. UMC is the largest training center for future healthcare professionals in the state, serving as a training center for two major medical schools.

It is because of our experience in providing care to our community through the two medical schools at UMC that I can wholeheartedly support the partnership.

The proposed partnership between LCMC Health and Tulane builds on the already game-changing investments both organizations have made in downtown New Orleans. This investment includes a revitalization of the Charity Hospital building and re-purposing of the Tulane Medical Center building.

The downtown campus will become a thriving center of cutting-edge research and innovation, and represents $286 Million in economic impact to New Orleans.

I say this because the downtown is University Medical Center at that center. A state-of-the-art facility built after Katrina provides services for the State of Louisiana. We have over seventy specialty clinics. We are the region's only level 1 trauma center, and have an accredited burn center.

All of these services are currently provided by Tulane and LSU physicians and learners. Collaboration is not new to us. It is our culture. As an academic medical center, we provide care to all patients, but we understand one of our primary missions is servicing the under-served.

A majority of our patients are on Medicaid or uninsured. We welcome the patients who have received their care at Tulane, who still need us, and we'll provide that quality care focused on the patient. We have always, and will continue to, serve as the area safety net.

Many of the Tulane programs will shift to UMC and East Jefferson, and we embrace that change. We know how to take care of the community because we've been doing it. And we have the best track record of doing it.

Thank you for your time, and I urge you to support the partnership.

MS. ANGELIQUE FREEL: Thank you for your time.

Next, we have Dr. John Heaton, President and Chief Medical Officer, LCMC Health.

MR. BRETT ROBINSON: I just want to make a quick announcement. If you come to the table to

speak, make sure you sign in on the sign-in form.

MS. ANGELIQUE FREEL: Thank you.

MR. BRETT ROBINSON: And you can sign after.

DR. JOHN HEATON: Will do. Thank you for having me this morning. My name is John Heaton. I am the President and Chief Medical Officer of LCMC Health. In that role, I am the Senior Clinical Executive for the health system. I oversee a number of operational roles, none more important than the delivery of a consistent and safe quality product to all of the people that we serve across our hospitals.

I am a native New Orleanian. I've lived in St. Tammany Parish for about twenty-five years. I am a trained pediatric anesthesiologist. I obtained my undergraduate degree in Louisiana at Nicholls, and went to LSU Medical School, obtained my post-graduate medical education in New Orleans, with the exception of a year of fellowship, and have a business degree from Carnegie Mellon.

I provided healthcare in New Orleans for decades. And the proposed partnership between LCMC Health and Tulane University represents a transformational opportunity to fulfill the promise

of world-class healthcare delivered at home.

As I said, I've been at this for quite a while, both directly delivering care to patients in the operating room, but also as a clinical faculty member of both Tulane and LSU Medical School over the years teaching their residents and students. This has always made sense, and we're proud to see it come to fruition.

A primary driver of this partnership is our shared desire with Tulane to invest in the future of healthcare in our community and increase the quality and access to advanced life-saving academic medicine. We will enhance the services at UMC to serve Orleans Parish and we establish -- and we will establish a new premier academic medical center and leading teaching institution in Jefferson Parish.

This allows us to provide more training, give us less the -- more recruitment, and retention of high-caliber clinicians.

Additionally, we already support a, at LCMC, a vast array of research across the biomedical spectrum from lab-based science, to translational research, to clinical trials in all major disease areas.

Tulane, alone, conducts something on the

order of $230 Million worth of research per annum. Together, we will be able to collaborate to further research -- further these research endeavors and offer clinical trials closer to home for our residents, to push the boundaries of our medical practice, to provide patients and students access to enhanced healthcare services.

The evolution of our healthcare system in New Orleans over the last forty years is nothing short of extraordinary. And this will be a key catalyst to making the next forty years equally extraordinary. Thank you.

MS. ANGELIQUE FREEL: Sorry, I had my mic off. Thank you for your time.

Next, we have a red card from Steven Morelock, representing New Orleans community.

MR. STEVEN MORELOCK: Hello.

MS. ANGELIQUE FREEL: Hello.

MR. STEVEN MORELOCK: My name is Steven Morelock. I'm a resident of New Orleans and I'd like to read a letter that's been signed by a lot of my fellow community members.

We write as denominational and community leaders across New Orleans and Louisiana, in our support of the nurses of Tulane Medical Center, who

are demanding a voice in the future of healthcare in New Orleans. We are asking for the upcoming public hearing on the sale to be held locally in New Orleans, not Baton Rouge, ensuring meaningful participation and input from our frontline healthcare workers and the community they serve.

We're deeply concerned that the proposed sale of Tulane Medical Center to LCMC Health will negatively impact access to quality and affordable healthcare services for thousands of Louisianians. LCMC has already announced plans to shut down most inpatient services at Tulane Medical Center within twelve to twenty-four months of acquiring the hospital.

Many of our community members have gone to Tulane Medical Center for years. Losing such a popular hospital serving patients not only in New Orleans, but across Louisiana, is a loss for communities around the state.

We fear a two-system duopoly in New Orleans, made up of LCMC and Ochsner Health, will raise healthcare costs and reduce services. This is especially worrisome in such a precarious time in our nation. Now more than ever, high-quality healthcare needs to be made more accessible and

affordable.

When Charity Hospital closed, New Orleans lost one of the state's last public hospitals that served everyone, regardless of income level. Now, we stand to lose another hospital in downtown New Orleans that has long served low-income patients. We worry Medicaid patients, who are disproportionately black and people of color, will lose access to care.

Louisiana's minority residents already experience significantly lower life expectancies than white residents, and the closure of services and a higher healthcare cost may exacerbate this health equity crisis.

Nurses are on the front lines of keeping our communities and congregants healthy and safe. We stand with Tulane Medical Center nurses because we trust nurses to put patients first. We urge you to block the sale in order to ensure that there are no cuts to jobs or patient care services at Tulane Medical Center, and that there is no increase in healthcare costs for the community.

Sincerely signed, Shawn Moses Anglim, Pastor of First Grace United Methodist Church; Margaret Washington, retired RN and nurse educator;

Betty Roberson, the CEO of EDUTRONICS; Callie Winn Crawford, a retired United Methodist pastor; Jonah Evans, Neutral Ground, Founder and CEO; Charlotte Clarke, Common Ground Relief, Co-Director; Rev. Dr. Joe Connelly, Bethany United Methodist Church, Senior Pastor and Community Engagement Officer; Travis Cleaver, Grow Dat Youth Farm, Site Coordinator; Bonnie Sniegowski, Society of St. Vincent de Paul, Director of Adult Learning Center; Deon Haywood, Women with a Vision, Executive Director; Harold John, National Association of Letter Carriers, Second Congressional District Liaison; Matthijs Herzberg, Herzberg Design Company, CEO; Elizabeth Widerquist, Xavier Louisiana -- excuse me, University of Louisiana Professor; Stephanie Martin, FGUMC Administrator; Rev. Dr. J.C. Richardson, Cornerstone United Methodist Church, Pastor; Bettie Rhode, Cornerstone United Methodist Church, and Parish Nurse, Lay Minister; Lexi Peterson, New Orleans Worker Center, Co-Director; Byron Johnson, Central Missionary Baptist Church, Reverend; Jeanne Nathan, Tannathan, Inc., President; Mary Lowry of Now Love; J. Christopher Johnson, Mobilizing Millennials, Executive Director; Mark Behar, Temple Sinai, former board member; Eugenia

Rainey, Tulane Professor -- excuse me -- I can't talk -- Professor at Tulane University; Bennie Wilson, Mantle Tabernacle Holiness Church, Senior Pastor; Dave Cash, United Teachers of New Orleans, President; Darla H. Durham, St. Charles Avenue Baptist Church, Deacon and Former Trustee; Margaret Maloney, New Orleans Workers Assembly, Organizer; Mike Howells, We Can't Wait NOLA, Organizer; Amy Stelly, Claiborne Avenue Alliance, Executive Director; and Rev. Paul Beedle, First Unitarian Church -- Universalist Church, Minister.

Thank you very much.

MS. ANGELIQUE FREEL: Thank you for coming today. And I just wanted you to be aware that the reason that the hearing is here is because the law dictates that. There is a specific rule that says that the hearing must take place in Baton Rouge, Louisiana, and that's in the Louisiana Administrative Code.

MR. STEVEN MORELOCK: I understand that. Just please take into consideration that that's going to affect turnout for people who are stakeholders in this conversation.

MS. ANGELIQUE FREEL: Well, I appreciate that. We did publish the Notice in the official

journal, and we did allow people to provide comment in writing in advance of the hearing. So that was an option.

Do you want to provide us with a copy of that letter?

MR. STEVEN MORELOCK: Absolutely.

MS. ANGELIQUE FREEL: Thank you.

All right. Next, we have a red card from Olivia Cooper, present, and would like to speak.

So it indicates you're representing Tulane Medical Center. Are you -- can you -- are you here, sent from Tulane, or you just work there? What's -- can you just tell us the connection?

MS. OLIVIA COOPER: Yes. I'm a registered nurse at Tulane Medical Center.

MS. ANGELIQUE FREEL: Okay.

MS. OLIVIA COOPER: Good morning. Thank you to the Attorney General's Office for holding this important forum. My name is Olivia Cooper, and I am a nurse in the transplant ICU at Tulane Medical Center, where I have worked just over a year.

The lack of transparency by HCA and LCMC in this process has completely dismayed me. The only information we have been given is that LCMC will acquire Tulane Medical Center and subsequently close

the hospital, removing vital services to our patient population. The hospital and the Attorney General's Office should want to collaborate with nurses in deciding the future of Tulane Medical Center. We are the ones most involved in the direct care of patients.

We see firsthand, every day, the dire needs for quality and accessible healthcare options for patients across Louisiana. Nurses are the key cog in keeping the hospital running and our patients safe and cared for, yet our voices are not even considered in the decision-making process of the future of our hospital.

It is evident to anyone working in healthcare that the increased need for healthcare services will only continue. Being able to provide services for a population of people who are getting sicker should be a top priority of not only New Orleans, but for Louisiana's public healthcare priorities at large.

Spending money trying to promote a system for, quote, destination healthcare, just results in decreased accessibility to care for residents of Orleans Parish.

The Tulane transplant ICU has an enormous

population of patients who come, not only for surgeries, but for lifelong care after receiving a transplant. Additionally, many of the patients we serve come to us as transfers from other hospitals, who don't have the resources to care for them. Where will these patient populations go if the hospital shuts down?

Just in this past year, I have seen the astronomical need for our services in New Orleans and throughout the South. Shutting down this hospital would be a huge loss for the community and the patients we serve.

My understanding of the COPA law is that the application cannot be approved unless it results in improved access to healthcare. With LCMC making clear its intentions to shut down Tulane, a hospital at the epicenter of New Orleans Parish, how would this improve access to healthcare for its residents?

Not only can access to healthcare decrease, the cost of care will surely increase as well. LCMC would hold over fifty percent of the New Orleans healthcare market if this sale goes through. What's going to stop them from employing the same practices, of higher costs and less care, the other systems in heavily concentrated markets do?

Look around the room and acknowledge the presence and voices of those that are most directly impacted by this decision. I implore you to grant our community their civic right to give input in this process. Thank you for your time.

MS. ANGELIQUE FREEL: Thank you for coming here today.

Next, we have Michael Robertshaw, who submitted a red card and is present, and would like to speak.

MR. MICHAEL ROBERTSHAW: Can I speak from here or should I be over there?

MS. ANGELIQUE FREEL: The mic is on --

MR. BRETT ROBINSON: I think that one.

MS. ANGELIQUE FREEL: Wait. Which one?

MR. BRETT ROBINSON: All those mics are on, but that -- the furthest to the left, or right, seems to be the best.

MS. ANGELIQUE FREEL: And your card indicates that you're a nurse at Tulane Medical Center; is that right?

MR. MICHAEL ROBERTSHAW: Yeah. I'm sorry for that confusion. I'm actually -- so I'll just state my name for the record. It's Michael Robertshaw. I'm a ICU nurse at Tulane Medical

Center, representing the unionized Nurses at Tulane Medical Center.

MS. ANGELIQUE FREEL: Okay. Okay.

MR. MICHAEL ROBERTSHAW: Okay. Thank you very much to the board for being here. Gosh, I have so much to say and I'm going to try to whittle it down into some comprehensive statements within three minutes.

I was hoping I could just ask a favor. Do you mind putting back up here on the board the original three things that this board is considering? The very first slide. Can I ask you to do that, please?

MR. BRETT ROBINSON: So you're talking about lower healthcare costs, improved access --

MR. MICHAEL ROBERTSHAW: Yeah. What this board is charged with making a decision based on, I would really appreciate it if you could put that up.

MS. ANGELIQUE FREEL: Yeah. We can get with our IT people to do that.

MR. BRETT ROBINSON: I'll just state it real quick, just so -- for your purposes. It's lower healthcare costs or improved access to healthcare, higher quality healthcare without any undue increase to healthcare costs.

MR. MICHAEL ROBERTSHAW: Great. Thank you very much for that. I really appreciate it. So we have heard a lot of statements here today that essentially say those exact three points. There has been very little detail as to how that is going to be accomplished.

The nurses at our hospital learned about this sale through Nola.com. We were never involved in the process. And we have continually heard those three points are going to be satisfied, with incredibly little detail as to how they will be satisfied. I encourage this board to dig down into the numbers and actually ask the hard questions. How are you going to satisfy the roughly twenty-eight thousand patients that come through the emergency room at Tulane?

We have emergency room patients who come to our emergency room because they are waiting too long at UMC, and they come to our emergency room. It is totally unclear to the nurses at Tulane Medical Center downtown how you can decrease cost, improve quality of care, and increase access when you close a downtown hospital. That has yet to be made clear. And I think it needs to be made clear before this body makes a decision.

We are the ones who are holding your families' hands when they die. We are the ones who are cleaning your family when they are soiled. We are the ones that are comforting our community and taking care of them day-in and day-out. And no disrespect to the nurse administrators who have spoken here today, I'm grateful for your work, but nobody is asking the nurses on the ground, who are doing the hard work day-in and day-out, what we think. And that needs to happen.

Thank you for your time.

MS. ANGELIQUE FREEL: Thank you.

Next, we have Kaylen Edwards. Again, it says representing Medical Center. Are you a nurse at -- a nurse? Okay. Thank you for coming. If you don't mind, when you finish, just sign the sign-in sheet.

MS. KAYLEN EDWARDS: I did this morning when I walked in. Good morning, everyone. My name is Kaylen Edwards, and I am a new nurse at Tulane Medical Center. I really appreciate the opportunity to speak with you guys today about the sale and the pending closure of our hospital.

As a new nurse, I'm still learning. I'm still training. Most of my colleagues are new

nurses as well, and have only started practicing within the last year or two. We only have a few experienced nurses throughout the facility, which has made my education journey very challenging.

There's been so much uncertainty with the sale and the closure since the closure has been announced. We don't know where we will be transferred to and when. We don't know the pay -- our pay or our benefits, if those will be maintained.

This has even led to more experienced nurses leaving our facilities in droves to go and travel. I worry that our patients, that our community, is going to continue to suffer. We have so many long-standing patients who have been coming to our hospitals for years, ones that I've taken care of myself -- I've had the privilege of taking care of myself.

It takes time to build those relationships, to build trust with doctors and nurses. And our patients will -- are unsure if they will be able to maintain those relationships.

We have -- we already have a health equity crisis in our city and our state. Louisiana's black, homeless, and patients with mental illness

face higher rates of comorbidities, multiple diagnoses, and less access to care, and they seek care at lower rates than others. This happens for many reasons, including a history of exclusion in healthcare that has led to mistrust in the healthcare system.

This means that the relationship, the trust between doctors and patients and nurses is even more important for these patients. I worry that closing our hospital is only going to exacerbate that problem. If we close an accessible community hospital, it's going to make it harder for our community to access that care.

In the wake of COVID-19 it highlighted how unprepared we are for pandemics. And to need -- and the need to prepare for those future pandemics is now. We didn't have enough beds, PPE, or nurses. And, now, we're facing new viruses like monkey pox and future ones that are still unknown.

How does losing a hospital, hundreds of beds downtown, better prepare us for another pandemic? We need to be increasing our capacity to provide good, quality care. I worry that if the sale is improved -- approved and the hospital closes, we're only going backwards from here.

Our community needs more time to discuss potential impacts of the sale, and the hospital closure on nurses, other healthcare workers, and especially our patients before any decision is made. Thank you so much for your time.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Chip Cahill, present and would like to speak, Board Member, LCMC Health.

MR. CHIP CAHILL: Thank you, and good morning.

MS. ANGELIQUE FREEL: Thank you.

MR. CHIP CAHILL: My connection with LCMC is a trustee and board chairman for West Jefferson Medical Center. But before we were affiliated with LCMC, we found ourselves to be, at West Jefferson, to be a struggling community hospital. We were a standalone hospital. We were fortunate enough to have a leader who saw that we wouldn't be able to survive as a standalone hospital. We wouldn't be able to survive merely by affiliating ourselves with East Jefferson and standing as two community hospitals together.

And we reached out to the public, and convinced the public that this would be the right

thing to do, that we would find a suitor that would best meet the needs of the Westbank.

And we began a long journey of meeting with suitors. And every suitor showed me a picture and told me, "This is what your ugly hospital is going to look like after we invest in it." Well, along came a suitor, finally, one of the last ones that I met with. LCMC showed me what the inside of our hospital would become, how they would fix the things that we wanted to fix, but didn't have the money to fix.

And as time went by, everything worked out. Everything they said they were going to do, they did. The promises came true.

I was a bad little kid. And one year, I burned my hand on New Year's Eve, and my mom had to take me to the West Jeff emergency room. And she took my younger brother and my younger sister also. And in those days, the emergency room, the waiting room, was wide open and all of the families sat waiting to go in to the back of the hospital in the reception area.

And several ambulances came in while my mom was there with her three children. She couldn't leave the other two at home by themselves. And

people came in who had serious injuries. I saw two people who I'm sure died that night; one was a serious car wreck, the other was a stabbing. And my mom was trying to cover all of our eyes. She couldn't do it. And she told us to try to forget about it, but I never did forget about it.

One of the first things that LCMC did is rebuilt our emergency room. So now, the ambulances pull up at their own bay in the back. You don't have to parade in front of the families anymore. The affiliation with LCMC caused the creation of a children's emergency room on the Westbank, which was something that was a real blessing and was really needed. Geriatric emergency room was next.

Everything that they talked about, they did. And when all the smoke cleared, we're getting a pretty facade on the outside of the building, too, but nobody from LCMC ever called our building ugly.

Thank you very much. And I think this would be a great thing.

MS. ANGELIQUE FREEL: Thank you.

MR. CHIP CAHILL: Sure.

MS. ANGELIQUE FREEL: Next, we have Nathaniel Beech, green card, present, and would like to speak. Senator Cameron Henry said to thank you

for stopping by.

MR. NATHANIEL BEECH: Thank you. Good morning, everyone. My name is Nate Beech, and I'm the second-year class president of the med school class at Tulane School of Medicine. I'm a New Orleans native. I attended Jesuit High School. I attended Tulane University for my undergrad, and now have the privilege to go to Tulane Medical School and further my education, and follow my father in his footsteps to becoming a physician. And he is a person who's practiced in this city for over twenty years now, both at LSU and now at Tulane.

The partnership between Tulane and LCMC offers an immense opportunity and possibility of building an even stronger academic medical centers throughout the city in New Orleans and across the state. These teaching hospitals are groundbreaking for research and education, with the goal of creating new treatments and techniques that physicians, residents, and students can use to provide and improve quality of care for patients in New Orleans systems and across the state.

In addition, it will also offer the ability and opportunity for a new nursing program to be built in the hospital, while also addressing the

projected twenty-five hundred nursing positions that will be unfilled in 2025 in the City of New Orleans.

Overall, this partnership has the ability to improve quality of care, not only across the City of New Orleans, but across the state, and allowing Louisiana to become a hub for medical care and education across the southeastern United States.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a red card from Mea Ratcliff present, and would like to speak, Tulane Medical Center nurse, patients, and community.

MS. MEA RATCLIFF: Good morning. My name is Mea Ratcliff. I am a registered nurse. I've been a registered nurse for twenty-two years. I graduated from Southern University School of Nursing here in Baton Rouge.

I want to talk about a couple things that I've heard today. I heard that $220 Million is going to be invested in Lakeside Hospital in Jefferson Parish, and East Jefferson General Hospital, also in Jefferson Parish, and in Lakeview, which is in Covington.

I've not heard anything about what's going to happen in Orleans Parish as far as the hospital

system. How is this going to decrease the cost of care with only two major hospital systems in New Orleans?

I hear that our services and our beds are going out to Jefferson Parish. I hear everything that's good for Jefferson Parish. I don't hear anything good here for Orleans Parish. This COPA that you mentioned: decreased cost of care, improve quality of care, and increase access to care. Tulane serves a huge indigent population. How are these people going to get to Jefferson Parish?

And then we're talking about moving them over to UMC that's already overburdened and overloaded in our healthcare system. We have gunshot wounds frequently, unfortunately, in Orleans Parish. So we're going to close down an emergency department in Orleans Parish? And we're going to close down a hospital in Orleans Parish?

And our hospital is ugly, but I really don't care that much about that. I do care that we're there for our community and for our patients that have been coming to us for years now. I don't see how it's going to improve any services in Orleans Parish. And I'm very worried about that, and for our patients.

We don't have a great bus system. We don't have -- the train bypasses Baton Rouge. There's not very good infrastructure for patients to get around. A lot of our patients walk to our hospital or they bike to our hospital. So I don't see any increase in services to them.

And for us, we're going to lose a hospital that we've been at for years and years and years. We love our hospital. We love our patients. We love taking care of our patients. We love our community. And I don't hear anything proactive for Orleans Parish with this hospital being shut down and our emergency department being shut down.

And during COVID, there were not enough beds anywhere. And so we're talking about shutting down a 230-bed hospital and half of our services being moved to Jefferson Parish. I think that's a huge concern, and that should be taken into consideration.

It all sounds great. It all sounds beautiful because they're able to make it sound that way, but who it's going to affect is our community and our patients. So please take that into consideration before moving forward with this.

MS. ANGELIQUE FREEL: Thank you. Did you

do the sign-in sheet?

MS. MEA RATCLIFF: I did.

MS. ANGELIQUE FREEL: Okay, great.

MS. MEA RATCLIFF: And is there going to be another hearing? And will it be in New Orleans?

MS. ANGELIQUE FREEL: This is the only hearing.

Next, we have a green card, Terrie Sterling, present and would like to speak, with LCMC Health.

MS. TERRIE STERLING: Good morning, and thank you. I'm Terrie Sterling, and I'm speaking on behalf of Deon Guidroz, the ACNO, the Assistant Chief Nursing Officer, at Tulane, who requested that I read these comments into the record.

My name is Deon Guidroz, and I am the assistant chief nursing officer for Tulane Medical Center. I've worked for Tulane for thirteen years. During that time, I've had several roles from managing quality and patient experience initiatives, to directing the medical surgical units for the system. I worked on matters such as staff retention, and quality, and patient safety.

I know what Tulane means to the New Orleans community, and how important that community is to

our staff and to our health system. It is with that community in mind that I ask you to approve this partnership. If approved, this merger would join two local institutions who are deeply invested in the health and safety of our city and our region. That will lead to clear benefits to the patients you've heard people speak about seeking care at Tulane Hospital.

With a plan to invest millions of dollars in mid city, and an assurance to retain the existing workforce, LCMC Health is making a commitment.

Having worked in both staff engagement and patient experience, I know that quality facilities matter, not just to patients, but to the staff who work in our hospitals. The people of Tulane Health System, both those who work for us and those who we serve, deserve world-class facilities and world-class care.

If approved, this partnership would lead to a clear win-win for everyone in our community. Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Dr. Gary Haynes, Tulane University School of Medicine.

DR. GARY HAYNES: Good morning. Thank you

for the opportunity to address this panel. I'm Dr. Gary Haynes. I'm the chair of the Department of Anesthesiology at Tulane School of Medicine. I've been with Tulane about seven years, and in academic medicine and a bit in private practice for more than thirty years.

And with that range of experience, which has been in the Midwest, in the Southeast, and now in the Central South here in Louisiana, that range of experience informs me that this is a very positive affiliation plan, and it's one that I strongly approve. I think there are many advantages that we could talk about, but just to be brief, I'll only address three.

First, the purpose of this Tulane/LCMC affiliation will be to create an academic medical center with East Jefferson General Hospital as the premier flagship hospital for a place where I want to emphasize it's for maximally effective education of doctors and nurses. This is a huge problem that the United States has. It's a problem that this state has right now, New Orleans, particularly, with the shortage of nurses. This is not going to get any better if we don't do something different and take a new path.

One of the challenges I have right now is how to find the clinical experience for our residents in anesthesiology and in other specialties, that not merely meets a minimum requirement, but goes beyond that and has a much more robust experience for our resident physicians and medical students.

As you've heard, the LCMC/Tulane affiliation will create a nine-hospital system, and that will allow us to expand our opportunities for clinical research. Now, Tulane University is one of the nation's, and North America's, premier research institutions. Much of that is in basic research. We need to do more in clinical research because that brings new healing, new therapies, new opportunities to our patients and everyone in the state, and even beyond the borders of the state.

As you know, there's a very serious shortage of nurses, also physicians. And in doing this, we'll be able to create this program for nurse training. Right now, it's estimated that we might need nearly twenty-five hundred nurses by the year 2025. I do not know if that's accurate, but I can tell you right now we need hundreds of nurses in New Orleans and in the state. And we have to do

something to address this.

The second point is that the affiliation will promote additional comprehensive and specialized care in the New Orleans area. We will continue some outpatient services, outpatient clinics, at the Tulane Hospital location, and increase our role at University Medical Center, while creating a new role at East Jefferson General Hospital for Tulane doctors.

This will not decrease and we're not interested in decreasing our presence in the downtown area. We will increase our clinical presence at University Medical Center and shift some of our other clinical activities to East Jefferson General Hospital.

But this is important because in making these shifts and these moves, it will open up space that is much needed for a nursing program in the immediate downtown area.

And the third thing I would just focus on, or mention, is that hospital consolidation is often a focus of hospital systems throughout the country. Our focus is on growth, expanding services, and improving the efficiency and delivery of quality medical care. I think this will happen because LCMC

Healthcare and Tulane are mission-based nonprofit organizations that have shared interests and goals. We share values and commitment in emphasizing the high quality efficient and effective healthcare. And, along the way, that means keeping an eye and a focus on how to reduce hospital and medical costs, not just let them expand indefinitely.

So, in closing, I would just say this is all about developing a robust academic medical center, and growing EJ General Hospital into a major teaching hospital, growing comprehensive and specialized medical care while maintaining Tulane's presence in the city, and increasing the range of what we do by aligning major institutions that share common goals and values.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a red card from Caleb Holmes in opposition.

MR. CALEB HOLMES: I'll waive speaking.

MS. ANGELIQUE FREEL: Okay. So you do not want to speak, but you're in opposition; is that correct?

MR. CALEB HOLMES: Yes.

MS. ANGELIQUE FREEL: Thank you.

All right. We also have a red card from Curtis Williams, Step Up Louisiana, present and would like to speak.

MR. CURTIS WILLIAMS: Good morning everyone. How are you doing?

MS. ANGELIQUE FREEL: Great.

MR. CURTIS WILLIAMS: To the Attorney General's Office, to LCMC, Tulane, and HCA, my name is Curtis Williams, and I'm a lifelong resident of the Greater New Orleans area, and a member of Step Up Louisiana. Thank you for providing us with the opportunity to express our comments and concerns. There are four major points that we would like to highlight about this proposed merger.

First, the process feels a bit rushed. This deal has huge consequences for patients, and the community, and workers, and should have included the opportunities for input from all stakeholders before, during, and this hearing, including a community meeting in New Orleans.

Second of our major concerns is what will happen to the employees. We would like to offer that LCMC consider these very reasonable economic justice demands laid out by the nurses union to be considered for all Tulane Hospital employees

involved in this deal: One will be no cuts to jobs or services, guaranteed placement, and new facilities; Number two, workers are given the power and equity to make decisions that best serve all of stakeholders during a transition; Number three, workers' pay and benefits maintained; Number four, LCMC recognize the nurses union and remain neutral for all unionization efforts.

The third concern is the concerns of the patients. I personally have sat in UMC for over eight hours to be seen, only to be told that they weren't able to help me because it wasn't a big enough trauma. That would be a concern. And how would that impact more wait times? We are concerned with losing another ER in New Orleans and having a negative impact on additional wait times. Also, patients having to get transported to East Jeff or West Jeff.

Hospital isn't always feasible and it isn't always affordable. By reducing the competition in the city to only two hospital networks, we worry about higher costs and lower pay to workers. Can you assure the community this won't happen?

Fourth, and final, we hope and believe that LCMC will continue to work well with Step Up and

communities throughout this process. We are extremely happy -- we were extremely happy to partner with LCMC during our Get out the Vax efforts in late 2021 and early 2022 on over a dozen vaccine events, and were happy to be in contact with LCMC administration in the lead-up to this hearing.

Step Up wants to continue to be your partner, but those are our concerns, and that's where we stand for right now.

Thank you.

MS. ANGELIQUE FREEL: Thank you for coming here today.

I still have some cards to go through. I just want to make sure, in case anyone walked in late, that if you would like to speak, you can get a card at the front from -- they're just placed up here -- to complete a card, and we'll call you up.

Next, we have Percy Manson, representing a faith-based community, present and would like to speak.

MR. PERCY MANSON: Good morning. My name is Percy Manson. I am one of the many community leaders in the New Orleans area, and I'm here today representing the faith-based community, and I'll read their statement.

Recently, LCMC Health and Tulane University announced a new partnership that will increase access to comprehensive and specialty care, advance groundbreaking research, and expand life-saving treatment that ensure all our patients and communities can receive the highest quality of care right here in the Greater New Orleans Area.

We write this as a faith-based community. Through this partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join the LMCE [sic] Health family. The majority of the services provided to Tulane Medical Center will shift to University Medical Center New Orleans and East Jefferson Hospital.

LCMC Health has publicly committed to all employees at three hospitals: Tulane Medical Center, Tulane Lakeside Hospital, and Lakeview Regional Medical Center, that they will continue to have jobs under the new partnership. This includes nurses, physicians, and all staff.

Additionally, this partnership will allow the repositioning of Tulane Medical Center building with multiple use, including a new nursing program. Through this initiative, Tulane University will

create an estimated twenty-three hundred jobs across the State of Louisiana.

Downtown will continue to have high-quality access to care for the Medicaid and under-served population at the University Medical Center in New Orleans. UMC services and offerings will actually grow, allow for more access for the community. We understand that Tulane Hospital operates -- operations will continue as normal as LCMC Health and Tulane plans for a gradual transition over the next twelve to twenty-four months.

We support this partnership and its intent given to the above commitments, and we are grateful that LCMC Health and Tulane keeps line of communication open to the community. Representing this is one of the largest minister alliances, which is President Willie Gable, Interdenominational Ministerial Alliance of Greater New Orleans, and Rev. Bishop Tom Watson of Watson Memorial Ministries, and Pastor Rev. Jamaal Weathersby of New Hope Baptist Church in New Orleans.

Thank you for your time.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from LaDana Williams, present and would like to speak, Director

of Public Relations, LCMC Health.

MS. LADANA WILLIAMS: Good afternoon. My name is LaDana Williams, and I'm reading a statement on behalf of Rhonda LaBat, University Medical Center patient.

Over the last thirty years, I've had my fair share of ups and downs with my health. For years I went back and forth to different hospitals for treatment. Most of the doctors gave me medication that kept me lethargic and feeling miserable. I suffered from massive weight gain, which led to me being a diabetic. Also, my thyroid and esophagus conditions were getting worse.

A few years ago, things got really bad. University Medical Center was recommended to me through Daughters of Charity. Because I had so many issues with my thyroid, esophagus, stomach, back, and other chronic conditions, a team of doctors worked together to get me better. Seeking care at UMC was life changing. The UMC doctors diagnosed me with anemia and treated me for my condition.

Since receiving this great care from doctors, nurses, and the hospital staff, I'm a non-medicated diabetic with thyroid levels that have been lowered and my esophagus is better, which has

really enhanced my quality of life. I am here today because of the excellent treatment I received at UMC. It's such a big hospital, but the doctors and nurses all know me, which makes it feel more like a -- more than just a hospital.

My mom and my son both receive treatment at UMC. Unfortunately, my mom passed away a few years ago, but I'll always be grateful for the nurses that took such great care of us. My son was treated at UMC for COVID. He received great care as well. It means a lot when you go to the place and get treated well.

LCMC Health and Tulane coming together will be good -- a good thing for our community. There's a lot of learning that takes place at UMC, and that's important because that's one of the reasons they were able to diagnose my condition. I'll always be eternally grateful and thank God for giving my physicians wisdom, knowledge, and healing hands, and for leading me to UMC for care. It changed my life.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from John Pourciau, present and would like to speak, AVP

Government Affairs, LCMC Health.

MR. JOHN POURCIAU: That was a great pronunciation of the last name, there, by the way. Brett should be able to get you right, though. We went to school together.

And it's good to see you take a bit of a step back from your busy schedule as the face of the ethics annual videos, too. So we appreciate that.

MS. ANGELIQUE FREEL: Yes. Face and voice.

MR. JOHN POURCIAU: Indeed, and voice.

MS. ANGELIQUE FREEL: Yes. Yes.

MR. JOHN POURCIAU: It's true.

Good afternoon. My name is John Pourciau. I'm the AVP of Government Affairs for LCMC Health, and today I would like to read a statement from Newell Normand, the former sheriff of Jefferson Parish.

I have both personal and professional experience with East Jeff General Hospital. I could not be more supportive of the proposed partnership between its parent, LCMC Health, and Tulane University.

My mother received care at EJ for stage 4 lung cancer, more than seven years ago. She was given six months to live. The top-notch care she

received from EJ's doctors and nurses turned around her quality of life and she is still alive today.

This partnership will transform EJ into an academic medical center that will attract the best and the brightest healthcare professionals to our area so that we can continue to provide excellent care. The Tulane and LCMC Health partnership brings something to the table that didn't exist before. The partnership will broaden and deepen the level of service and delivery of care, and give the community more options.

This partnership's proposed investments in downtown are masterful. Investing in our healthcare corridor will benefit our entire region in a tremendous way. It is a difference maker for us here in the City of New Orleans.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card in support from Peter Waggonner, present and would like to speak, Greater New Orleans, Inc.

MR. PETER WAGGONNER: Hi. I'm Peter Waggonner, Public Policy Manager for GNO, Inc., reading a prepared statement from Michael Hecht, President and CEO of GNO, Inc.

MR. BRETT ROBINSON: Can you pull the microphone closer to you? Thank you.

MR. PETER WAGGONNER: The proposed partnership between LCMC Health and Tulane University helps realize a long-held vision by many, including myself, of transforming our region into a hub for destination healthcare. With these investments, our region will have increased access to the latest medical breakthroughs and clinical trials that are intrinsic to academic medical centers.

Jefferson Parish will gain a world-class academic medical center at East Jefferson General Hospital, with an estimated economic impact of nearly $475 Million. Tulane University can build on its historic investment to grow its downtown campus with a vision of becoming a world-renowned research and innovation powerhouse. And patients in St. Tammany, Jefferson, and New Orleans Parishes, and the entire region and state will receive state-of-the-art enhanced care from a locally-owned nonprofit system.

There is much to be excited about when you look at collaboration between LCMC Health, LSU, and Tulane from the estimated 2,300 jobs that will be

created to the thousands of lives that will be improved.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Emily Brown, present and would like to speak. And this says representing Tulane Medical School. Are you a student there?

MS. EMILY BROWN: Yeah, I'm a medical student.

MS. ANGELIQUE FREEL: Great. Thank you.

MS. EMILY BROWN: Good morning. I'm Emily Brown. I'm a third-year medical student at Tulane. And I came to Tulane from Florida because I wanted to learn medicine at a program with a mission to serve its community, and that's the reputation that it has for medical applicants.

I've not been disappointed. I see a deep commitment to serve. And in the last year, I've had the privilege of working at a wide variety of hospitals in and around New Orleans, and I've seen firsthand that there's a difference at LCMC facilities. And it can be hard to define, especially for me, as I don't have much experience, but there's a feeling that there are adequate

resources, a feeling of strong teamwork, and I see consistently high-quality patient care.

As a Tulane student, having hospital administrators who share my values of compassionate, mission-driven care, is really exciting. It's exciting for me, and I know it's exciting for my fellow students. From where I stand, I see great benefit to our patients in partnering with LCMC.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, Jacquelyn Turner, Tulane University. And are you a med student also?

DR. JACQUELYN TURNER: I wish. I'm a physician.

MS. ANGELIQUE FREEL: Oh, sorry. Sorry.

DR. JACQUELYN TURNER: That's okay.

MS. ANGELIQUE FREEL: Well --

DR. JACQUELYN TURNER: Hi. My name is Jacquelyn Turner, and I'm actually the Vice Chair of Surgical Education in the department of surgery. So I'm going to come and speak on two different aspects.

One, I didn't -- I wasn't born and raised -- I didn't grow up in New Orleans, so I can't give some of that background, but as a newcomer, I can

tell you that the mission of HCA has been surprising to me. And I appreciate that you brought up the mission of LCMC. There has been a malalignment of the mission statement with HCA, in my opinion. As an educator, I've helped to implement programs for our medical students, for our undergraduate students, through pathway programs that helped under-represented minorities get into med school.

And I did this for years in Atlanta, Georgia, with Grady Memorial Hospital, with the help of a couple of schools, Morehouse School of Medicine and Emory University. And I came here trying to do the same thing, and it has been a challenge under the current HCA leadership and council. I appreciate that LCMC has included education in their mission statement, and I firmly believe that when that's in your mission statement, that that goal is going to be executed. So I believe that the education -- from an education standpoint, that our mission is much more aligned with the current LCMC mission.

Two, as a provider, most of my patients are under-served with Medicare, Medicaid, or not having any insurance, about forty percent when I look at my patient-pair mix. And with that said, again, I see

malalignment of my mission in serving my patients with the current HCA mission statement. I say that because, as a provider, I came and I am operating under an archaic electronic medical record system that, to me, belongs in 1980.

I -- it's very hard and difficult to take care of patients when the electronic medical system is so outdated. And it's sad to say that because, you know, it's my understanding that Tulane has lost funding, and so we're not the premier HCA child. So we were not given the updated electronic medical records system that some of the other HCA hospitals have. So, again, with LCMC already having some of these up-to-date technologies, it's in line with the care of their mission statement -- aligned with their mission statement.

In terms of diversity, I am truly a proponent of improving health equity and educational equity. And I really appreciate HCA's ten-page document on their website that details out their priority for improving the community health plan. It's a plan that's going to begin this year that is supposed to be carried out until at least 2025, with five priorities. On this priority, they want to include access and continuity of care, improve

mental and behavioral health, improve health education and health literacy, improve discrimination in healthcare, and improve health-related impacts of violence.

So I wouldn't support an arrangement or an acquisition that did not put our community first. So as an African-American, I do believe that HCA is trying to help with -- I'm sorry -- LCMC is trying to help with healthcare disparities for both its community and for its workers.

MS. ANGELIQUE FREEL: Thank you, Dr. Turner.

I see we're getting close to noon, but I would like to push through and get through these cards, and then break before we get to all of the written comments, because I know some of you may need to leave.

The next green card we have is Dr. Robert Hoover, present and would like to speak.

DR. ROBERT HOOVER: Good morning.

MS. ANGELIQUE FREEL: Good morning.

DR. ROBERT HOOVER: I am Robert Hoover. I am the chief of nephrology, which a lot of people don't know what nephrology is. Everybody knows what cardiology is. But nephrology is the study of

kidney diseases, and I'm the Chief of Nephrology at Tulane University.

I have a somewhat different perspective than many of the folks that have spoken here. I'm kind of a newbie to Louisiana and New Orleans. I've been here now for a year-and-a-half. And I think the perspective that I bring is a broad-based understanding of what a true academic medical center is, and what a true academic medical center brings to a region and to a state.

And to talk about that background: previously, I was at Emory University; University of Chicago; Vanderbilt University; Yale; and Harvard. And so I've seen what a true academic medical center is, and can be, and what it can do. And I think it really starts with the three missions of any true academic medical center, which is: research, patient care, and education.

And any true academic medical center has to cover all of those three things. They synergize together. They form a union that, essentially, improves all of those aspects, so that when you join the patient care, and you join the research, and you join the education all together, it creates a synergy that is really unrivaled in medicine. And I

think it is in the short term and long term, essential for a region to have if they are going to advance to the best quality healthcare that we can have.

And I will tell you, honestly, when I got here I was surprised that Tulane University Medical Center was not meeting that standard. And I didn't understand why at first. It took me a while to figure this out. And what I figured out was that our partner at Tulane University Medical Center was completely misaligned with our missions. They did not have any of those missions that we had. I -- you know, they did healthcare and they made money. And, you know, that -- the other parts of our mission were not part of their mission.

And, in fact, this means that our main hospital has not received the resources that you have to have to be a true academic medical center. We have not received the, really, the commitment that is absolutely necessary if you're going to make a true academic medical center. And so I believe we've fallen short of that measure. And we've done so because we've had a bad partner. And it is absolutely essential, and it was and is absolutely essential, that we find a better partner.

And I think we have found a better partner now with LCMC. As others have detailed, they are, I think, aligned with our mission. And I think we will be able to achieve the goal of getting access to a true academic medical center in New Orleans and in Louisiana.

The one other point I want to make, us kidney doctors we're kind of numbers people. So some of this, for me, is about numbers. And, for example, Tulane University Medical Center, due to staffing issues, is not able to actually open all of its beds right now. About half of our beds are open, about a hundred and twenty beds instead of the two hundred and forty that we actually have. And then there's another twenty or thirty patients that are in the ER, boarding in the ER.

These patients -- so, really, right now, Tulane University Medical Center is only about a 150-bed hospital. And UMC is also, because of short staffing, which is plaguing all of us, is also not have all of their beds open. About half of their beds are closed.

So there are plenty of beds at University Medical Center and plenty of beds at East Jefferson Hospital to accommodate those 150 patients that

we're presently caring for at Tulane University Medical Center. All it will require is staffing. And since LCMC has pledged that every employee at Tulane Medical Center will have a job at LCMC, the staffing will be able to move to the other facilities and open up those beds. And so the number of beds will not decrease. In fact, I think, really, the synergy will allow the number of beds to increase in the metro Louisiana area.

Those are my comments. Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Jordan Lo, present and would like to speak. Now, are you a student?

MR. JORDAN LO: I am, yes.

MS. ANGELIQUE FREEL: Okay. Thanks. Thank you.

MR. JORDAN LO: My name is Jordan Lo, and I am a first-year medical student at Tulane University. I am also the class president of my class.

I would like to take a brief moment to express why I believe this partnership between LCMC Health and Tulane will be pivotal and beneficial to the New Orleans region, as well as the School of

Medicine student body. As a first-year medical student, fresh out of the medical school application cycle, I, and many of my classmates, chose Tulane because we wanted to make this institution our destination for getting our medical education here. And this partnership with LCMC will only bolster and confirm that we made the right decision in making Tulane our home for the next four years.

First, we chose Tulane because we wanted to serve and provide for the community of New Orleans. And with this partnership, we will improve our ability to accomplish this goal because it'll increase access to comprehensive care in the downtown New Orleans area and Jefferson Parishes, ultimately allowing our class to serve the community even further and better than before.

Second, we wanted to come here to Tulane for the opportunity to help with advancements in groundbreaking research and lifesaving treatments. With this partnership, we will be able to achieve this goal as well with the increase funding, resources, and faculty in these new academic medical centers that we can then engage in research with.

And lastly, we also -- I support this partnership because it will provide more

opportunities for us to rotate through the different facilities during our clinical years in our third year. This will -- not only will this be more beneficial to providing more care to our community, but this will also strengthen the pipeline of physicians, nurses, and others who will choose to make New Orleans the place where they live and practice for decades to come.

I am excited about the future here at Tulane and LCMC, and I am confident that New Orleans will benefit tremendously from this partnership. Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Dr. Ralph L. Corsetti, Tulane University School of Medicine.

DR. RALPH L. CORSETTI: I am also not a medical student. I'd like --

MS. ANGELIQUE FREEL: Sorry. She didn't -- a lot of y'all had put M.D. behind your name, and so that's why I got confused. I'm sorry.

DR. RALPH L. CORSETTI: It's all good.

MS. ANGELIQUE FREEL: Yeah, so, thanks.

DR. RALPH L. CORSETTI: I'd like to thank the panel and committee for the opportunity to speak this morning. I'll be relatively brief, since a lot

of comments have already been made. I certainly appreciate the red-card comments, predominantly from the nursing staff at Tulane. I understand their emotions and feelings about the issues at hand.

I'm Ralph Corsetti. I'm a surgical oncologist, which is a cancer surgeon. I did my training at Tulane thirty years ago in the early '90s. I've been a Tulane staff member. I'm a full professor of surgery in the Department of Surgery, and a Vice Chair for Clinical Affairs in the Department of Surgery.

Number one, this merger, to me, is undoubtedly a great thing for the residents and citizens of the State of Louisiana, and also for the state itself. As we know, Louisiana is often called the cancer ally between Baton Rouge and New Orleans because of everything that comes down the river. And for patients to often leave the state to head to Houston or Birmingham, which are both five-hour drives, for NCI-designated cancer centers is just something I've seen happen over the thirty years that I've been here.

I grew up in the Northeast. I'm not a native of Louisiana, but I've been here for over thirty years, and taken care of tens -- over ten

thousand cancer patients, probably, in my career.

This affiliation will allow access to basic science and clinical practitioners. So with Tulane's intense basic science commitment and RO1 grants, which are significant research grants funded by the federal government, to have access to clinical patient volume will improve all of those things up there. It will decrease cost. It will improve quality of care. It will increase access to care by providing clinical trials.

We have doctors, myself, we've written clinical trials. I've just got a clinical trial approved, but we need to access patients. We have methods now where we can do less invasive things for -- and I take care of a lot of breast cancer patients. And, you know, we are now moving towards, you know, just removing lumps without even doing radiation or mastectomies. In these clinical trials, we need access to the patients. And this partnership will allow for that.

I think it's going to be a great thing. I can't wait until it gets started. Certainly, there's precedent in this area. I was a resident when Charity became a designated level 1 trauma center. That would have never happened without the

cooperation of the two trauma directors between Tulane and LSU, who worked very collaboratively to make that happen and created, basically, a one-plus-one-equals-three kind of situation, and improved quality for the patients in the state and the city.

This designation and partnership will allow retention. There's a lot of doctors that leave Louisiana. And we see in the healthcare rankings that Louisiana is often in the bottom five, if not often fiftieth in healthcare rankings. And these are a lot of the factors that drive those healthcare rankings. And increased access to care means having -- retaining and retention of the brightest minds.

So these collaborative agreements will hopefully lead to bright -- a bright future for the State of Louisiana.

MS. ANGELIQUE FREEL: Thank you. And make sure you sign in, if you didn't.

DR. RALPH L. CORSETTI: I have.

MS. ANGELIQUE FREEL: Okay.

Next, we have a green card by Dr. Jose Wiley, present and would like to speak, from Tulane.

DR. JOSE WILEY: Good morning. I'm Dr. Jose Wiley. I'm the Chief of Cardiology at Tulane University School of Medicine. I'm actually very

excited over the opportunity of Tulane transferring affiliation from a national level for-profit partner to a local Louisiana nonprofit organization vested in caring for the well being of the people of Louisiana.

As a cardiologist and a trained public health officer, since I have a degree in public health as well, allow me to speak of what I know better, about cardiology. Six point two million adults in the United States have heart failure. And Louisiana falls into the top quintile of highest heart disease death rates; most of them from heart failure.

However, years ago, when I was a trainee at Tulane under Dr. Elma LeDoux, who's here with us, Dean Hamm, who's also here with us, we had a robust advanced heart failure mechanical circulatory support and cardiac transplantation program that provided great care to the people of Louisiana. Not long after, HCA pulled the plug and shut the program down; perhaps because it was not profitable to them. But that left the people of Louisiana with only one cardiac transplantation program: Ochsner. Now, talking about monopoly.

Now, we have the opportunity to partner

with a local organization that will offer the opportunity to have a choice, a deserved choice for better care.

In regards to having Tulane and LSU working together closely, under this affiliation, what better news than that? The sick don't care whether you're Tulane or LSU. They care about good doctors, nurses, and caregivers. This affiliation will foster a new generation of better physicians and healthcare providers to serve the great people of Louisiana.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Dr. Nakeisha Pierre, present and would like to speak, from Tulane School of Medicine.

DR. NAKEISHA PIERRE: Good morning --

MS. ANGELIQUE FREEL: Good morning.

DR. NAKEISHA PIERRE: -- and thank you for the invitation to speak. I am a New Orleans native. Most of my medical training was done between the LSU healthcare system and Tulane healthcare system. And I have been on staff with Tulane, as faculty, for fourteen years as a cardiac anesthesiologist.

So I had the opportunity, in conjunction

with my surgical partners, to care for the liver transplant patients that our nurses have mentioned, and patients whose disposition is the critical care unit.

Our relationship with HCA is unsustainable. Their goals are not aligned. The predecessor to our current CEO, William Lunn, shared with our medical community that their model of care was not a tripod of healthcare, education, and research. He mirrored it to a tricycle, where the big wheel was healthcare, and then the tiny little pedals were research and education.

I will share with you that healthcare and the quality of healthcare, as a partner with HCA, has not been a big wheel. They've all been very small pedals. I'll give you a clinical example.

I was called to our post-anesthesia care unit, or the recovery room, emergently to reintubate a patient that was clearly in respiratory distress. The support that I had from the nursing staff was there. All of the personnel that I needed was there. When I asked for the critical equipment that I needed to secure this patient's airway, our airway box was handed to us with masking tape around the box. That delayed our ability and opportunity to

access the equipment that I needed. And when we finally were able to break the tape, and open the box, and get the things that were essential, irreparable brain damage was caused to this patient.

That patient is a father. The patient is a husband. That patient is a brother.

I take care of liver transplant cases. These are critical cases. They're very sick. Those patients often lose their ability to be able to develop blood clots during a surgical procedure. I rely on a very critical piece of equipment, called a TEG machine, to be able to assess in realtime how great of a job we're doing in restoring that patient's critical ability to be able to form blood clots.

I walk into the hospital. I just happen to take the long way to our anesthesia surgical unit. And I walk past our TEG machine, and there's just a sign on it that says "Out of Order." No one had been alerted; not the transplant team, none of our surgeons, none of our transplant anesthesiologists. This is a critical piece of equipment.

This is what we have been experiencing with HCA for far too long. There is no investment in patient care. There's no investment in patient

safety. It is incredibly difficult to make meaningful changes. The leadership changes so often, that most times now I'm not sure who, with the exception of CEO and COO, who are in positions of leadership there because it's a revolving door.

We're able to recruit good people, but it's impossible to retain them because you're not in a system that's invested in the patients, nor are they invested in the clinicians, the practitioners, and the nurses. The morale is the lowest that it has ever been over my past fourteen years.

We're encouraged now to have a partner like LCMC that we know is focused on all of those things that are important to us as Tulane providers. I've never considered leaving Tulane. Tulane has been my home for the last fourteen years. My goal is to retire and to be able to continue to make a meaningful career. Prior to the announcement of this merger, it was the first time that I considered having to leave the state and look for a position elsewhere because I knew that the partnership with HCA, it just -- we were at the point where we were providing unsafe care. And that's very difficult for me to do, as someone that's invested in patient advocacy.

So I would ask that you strongly consider what it means to our patients, what it means to the providers, what it means to our nurses to have a partnership that really aligns with what we should be in academic medicine.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Darren Cheng, present and would like to speak, Tulane University School of Medicine student.

MR. DARREN CHENG: Good afternoon, everybody. Thank you for the opportunity to speak. As Dr. Corsetti alluded to earlier, you know, definitely want to acknowledge the opposition and, you know, the perspectives of many of the nurses here.

I'm an MD/MBA student at Tulane and also one of the founding members of the Racial and Social Justice in Medical Education committee at Tulane. And I'm here to really just bring a lot of shared perspective and lived experiences to this partnership with LCMC.

In my role at Tulane, I also oversaw twenty plus student-run free clinics, which served the under-served community in the Greater New Orleans

area as well. And so I certainly appreciate and understand this idea of health equity in serving the community of New Orleans for the last four years. I attended Tulane as an undergraduate student in 2010, so I've lived in New Orleans for a good twelve years. And by the time I'm done, it'll be almost fifteen years. And so I've gotten a really good lay of the land of both Orleans Parish, Jefferson Parish, and really the entire state.

There's a few things that I can touch on. You know, before medical school, I was in nursing. I did EMS, and so I certainly have the appreciation of a frontline worker and what it takes to successfully and almost seamlessly have a good running hospital from the emergency department, all the way up to the wards.

And so, you know, one of the linchpins is the nursing profession. And I truly do believe that this partnership will create a pipeline of nurses to be able to sustain the demand of nurses in this state and all around the country.

And there are opportunities for growth at University Medical Center. And we can see it when we're on the wards, in the emergency department, in terms of beds not being filled. And that's always

been the problem when we have boarders in the emergency department, having to go to other emergency departments because of long waits, but you know, if we are able to -- able to fulfill the need of that nursing shortage, we can get beds opened up on the wards and be able to clean up the emergency department, and ensure those wait times stay low.

You know, I think another thing, too, is -- is being able to utilize and leverage this LCMC network and the various hospitals that they have within their network to open up different service lines and the research across those different hospitals. And I think from a long-term perspective, there's definitely going to be more of a spectrum of primary care in Orleans and Jefferson Parish as well. There's certainly no secret that there is a lack and a large disparity of primary care in this country. And from a sustainability and longevity perspective, we can bridge that health equity gap by fostering this more physician and patient alignment in a minority-majority population like New Orleans, by exposing our trainees and our medical students to primary care, not at just in Orleans Parish, but in Jefferson Parish.

And being a former LCMC employee myself

working in nursing, I truly do believe that they do foster and embody the values and the pillars that they boast, and that they do give back to the community. And, you know, this is certainly something that I do believe that this partnership with Tulane University School of Medicine and LCMC Health is one that's going to be successful, and I do think it is a win-win for everybody, not just the community, but the patients and the trainees and everybody else involved. So thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Paul Gladden, present and would like to speak, Tulane University School of Medicine, GME.

DR. PAUL GLADDEN: Good morning, and thank you. I didn't put M.D. on there, hoping for the student comment, too, but I guess I don't look young enough. I do want to thank you for this chance to speak in favor of this partnership. Having been married for a significant amount of time, I'll also tell you three minutes is more time than I normally get to make my point, so we should be just fine.

I did train up in New York City, where I did my residency and my medical school. And I learned early on that if you're not looking for

improvements, and if you're not looking for change, you're not evolving, you're actually devolving and you're going to die. I think this is a great opportunity.

Here in Louisiana, I am the Dean of Graduate Medical Education, as well as the Chief of Orthopaedic Trauma Surgery. And in that field, in my clinical role, I can't thank LCMC enough for their support and their true commitment for making sure we're at our best when people are at their worst. That is truly something I've seen over the years that we do exceedingly well. That is a service that we will never continue -- never not provide, and it's with their support, we're able to do so well for the people of not only Louisiana, but the states around us.

As far as in an academic role, I need to advocate for 540 residents and 40 different programs. But actually, though, the best way I see for doing that is to advocate for the millions of people who potentially they will treat and the thousands that they actually do. And by doing that, they feel the success of having a good career, and, more importantly, give good outcomes to patients that Louisiana deserves.

So I'm not so much advocating for just my residents, even though I think the world of them. I'm advocating for the people they'll get a chance to touch. And this partnership, I think, will greatly improve their ability to take good care of the people of Louisiana.

I'll just close by saying the partnership will not only improve clinical care, it will improve nursing numbers. We all realize that's been quite a problem. And it will improve research. And in that way, we can all take much, much better care of our patients.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card, present and would like to speak, Lee Hamm, Tulane School of Medicine.

DR. LEE HAMM: Thank you for having the hearing. I'm Lee Hamm. I've been in New Orleans thirty years. I wish I was a student. I'm the Dean of the School of Medicine and the Senior Vice President of the university, and have been up close to this evolving plan and assessment of what will happen.

The economic and research advantages of

this partnership are pretty straightforward and obvious in a way, but I think what does need to be focused on, in my mind, first are the patients. You know, that's our ultimate responsibility as caregivers and as a medical school. And it's the patients today and the patients tomorrow. as well.

I love that first story about the heart problem and the young child. That says a lot, but it also is access to care. And we've got to ensure that. And this plan will, undoubtedly. If we're satisfied with the status quo -- no one is satisfied with the status quo. This is a chance to make things better in the community, this good partnership between Tulane and LCMC.

The second for the medical school is the learners. Is it going to make things better for the students and residents? And because they represent the care of the patients in the future. And it also clearly will for them. One of the things that's great about sitting in my position is I get to see all the passion that they bring to this. And the Tulane students frequently, as a few of them have mentioned, they frequently come, not only for the skill they'll learn, the compassion they'll learn, but they really want to help communities. And this

will help us do this.

I love the passion of the nurses. They're striving for making certain that the patients are cared for properly. So we've got to have a great plan, which is still evolving. But this is a great partnership. You've heard a lot of the particulars, and I don't need to do them.

Thank you for listening.

MS. ANGELIQUE FREEL: Next, we have a green card. We actually have two green cards. I think it's the same person. Dr. John Stewart, present and would like to speak.

DR. JOHN STEWART: I'd like to thank you for the opportunity to come before you to discuss why I think that the LCMC's acquisition of Tulane and its assets will have a favorable impact upon our state.

So I'm Dr. John Stewart. I'm the cancer center director for the LSU-LCMC cancer center. I am a native of Louisiana. Yes, Shreveport does count. I'm a proud graduate of Louisiana Tech. I had the opportunity to leave the state thirty years ago, and trained at institutions throughout the East and Southeast, including: Howard, Temple University, National Cancer Institute, and Vanderbilt

University. I then was on faculty at institutions throughout the Southeast, including Wake Forest University School of Medicine, as well as Duke University. And I was recruited to the University of Illinois as the deputy director of the cancer center.

So I think that it has been, personally, my greatest professional privilege to come back to the state of Louisiana to serve as the Cancer Center Director, as we begin to understand how we address issues and inequities in cancer throughout our state.

So through partnerships with LSU and Tulane, the LCMC system has thousands of -- has trained thousands of medical, dental, and nursing students. Why is this important? It is important because our health outcomes in this state are directly proportional to the opportunity to have face-to-face interactions. We need more medical professionals in our state. This partnership represents an opportunity for us to train professionals in the state and to stay local to serve our citizens.

As was mentioned, I was recruited by LCMC Health and LSU a year-and-a-half ago after being

away for thirty years. I came back to the state of Louisiana knowing that there are tremendous challenges in our current cancer rates, as cancer visits an unequal burden on the citizens of our state. This challenge presents a tremendous opportunity to collaborate and address these cancer rates and drive equitable care to all patients of our state.

Together with LSU, LCMC Health has invested $75 Million in pursuing the first and only National Cancer Institute designation in the region to support families and communities impacted by cancer. I'm extremely optimistic that our path ahead, and I look forward to collaborating with Tulane in the future.

I'll end with a statement from my interim chancellor, Dr. Steve Nelson: This unique partnership will bring together highly trained specialists in a multi-disciplinary approach, combined with advanced medical technology that will offer the best patient outcomes for complex life-threatening diseases. Together, we will conduct innovative research leading to critical advancements to prevent, diagnose, and treat disease. Our city and state will reap the benefits of the engine that

drive robust economic development, generating good jobs, and enormous economic impact.

Again, thank you so much for the opportunity to speak before you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Jeff DeMond, Tulane School of Medicine, present and would like to speak.

And after that, we have three more green cards, and then we'll take a break.

MX. JEFF DEMOND: Good afternoon, everyone. My name is Jeff DeMond. I use they/them pronouns. I am a third-year medical student at Tulane University School of Medicine. I'm honored to also serve as our class president of the third-year class. I'm a dual M.D. Masters of Public Health student. And I'm a certified community engagement advocate through the Uptown Office of Multi-Cultural Affairs and Center for Public Service.

I've been reflecting a lot lately on what the role of a medical student is in a hospital. I think that it boils down to two main components that have one central tenant. I think the components are, of course, learning; and second, patient advocacy. And I think that they are united in a

pursuit of love, not just for ourselves, but for our colleagues, for our communities, and, of course, for our patients.

I think that a partnership with LCMC Health is the next step forward towards providing, not just compassionate care, but the care that our patients deserve. It's hard to provide the best patient care to a patient who must be roomed in a hallway in Tulane University's emergency room, something that we see very often. Right?

I believe that LCMC shares a vision of developing better opportunities for medical students to learn, to engage in research, to become the best providers that we can be. Right? In a short year-and-a-half, I will have all of my little degrees, and I'll go out into the world and be a resident, and I'll be providing care in a way that I want to speak to my own beliefs, and the reason that I decided to attend Tulane University School of Medicine. And I believe that LCMC and Tulane share that vision.

Thank you for your time.

MS. ANGELIQUE FREEL: Do you know what you would like to get a residency in?

MR. JEFF DEMOND: Currently, I -- so I

worked with Dr. Corsetti a bit this summer, and I did kind of fall in love with surgery at the time, so that's what I'm thinking at the current moment.

MS. ANGELIQUE FREEL: I should have -- I missed out. I should have asked all the students. I'm sorry. I thought that you were going to tell me you were going to want to do medicine because you're just -- I thought your personality. So I was just curious.

All right. Next, is Holly Lassere, who has a green card, present and would like to speak.

MS. HOLLY LASSERE: Hi. Good afternoon. My name is Holly Lassere. I am the marketing and communication director at East Jefferson General Hospital. And I have a statement to read on behalf of one of our patients, Tatum Clautaire (phonetic).

My name is Tatum Clautaire, and when I was 18 years old, I had a stroke. As you can imagine, this was a very scary time for me and my family, but my fear was a little more bearable because of the amazing care I received at East Jefferson General Hospital and the LCMC Health family of hospitals.

The reason I went to East Jefferson was because my grandmother suffered a massive stroke when she was 54. She received care at East

Jefferson and had a favorable outcome because of a new drug that was administered to her and reversed the effects of her stroke. Because of that positive experience, when I started showing signs of a stroke, my mom knew exactly where she wanted to bring me for treatment. Even though we lived closer to Ochsner-Kenner, my mom instructed EMS to bring me to East Jefferson General Hospital.

The emergency room nurses, Allison, Kimmy (phonetic), and several others were amazing and eased my fears. And then Dr. Peterson, an E.J. Neurologist, diagnosed my stroke and started my treatment. Dr. Dumont, a Tulane neurosurgeon, operated and removed the clot on my brain. Dr. Deffer also played a key role in my recovery. He went out of his way and worked overtime to check on me every day after my stroke to make sure I was strong enough for my neck surgery, and then referred me to LSU Cardiologist Dr. Cox.

Dr. Cox and Children's Hospital New Orleans Cardiologist Dr. Bartakian performed a heart procedure to close a hole in my heart. After that procedure, I was still having an issue with bleeding, so I followed up with Dr. Cox at University Medical Center, where he was seeing

patients that day. Nurses from East Jefferson, Lori and Nicole, helped coordinate all of my care. The team at LCMC Health was instrumental to my recovery and turned a very overwhelming experience into my testimony.

The assistance, care, and concern of the nursing staff, Lakiesha and others, was comforting to my entire family. I'm happy to share that I am in good health today, and currently a student at LSU. After my experience, my mom shared a thank you note with the team at East Jefferson stating: I can't thank you all enough for the gift of peace it gave our family to be so well cared for. Please be assured that you will stay in our prayers. You are truly angels on earth. My family is forever grateful for what East Jefferson gave us. We know that the partnership between LCMC Health and Tulane will help even more families.

MS. ANGELIQUE FREEL: Thank you.

MS. HOLLY LASSERE: Thank you.

MS. ANGELIQUE FREEL: Michelle, are we missing a card?

MS. MICHELLE BOUTTE: Yes.

MS. ANGELIQUE FREEL: Okay. Okay. Let me just make sure they didn't get stuck together. We

have: Steven Morelock, Olivia Cooper, Michael Robertshaw, Kaylen Edwards, Mea Ratcliff, Meg M -- okay, sorry. Let me just make sure I didn't miss any other ones -- Caleb Holmes and Curtis Williams. Okay.

Meg, do you want to go ahead speak? We have a red card from Meg Maloney, in opposition, would like to speak, representing the New Orleans Workers Assembly. And I apologize. The paper is kind of thin and it just got stuck together.

MS. MEG MALONEY: It's okay. Good morning.

MS. ANGELIQUE FREEL: Thank you.

MS. MEG MALONEY: My name is Meg Maloney. I'm a New Orleans resident and member of the New Orleans Workers Assembly. New Orleans Workers Assembly is a network of unions, worker organizing committees, and community organizations. I know many people who cannot make it to this hearing because it's being held in Baton Rouge instead of New Orleans, the city which this is happening and whose residents will be directly affected.

I do not see a single working-class person on the screen while they were speaking of overwhelming public support. In the words of Bethany James, a patient who cannot be here today:

Healthcare is a luxury. It's not a luxury. It's a necessity. The fact that this decision is being made without the full input of those most affected is honestly unacceptable.

Many people do not have the ability to take off work to be here, nor can many afford to do so. On top of this, countless residents do not have a way to get to Baton Rouge, all the way from New Orleans. There needs to be a hearing in the city of New Orleans that's fully accessible to community members and patients who are the most affected by this decision.

The New Orleans healthcare system already took a huge hit when Charity Hospital was closed, a loss that rippled across the community. We need access to care within our city limits. The last thing our city needs is the closure of another hospital. Access to care needs to be prioritized above profit. The needs and input of patients, and working-class community members needs to be a top priority.

Myself and the New Orleans Workers Assembly as a whole stand in full support of nurses and patients who oppose the sale and closure of Tulane Hospital. There is nothing stopping y'all from

holding a second hearing in the City of New Orleans. This entire process feels rushed.

We call for an accessible hearing to be held in the city of New Orleans and call on the Attorney General to block the sale and not close down Tulane Hospital.

Thank you.

MS. ANGELIQUE FREEL: Thank you.

Next, we have a green card from Jason Otis, LCMC Health, present and would like to speak.

MR. JASON OTIS: Hi. I'm Jason Otis, Senior Creative Director, LCMC Health, reading a statement on behalf of Mayra Pineda of the Hispanic Chamber of Commerce of Louisiana.

LCMC Health has been a strong partner to our organization and is truly committed to the betterment of Southeast Louisiana and to our community. In fact, LCMC Health will be opening a Hispanic clinic at West Jefferson Medical Center later this month. This facility specializes in the health needs of the Hispanic community, offering a variety of primary and specialized care services from highly-trained Spanish-speaking healthcare providers. This is just one example of LCMC Health's longstanding tradition of investing in New

Orleans and our region.

The partnership between LCMC Health and Tulane University will ensure residents of our area receive high quality and accessible healthcare, along with investments in medical research, innovation and training.

In addition, this partnership will bring substantial economic benefits to the region through various investments, ranging from facilities to training programs, such as revitalizing downtown facilities and launching a program to train the next generation of nurses.

Moreover, this partnership will preserve jobs in our healthcare sector and will create additional opportunities across a range of disciplines, including clinical, educational, and support positions. It will cement New Orleans as a destination for highly qualified medical professionals, and the planned nursing program will help immensely in addressing our nursing shortage, which is particularly acute in Louisiana.

We believe this partnership will bring an array of benefits, and is positive for our community. On behalf of the Hispanic Chamber of Commerce of Louisiana, I encourage you to approve

this partnership.

MS. ANGELIQUE FREEL: Thank you.

And the last green card we have is for Mike Enlow, and it's not marked. I'm not sure if he wants to speak or not.

Okay. Anybody else wanted to provide a public comment?

(No response.)

Okay. We're going to go ahead and break for twenty minutes until 12:45. There's a little cafeteria if anybody needs anything. We have a lot of public comments that were submitted to us in writing. It's going to take a while to go through them. And I'm just letting you know, so that you can manage your expectations if you decide you're going to stay for that. Thank you.

(A break was taken from 12:15 p.m. to 12:53 p.m.)

MS. ANGELIQUE FREEL: At this time, we're going to allow closing remarks by the applicant, and then we will continue recognizing the public comment that was submitted to our office in writing.

MS. JOANN KUNKEL: Thank you. And thank you for all of the comments. In closing, what we want to reiterate is as we went through this,

develop this relationship and this new partnership, our number one priority always has been, and always will be, our patients. We seek to partner with Tulane to be able to provide even higher quality care to more patients than we do today.

In response to some of the comments that we heard earlier, both TMC and University Medical Center Downtown are currently underutilized and have significant open unfilled capacity. Last year, Tulane Medical Center was less than fifty percent occupied. LCMC Health hospitals have more than enough available space to care for the TMC patients, including significant capacity that exists downtown at University Medical Center, just blocks and a short walk away from TMC.

Tulane students and staff regularly walk from TMC to University Medical Center, and patients will be able to do the same to access services at UMC downtown, including significant Medicaid and Medicare populations.

MR. PATRICK NORTON: So, yeah, just to reiterate, one of our guiding principles, really from day one when we were talking to LCMC, was how to continue high-quality accessible healthcare in downtown New Orleans. And as JoAnn had mentioned,

there is that just underutilization at both hospitals, and there is plenty of space and not just that, a commitment, right, to ensure that we are going to meet the needs of all New Orleanians downtown. So I just wanted to just reiterate that. It's really important. And we heard it from the nurses that were represented. And it's something that, really, was our guiding principal.

I just want to go back and just, kind of, summarize a few things from our perspective. And one is we're local. LCMC Health, Tulane University are local, mission-based, nonprofit organizations that call Southeast Louisiana our home. We're neighbors. We see each other all over. And there's really, in my mind, nothing like home cooking. Right? Everybody's home and we're kind of working together.

We have shared values and a vision to partner to bring the best of community healthcare. Right? I mean, taking care of the patients that come through the doors. And academic medical center. You heard from a lot of the speakers, and much more eloquently than I can make, about the power of academic medicine. Right? And just to reiterate, we're going to have two academic medical

centers: one at the UMC, that's, by the way, already staffed with LSU docs, and Tulane docs, and residents; and at East Jeff, which doesn't have an academic medical center now. There will be two within our area, which is going to be really amazing.

We're going to increase access to comprehensive and specialty care across our region, advanced groundbreaking research, innovative technologies, and lifesaving treatments to ensure all of our patients throughout the region and communities can receive the highest quality of care right here in New Orleans.

MS. JOANN KUNKEL: And we do believe this partnership will expand access to quality care. We're committed to ensuring a seamless transition for our patients, all of whom will continue to receive the high quality care they need and deserve. All patients who currently receive care at Tulane Medical Center will be able to access the same high quality care at LCMC's University Medical Center, which is located downtown, and at East Jefferson Hospital, as well as the other hospitals across LCMC Health.

The combination of our efforts and clinical

volumes will increase the frequency of treatment and services that our physicians provide, advancing clinician's capabilities and directly resulting in improved patient outcomes.

We will continue to engage and work with the staff as we plan for the relocation of the services.

MR. PATRICK NORTON: So when you think -- so when we -- in my role as COO and treasurer, I have a long lense, and also a pretty large portfolio, and one of them is strategy. And this is one of these times that -- we talk about moments of time, and this is one of those. Right? So where we can provide that high quality accessible healthcare, create two academic medical centers, and also increase our research footprint downtown, provide a scalable nursing program to meet a tremendous shortage in our city and our state around just a shortage of nurses. And we can do that really, really quickly with that space.

So when I look at these assets and what we're trying to accomplish, and we've heard win-win, maybe we heard win-win-win, but this is one of those moments in time when you look at these assets, and you say, wow, we could leverage this, we could

expand the research footprint of Tulane University, these nursing programs, clinical services, and create two academic medical centers by joining forces with LCMC.

So we're looking at continuing our investment in downtown New Orleans, including new construction, a multitude of enhancements, the Charity Hospital building, it's -- it's -- you're going to see a lot more activity happening outside Charity in the next four weeks. And we're going to repurpose that Tulane Medical Center building to better serve the needs of our communities. Right? Thriving center of cutting-edge research and innovation is going to happen. That new nursing program I mentioned; clinical research; educational space; graduate programs in public health, social work, professional advancement, all those things are going to be enhanced and invigorated in that downtown space.

You've heard us talk about the demand for nurses. I don't need to go more into that.

And lastly on this point, Tulane University will approximately add 2,300 jobs across New Orleans and Louisiana. Twenty-three hundred jobs by our development of downtown.

MS. JOANN KUNKEL: We also want to reiterate that we are -- we do value the providers and all employees. And they will continue to have jobs. We value the providers and the employees across all of the LCMC Health and Tulane Hospital facilities, and are committed to retaining staff across both organizations.

All employees at the three Tulane hospitals will continue to have jobs under this exciting partnership. Being able to staff appropriately will also help us with the underutilization and the capacity that we do have at our facilities, utilizing the expertise of the staff that we do have.

And, specifically, this partnership transitions the operating interest of Tulane Medical Center, Lakeside, and Lakeview, from an out-of-state for-profit operator to a local not-for-profit with demonstrated track record of putting the health of the community first.

MR. PATRICK NORTON: So we -- just to reiterate, we believe this partnership will result in this, in really those three elements that the COPA provides for: high quality and improved access to healthcare for patients throughout our region

without any, really, undue increase in healthcare costs. So we believe that is going to happen with this partnership.

Both organizations currently operate with excess capacity, as I mentioned, as JoAnn mentioned, presenting a significant opportunity to be a more efficient use of our resources, realize operational and financial benefits that will attract higher skilled labor and fund cutting-edge clinical technologies, advanced patient care delivery in New Orleans.

Patients will continue to have many options when it comes to choosing what they want, where they want to receive their care, as there will continue to be multiple hospitals, health systems, and other healthcare facilities that provide inpatient and outpatient services in the region.

As was mentioned about the UMC, literally, our school of med students walk. It's a few blocks. They walk from taking classes from Hutchinson or from the Murphy building, and they literally walk across the highway and they're at the UMC. So the proximity of our downtown hospital, UMC, is just a couple of blocks.

And, lastly, this partnership will enhance

delivery of care, and advance health equity by increasing access to comprehensive care in downtown New Orleans -- we've said that many times, but we can't say it enough -- and create expanded hubs for specialty care, innovation, in both Orleans and Jefferson Parishes, the two academic medical centers that I spoke of.

MS. JOAN KUNKEL: And finally, combining clinical services at East Jefferson General Hospital, and expanding clinical services and academic expertise at the University Medical Center New Orleans, will enhance the delivery of care across both Orleans and Jefferson Parishes.

We're excited to bring these and many other benefits to patients in New Orleans and throughout the State of Louisiana.

MR. PATRICK NORTON: So I hope our presentation and all of the great public comments we had really highlighted the extraordinary benefits that will accrue to the citizens of Louisiana and beyond. And we thank you.

MS. ANGELIQUE FREEL: Thank you. I just wanted to say that I am happy to hear that you're going to take efforts to retain employees since we did hear some concerns and some red cards from

nurses that were concerned about maybe losing jobs or having changes in pay and benefits. And so I wish they were here to hear that.

MS. JOANN KUNKEL: We have tried to communicate the commitment. We have so many positions available. We are very committed to all of the staff.

MS. ANGELIQUE FREEL: Okay.

MR. PATRICK NORTON: And by the way, we've been very public about that as well. This is not a secret. We've been public in all kinds of communications. Actually been in the press, too, about that commitment by LCMC to retain jobs.

MS. ANGELIQUE FREEL: And services?

MS. JOANN KUNKEL: Yes.

MR. PATRICK NORTON: And services.

MS. ANGELIQUE FREEL: Okay. Thank you.

At this time, we are going to go through the written comments that were received by our office. They will be attached to the court reporter's transcript of this proceeding. I will not read them all, but I will indicate who sent them. And if there's a date, I'll indicate that as well. Thank you.

MR. PATRICK NORTON: Thank you.

MS. ANGELIQUE FREEL: Okay. So we received a letter that's undated from the National Nurses Organizing Committee from Bradley Van Waus, W-A-U-S, who expressed some concerns with regard to the application.

We were sent a copy of a Jefferson Parish press release dated October 21, 2022. It was sent to us on December 5th, in support of the transaction.

We received an email from Jay DeSalvo -- Dr. Jay DeSalvo in support of the transaction.

We received an email from Margie Galloway in support of the transaction.

We received an email from Norman Barnum in support of the transaction. I realize I didn't say the date, but this one's dated December 6th.

We received an email from Walt Leger, III, and he is in support of the transaction. And his email is from Tuesday, December 6th.

We received an email from Christopher Roth December 6, 2022, in support of the transaction.

We received a comment via email from Charlotte Parent, dated December 7, 2022, in support of the transaction.

We received a comment in support of the

transaction from Misty Sherlock December 7, 2022, in support of the transaction.

We received a comment from Terri Taylor Joseph in support of the transaction, and the email is dated December 7, 2022.

We received a comment from Stephen Hales in support of the transaction. The comment is dated December 7, 2022.

We received a comment in favor of the transaction from JoAnn Kunkel. The comment is dated December 7, 2022.

We received a comment from Suzanne Haggard in support of the transaction, via email, and it's dated December 7, 2022.

For purposes of this record, just all of the dates are 2022.

So we received an email in support of the transaction from Andy Leblanc on December 7th.

We received a public comment from Lisa Miranda, via email, in support of the transaction on December 7th.

We received a public comment, via email, from Shannon Belanger in support of the transaction on December 7th.

We received an email, or a public comment

via email, from John R. Cook on December 7th in support of the transaction.

We received a comment from Alison Anderson in support of the transaction on December 7th, via email.

We received a comment from Amy Edwards, via email, on December 7th in support of the transaction.

We received a comment from Eli Smith, via email, on December 7th in support of the transaction.

We received a comment, via email, from Byron Stockstill on December 7th in support of the transaction.

We received a comment, via email, from Ruby Brewer on December 7th in support of the transaction.

We received a comment from Lucio Fragoso, via email, in support of the transaction on December 7th.

We received a comment in support of the transaction on December 7th from Elias Ayoub.

We received a comment in support of the transaction on December 7th from Robert Calhoun.

We received a comment, via email, from

Victoria Nguyen on December 7th, via email, in support of the transaction.

Sorry, I'm kind of -- if I say things duplicative, I apologize. It gets repetitive after a while.

We received a comment, via email, in support of the transaction from Quitman Gahagan. It's dated December 7th.

We received a comment in support of the transaction from Jonathan Brouk, and it is dated December 7th.

We received a comment, via email, from Robert Bradshaw in support of the transaction. And the email is dated December 7th.

We received a comment, via email, from Eryn Piper in support of the transaction. And that's dated December 7th.

We received a comment, via email, from Manuel Linares in support of the transaction. And then that is dated December 7th.

We received a comment from Robin McGoey, via email, in support of the transaction. And that comment is dated December 7th.

We received a comment, via email, in support of the transaction from Julissa Castro. And

that email is December 7th.

We received a comment, via email, in support of the transaction from Lindsey Casey, and that email is December 7th.

On December 7th, we received a comment, via email, from Scott Cornwell in support of the transaction.

On December 7th, we received an email from Troy Bond in support of the transaction.

On December 7th, we received a comment, via email, from Allison Guste in support of the transaction.

On December 7th -- that's an easier way to say it. I think I found my rhythm now.

On December 7th, we found -- we received a comment -- on December 7th, we received an e -- I don't know what I said. Okay. We received a -- now, I messed up my rhythm. Shoot. Okay. On December -- I had it down. Now, I got to start over. Sorry.

On December 7th, we received a comment, via email, in support of the transaction from Chip Cahill.

On December 7th, we received a comment, via email, from Jennifer Schwehm in support of the

transaction.

We received on December 7th a comment, via email, from Mark Kline in support of the transaction.

On December 7th, we received an email -- public comment, via email, from Brad Sinclair in support of the transaction.

On December 7th, we received a comment, via email, from Jessica Cahill in support of the transaction.

On December 7th, we received a comment, via email, from Ryan Hildebrand in support of the part -- Tulane University, LCMC partnership.

On December 7th, we received a comment, via email, from Rosanne Halford in support.

On December 7th, we received a comment, via email, from James Zanewicz, spelled Z-A-N-E-W-I-C-Z, in support of the partnership.

On December 7th, we received a comment, via email, from Judy Vitrano in support.

On December 7th, we received a comment, via email, from Scott Landry in support.

On December 7th, we received a comment, via email, from Gabriella Pridjian in support.

On December 7th, we received a comment, via

email, from Hans Andersson in support.

On December 7th, we received a comment, via email, from Richard Chau in support.

On December 7th, we received a comment, via email, from Frances Vickers in support.

On December 7th, we received a comment, via email, from Brian Johnson in support.

On December 7th, we received a comment from Courtney Marbley, via email, in support.

On December 7th, we received a comment, via email, from Jonathan Small in support.

On December 7th, we received a comment, via email, from William Guste, IV, in support.

On December 7th, we received a comment, via email, from William Von Almen in support.

On December 7th, we received a comment, via email, from Cary Becker in support.

On December 7th, we received a comment, via email, from Kady Weingart in support.

On December 7th, we received a comment, via email, from Lelia Peyronnin in support.

On December 7th, we received a comment, via email, from Sharonda Williams in support.

On December 7th, we received a comment, via email, from Denice Eshleman in support.

On December 7th, we received a comment, via email, from Marie Krousel-Wood in support.

On December 7th, we received a comment, via email, from Representative Timothy Kerner in support. And he also sent -- we also received a letter that was from Shawn Moses Anglim, First Grace UMC pastor and Margaret Washington, retired nurse/nurse educator in support. It's not dated.

We received a comment, via email, on December 7th in support from Elwood Cahill.

We received an email December 7th, which included a comment from Kirk Bouyelas in support.

On December 7th, we received a comment, via email, from Deborah Pennison in support.

On December 7th, we received a comment, via email, from Takiesha Davis in support.

On December 7th, we received a comment, via email, from Rachel Bonacorso, along with a letter that was in support.

We received a letter signed Dickie Brennan, Steve Pettus, Lauren Brennan-Brower, dated December 7th, on behalf of established business and restaurant owners in the Greater New Orleans area, in support.

We received on December 7th a comment, via

email, from Molly Mallory in support.

On December 7th, we received a comment, via email, from Darlene Gondrella in support.

On December 7th, we received a comment, via email, from Robert Hinyub in support.

On December 7th, we received a comment, via email, from Jessica Shedd in support.

On December 7th, we received a comment, via email, from Laura Sutton in support.

On December 7th, we received a comment, via email, from Maggie Gentry in support.

On December 7th, we received a comment, via email, from Kathan Dearman in support.

On December 7th, we received a comment, via email, from Paula Alford-Estrade in support.

On December 7th, we received a comment, via email, from P.J. Sibille in support.

On December 7th, we received a comment, via email, from Jody Martin in support.

On December 7th, we received a comment, via email, by Mark Ranatza in support.

On December 7th, we received a comment, via email, from Michael McKendall in support.

On December 7th, we received a comment, via email, from Robin Barnes in support.

On December 7th, we received a comment, via email, from Nemy Galindo in support, via email.

On December 7th, we received a comment, via email, from Terrie Sterling in support.

On December 7th, we received a comment, via email, from Patrick Norton in support.

On December 7th, we received a comment, via email, from Carolyn Scofield in support.

On December 7th, we received a comment, via email, from Jai Shankar in support.

On December 7th, we received a comment, via email, from Erin Perry in support.

On December 7th, we received a comment, via email, from Donna Carnajal in support.

On December 7th, we received a comment, via email, from Kyle Ruckert in support.

On December 7th, we received a comment, via email, from Christe Brewton in support.

On December 7th, we received a comment, via email, by Ian McLachlan in support.

On December 7th, we received a comment, via email, from Lee Linda in support.

On December 7th, we received a comment, via email, from Meg Vitter in support.

On December 7th, we received a comment, via

email, from D.K. Willard in support.

On December 7th, we received a comment, via email, from Amanda Ortego in support.

On December 7th, we received a comment from Damon Dietrich, via email, in support.

On December 7th, we received a comment, via email, from Shayne Benedetto in support.

On December 7th, we received a comment, via email, from Josh Collen in support.

On December 7th, we received a comment, via email, from Kathy Willard in support.

On December 7th, we received a comment, via email, from Jeffrey Elder in support.

On December 7th, we received a comment from Lu Jones, via email, in support.

On December 7th, we received a comment, via email, from Valerie Norton in support.

On December 7th, we received a comment, via email, from Walter Zollinger in support.

On December 7th, we received a comment, via email, from Ernest Mitchel in support.

On December 7th, we received an email from -- a comment, via email, from Matthew Rainwater in support.

On December 7th, we received a comment, via

email, from Elizabeth Crawford in support.

On December 7th, we received a comment, via email, from Berni Caitlin in support.

On December 7th, we received a comment, via email, from Mark Heck in support.

On December 7th, we received a comment, via email, from Paul Rainwater in support. I had printed one out twice. I was just making sure it wasn't a different time. It wasn't. It was just my error. I had printed a comment out twice.

On December 7th, we received a comment, via email, from Dawn Bonnecaze in support.

On December 7th, we received a comment, via email, from Melissa Lorio in support.

On December 7th, we received a comment, via email, from Nic Hunter in support.

On December 7th, we received a comment, via email, from Sarah Kracke in support.

On December 7th, we received a comment, via email, from Alexandra Napoli in support.

On December 7th, we received a comment, via email, from Daniel Zollinger in support.

On December 7th, we received a comment, via email, from Julia Kaplow in support.

On December 7th, we received a comment, via

email, from Joshua Sumrall in support.

On December 7th, we received a comment, via email, from Dean Roy in support.

On December 7th, we received a comment, via email, from Patrice Delafontaine in support.

On December 7th, we received a comment, via email, from Brittany Poirrier in support. And that was via email.

On December 7th, we received a comment, via email, from Michael Enlow in support. Again, I printed one twice, it looks like.

On December 7th, we received a comment, via email, from Jill Israel in support.

On December 7th, we received a comment, via email, from Jerri Rayes in support.

On December 7th, we received a comment, via email, from Claiborne Christian in support.

On December 7th, we received a comment, via email, from Blair David in support.

On December 7th, we received a comment, via email, from Belden Craig in support.

On December 7th, we received a comment, via email, from Robert Hailey in support.

On December 7th, we received a comment, via email, from Keith Crawford in support.

On December 7th, we received a comment, via email, from Catherine Favrot in support.

On December 7th, we received a comment, via email, from Matt Hughes in support.

On December 7th, we received a comment, via email, from Anna-Kate France in support.

On December 7th, we received a comment, via email, from Jackson Landry in support.

On December 7th, we received a comment, via email, from Ana Lopez in support.

On December 7th, we received a comment, via email, from Sara Feirn in support.

On December 7th, we received a comment, via email, from Elizabeth Wooten in support.

On December 7th, we received a letter. I guess it's an email, but it looks like it's a letter, from Justin Crossie, and it is in support of the transaction, and it was sent via email.

We received a comment, via email, from Kara Schonberg on December 7th in support of the transaction.

We received a comment, via email, on December 7th from Justin Crossie in support.

We received on December 7th a comment, via email, from Gregory Nielsen in support.

On December 7th, we received a comment, via email, from Christine Albert in support.

We received a letter December 7th from John Thompson, Professor and Chair, Department of Psychiatry and Behavioral Sciences, Director, Division of Forensic Neuropsychiatry, Tulane University School fo Medicine, and that's in support.

On December 7th, we received a comment, via email, from Mary Warren in support.

On December 7th, we received a comment, via email, from Dusty Porter in support.

On December 7th, we received a comment from Adam Eckstein, via email, in support.

On December 7th, we received a comment, via email, from John Heaton in support.

On December 7th, we received a comment, via email, from Suzie Terrell in support.

On December 7th, we received a comment, via email, from Jeff Hardin in support.

On December 7th, we received a comment, via email, from Ian Morrison in support.

On December 7th, we received a comment, via email, from Misty Sherlock in support.

On December 7th, we received an emailed

comment and letter from David Ziccardi. Okay. This particular person specifically asked Brett to read it.

So I'll let you do that, Brett.

MR. BRETT ROBINSON: Okay.

MS. ANGELIQUE FREEL: And it'll give people a break -- you have it?

MR. BRETT LANDRY: Sure. Yeah. Yeah.

MS. ANGELIQUE FREEL: -- from hearing me. Okay. Well, I'll just put it here.

MR. BRETT LANDRY: All right. His name -- this is his letter, David Ziccardi. He sent it over December 7th, but it actually is dated December 8th.

Dear Attorney General Landry, my name is David Ziccardi. I'm a registered nurse at Tulane Hospital in the emergency room and the post anesthesia care unit. I've been in medicine and/or the emergency services my entire life, fifteen of which have been at Tulane. I'm writing to express my concern about the pending sale of Tulane Hospital to Louisiana Children's Medical Center and request that you either deny the sale or place it on hold until further details can be worked out.

There are many concerns that have been expressed, such as the duopoly that would be

created, the likely rise in healthcare costs, and the lack of communication from the parties involved. I would, however, like to look at some of the operational aspects that I do not believe have been addressed by the corporations.

One of the proposals is to shut down Tulane Hospital. Tulane is one of the two hospitals in downtown New Orleans and the closest to the French Quarter. University Medical Center is a Level 1 trauma center, located approximately three blocks north of the other side of the interstate. Tulane's emergency room routinely has patients coming over citing ten plus hours sitting in their waiting room. New Orleans police routinely bring psychiatric patients to Tulane, stating that they were told by UMC to go to Tulane because of the extended wait times.

How will UMC absorb, not only those patients, but the ones that Tulane treats exclusively? Can UMC open and staff an equal number of beds that are in Tulane's emergency room? Based on the present conditions, it's extremely unlikely.

Another issue is the New Orleans Medical Services. New Orleans Medical Services runs approximately five ambulances for a city of almost

400,000. They routinely rely on Acadian and other ambulance services to handle the calls that they cannot service. If services are transferred to Jefferson Parish, as it has been stated, how can NOMES maintain even this level of service if patients are requesting transport out of the parish? As NOMES has told us in the past, you have to transport the patient where they request, or it is kidnaping otherwise. Longer transport times means fewer ambulances available to take emergency calls. Perhaps the patient could be convinced to go to a local hospital. But once again, are those hospitals resourced to handle this influx of patients?

Finally, and most importantly, I would like this hearing to consider the sale from the patient's perspective. The Census Bureau estimates that twenty-three percent of New Orleans population lives in poverty. Many of the patients and some of the employees of Tulane rely on public transportation, family and/or friends to get to their medical appointments and jobs.

It is not uncommon for patients to express they missed the dialysis treatment or doctor's appointment because they have no transportation. It is also not uncommon for patients to activate 911

with a minor complaint to secure a ride to the clinics. If patients struggle to make appointments that are in the parish, how will they make appointments if services are moved out of the parish as has been proposed? This would be a huge hurdle for many of our patients to overcome, and compliance with medical treatment plans will certainly decrease.

Although there are numerous issues at hand, the nurses at Tulane are willing to help address these operational issues and perhaps make this a win-win situation. To that end, I'm asking again that you either deny or place on hold the sale until there is input from the nurses on the conditions of the proposed sale, and there is more transparency from HCA and LCMC about the process.

Sincerely, David Ziccardi.

MS. ANGELIQUE FREEL: Okay. Mr. Ziccardi's letter dated December 8th will be part of the record.

On December 7th, we received a comment, via email, from Carling Dinkler in support.

On December 7th, we received a comment, via email, from Aaron Dumont in support.

On December 7th, we received a comment, via

email, from Camille Nelson in support.

On December 7th, we received a comment, via email, from Zoe Bluffstone, and it's in support.

We received a comment, via email, from Joshua Cox on December 7th in support.

On December 7th, we received a comment, via email, from Leslie Leavoy in support.

On December 7th, we received a comment, via email, from Judy Scanlon in support.

On December 7th, we received a comment, via email, from Christopher Olsen in support.

On December 7th, we received a comment, via email, from Ann Marie Allen in support.

On December 7th, we received a comment from -- I think I just said this lady. Let me make sure she didn't do two. Yep, she did two. We received another comment from Judy Scanlon, via email, on December 7th in support.

Okay. On December 7th, we received a comment, via email, from Catherine Harrell in support.

On December 7th, we received a comment, via email, from Liana Narcisse in support.

On December 7th, we received a comment, via email, from Aja Fitz-Ritson in support.

On December 7th, we received a comment, via email, from Jennifer Parks in support.

On December 7th, we received a comment, via email, from Windie Muller in support.

On December 7th, we received a comment, via email, from Jean Sconza in support.

On December 7th, we received a comment, via email, from Richard Tanzella in support.

On December 7th, we received a comment, via email, from Paula Adamcewicz in support.

On December 7th, we received a comment, via email, from Lauren Rabalais in support.

On December 7th, we received a comment, via email, from Tara Hawkins in support.

On December 7th, we received a comment, via email, from Jared Stroderd in support.

On December 7th, we received a comment, via email, from Karen Arceneaux in support.

On December 7th, we received a comment, via email, from Scott Hunter in support.

On December 7th, we received a comment, via email, from Erin Boh.

On December 7th, we received a -- and that was in support -- we received a comment on December 7th from Jason King, and it was via email, and he

was in support.

We received a comment, via email, on December 7th from Ahmed Mohiuddin, M-O-H-I-U-D-D-I-N, Chief Physician Officer, and he was in support.

On December 7th, we received a comment, via email, from Demetrius Maraganore, and he was in support.

All right. On December 7th, we received a comment, via email, from Katie Acuff in support.

On December 7th, we received a comment, via email, from Justin Lorio in support.

On December 7th, we received a comment, via email, from Greg Elder, and he's in support.

On December 8th, this morning, I received a comment, via email, from Dr. Jennifer Avegno, Director, New Orleans Health Department, in support.

On December 8th, I received a comment, via email, from Cynthia Hanemann in support.

On December 8th, via email, we received a comment from Beverly Brooks Thompson, and this is in support.

And then, today during the hearing, it looks like more comments were sent. And I will just go through these quickly.

Okay. We received a comment today,

December 8th, from Jennine Elardo in support.

We received a comment, via email, from Corky Thompson in support.

We received a comment, via email, from Charmaine Caccioppi in support.

We received a comment, via email, from Natasha Richardson in support.

All right. It's my understanding you have an additional document you want to provide?

Okay. And what's your name?

MS. OLIVIA COOPER: My name is Olivia Cooper.

MR. BRETT ROBINSON: Okay.

MS. ANGELIQUE FREEL: Olivia?

MS. OLIVIA COOPER: Olivia Cooper.

MS. ANGELIQUE FREEL: Cooper. Okay.

MS. OLIVIA COOPER: Yes. I'm a registered nurse at Tulane. I spoke earlier in opposition. I just, at this time, would like to support a document, or put a document on the record that is a petition that the majority of registered nurses at Tulane Medical Center have signed.

The petition states: We, the undersigned nurses and community members, demand to have a say in the future of Tulane Medical Center. On Monday,

October 10th, LCMC and Tulane announced the proposed sale of our hospital, with the intention to shut it down. Many of us learned about this plan suddenly, with no discussion or warning. We are gravely concerned about what this pending sale and subsequent closure of our hospital means to our community and the patients we serve.

Together, we are demanding: Recognition of our union, formed with the National Nurses Organizing Committee/National Nurses United; no cuts to patient care services or jobs; input of RN staff on the conditions of the proposed sale; and transparency from Tulane and LCMC in this process.

And I'd just like to reiterate that we have a majority of staff nurses signing this petition, as well as various members of the community who have signed it as well.

MS. ANGELIQUE FREEL: Okay. Thank you. We will make it part of the record. That's the court reporter on the end, if you want to hand it down there. Thank you.

MS. OLIVIA COOPER: Thank you.

MS. ANGELIQUE FREEL: All right.

Do y'all have anything?

I think that's it. At this time, we will

adjourn.

Thank you.

(PUBLIC HEARING ADJOURNED AT 1:40 P.M.)

REPORTER'S PAGE

I, Cori M. Rodgers, Certified Court Reporter in and for the State of Louisiana, the officer, as defined in Rule 28 of the Federal Rules of Civil Procedure and/or the Article 1434(B) of the Louisiana Code of Civil Procedure, before whom this proceeding was taken, do hereby state on the Record:

That due to the spontaneous nature of the interaction and discourse of the proceeding, double-dashes (--) have been used to indicate pauses, changes of thought and/or talkovers; that such is the universally accepted method for a court reporter's transcription of a proceeding; that double-dashes (--) do not indicate that words or phrases have been left out of the transcript;

And that the spelling of any words and/or names which could not be verified through reference resources have been denoted with the parenthetical phrase "(spelled phonetically)."

CERTIFICATE

This certification is valid only for a transcript accompanied by my original signature and original required seal on this certificate.

I, Cori M. Rodgers, Certified Court Reporter in and for the State of Louisiana, as the officer before whom this hearing was held, do hereby certify that this a true and correct transcript of the Public Hearing held on the 8th day of December 2022, at Baton Rouge, Louisiana, as hereinbefore set forth in the foregoing 148 pages; that this hearing was reported by me in the stenomask reporting method, was prepared and transcribed by me or under my personal direction and supervision, and is true and correct to the best of my ability and understanding; that the transcript has been prepared in compliance with the transcript format guidelines required by statute and rules of the board; that I am informed about the complete arrangement, financial or otherwise, with the person or entity making arrangements for reporting services; that I have acted in compliance with the prohibition on contractual relationships, as defined by Louisiana Code of Civil Procedure Article 1434 and rules of

the board; that I have no actual knowledge of any prohibited employment or contractual relationship, direct or indirect, between a court reporting firm and any party litigant in this matter, nor is there any such relationship between myself and a party litigant in this matter; that I am not related to counsel or to any of the parties hereto, I am in no manner associated with counsel for any of the interested parties to this litigation, and I am in no way concerned with the outcome thereof.

This 20th day of December 2022, Springfield, Louisiana.

_____
Cori M. Rodgers, CVR, CCR #2020003
Certified Court Reporter

1374288

CAPITAL CITY PRESS

Publisher of
THE ADVOCATE

PROOF OF PUBLICATION

The hereto attached notice was published in THE ADVOCATE, a daily newspaper of general circulation published in Baton Rouge, Louisiana, and the Official Journal of the State of Louisiana, City of Baton Rouge, and Parish of East Baton Rouge or published daily in THE TIMES-PICAYUNE/THE NEW ORLEANS ADVOCATE, in New Orleans Louisiana or published daily in THE ACADIANA ADVOCATE in the following issues:

11/21/2022, 11/22/2022, 11/23/2022

Joy Newman, Public Notices Representative

Sworn and subscribed before me, by the person whose signature appears above

29 Nov 2022

M. Monic McChristian,

Notary Public ID#88293

State of Louisiana

My Commission Expires: Indefinite

M. MONIC McCHRISTIAN NOTARY PUBLIC NOTARY NO. 88293 STATE OF LOUISIANA

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BATON ROUGE, LA 70802

EXHIBIT
tabbies
1

PUBLIC NOTICE

NOTICE OF PENDING APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE REGARDING A PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.C. AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

The Department of Justice, Office of the Attorney General, State of Louisiana, hereby provides notice that it has received an Application for a Certificate of Public Advantage regarding a proposed transaction between HCA Healthcare, Inc. ("HCA"), Tulane University ("Tulane"), University Healthcare System, L.C. ("UHS"), and Louisiana Children's Medical Center d/b/a LCMC Health.

Under the proposed transaction, HCA will transfer its ownership interest in UHS to Tulane. LCMC Health will subsequently acquire the membership interests of UHS from Tulane and will become the sole member of UHS. UHS (which consists of Tulane University Medical Center, Tulane Lakeside Hospital and Lakeview Regional Medical Center) will operate as a local not-for-profit entity under LCMC Health.

Under the proposed agreement, the majority of services currently provided at Tulane Medical Center will shift to nearby East Jefferson General Hospital and University Medical Center New Orleans. Additionally, LCMC Health has committed to capital investments in the operations of East Jefferson General Hospital, Lakeview Regional Medical Center, and Tulane Lakeside Hospital. The proposed transaction is expected to close as soon as practicable if and when the COPA application is approved by the Louisiana Attorney General.

Pursuant to La. R.S. 40:2254.4 and L.A.C. 48:XXV.511, on or before December 7, 2022, all interested persons may submit comments regarding the transaction to:

Angelique Freel
Director, Civil Division
Office of the Attorney General
Louisiana Department of Justice
1885 North 3rd St., 6th Floor
Baton Rouge, Louisiana 70802
(225) 326-6000 (Telephone)
(225) 326-6096 (Fax)

14583 STF Nov 24 TP 21-25

ST. TAMMANY FARMER

STATE OF LOUISIANA PARISH OF ST. TAMMANY

PROOF OF PUBLICATION

The hereto attached notice was published in ST. TAMMANY FARMER, a weekly newspaper of general circulation within the Parish of St. Tammany, in the following issues:

11/24/2022, 11/30/2022

Joy Newman, Public Notices Representative

Sworn and subscribed before me, by the person whose signature appears above

30 Nov 2022

M. Monic McChristian,

Notary Public ID#88293

State of Louisiana

My Commission Expires: Indefinite

M. MONIC McCHRISTIAN NOTARY PUBLIC NOTARY NO. 88293 STATE OF LOUISIANA

Ad No: 14609

Brett Robinson
Louisiana Department of Justice
1885 North 3rd Street
BATON ROUGE, LA 70802

EXHIBIT 2

PUBLIC NOTICE

NOTICE OF HEARING FOR AN APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE REGARDING A PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

The Department of Justice, Office of the Attorney General, State of Louisiana, hereby provides notice that it has received a completed application for a Certificate of Public Advantage regarding a proposed transaction between HCA Healthcare, Inc. ("HCA"), Tulane University ("Tulane"), University Healthcare System, L.C. ("UHS"), and Louisiana Children's Medical Center d/b/a LCMC Health.

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THE PUBLIC IS INVITED TO ATTEND A HEARING ON THIS MATTER THAT WILL TAKE PLACE ON **DECEMBER 8, 2022 AT 10:00 A.M. AT:**

CLAIBORNE BUILDING
1201 NORTH THIRD STREET
LOUISIANA PURCHASE ROOM, 1-100
BATON ROUGE, LA 70802

All interested persons shall be allowed to present testimony, facts or evidence related to the Application and shall be permitted to ask questions. The Department shall also receive comments regarding the transaction from any interested person by December 7, 2022. For further information or to provide comments regarding the transaction, please contact:

Angelique Freel
Director, Civil Division
Office of the Attorney General
Louisiana Department of Justice
1885 North 3rd Street,
6th Floor
Baton Rouge LA 70802
(225) 326-6000
(Telephone)
(225) 326-6096 (Fax)

14603 STF NOV 24,30
TP NOV 22

CAPITAL CITY PRESS

Publisher of
THE ADVOCATE

PROOF OF PUBLICATION

The hereto attached notice was published in THE ADVOCATE, a daily newspaper of general circulation published in Baton Rouge, Louisiana, and the Official Journal of the State of Louisiana, City of Baton Rouge, and Parish of East Baton Rouge or published daily in THE TIMES-PICAYUNE/THE NEW ORLEANS ADVOCATE, in New Orleans Louisiana or published daily in THE ACADIANA ADVOCATE in the following issues:

11/22/2022

Joy Newman, Public Notices Representative

Sworn and subscribed before me, by the person whose signature appears above

29 Nov 2022

M. Monic McChristian,

Notary Public ID#88293

State of Louisiana

My Commission Expires: Indefinite

M. MONIC McCHRISTIAN NOTARY PUBLIC NOTARY NO. 88293 STATE OF LOUISIANA

Ad No: 14609

Brett Robinson
Louisiana Department of Justice
1885 North 3rd Street
BATON ROUGE, LA 70802

EXHIBIT 3

PUBLIC NOTICE

NOTICE OF HEARING FOR AN APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE REGARDING A PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

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THE PUBLIC IS INVITED TO ATTEND A HEARING ON THIS MATTER THAT WILL TAKE PLACE ON DECEMBER 6, 2022 AT 10:00 A.M. AT:

CLAIBORNE BUILDING
1201 NORTH THIRD STREET
LOUISIANA PURCHASE ROOM, 1-100
BATON ROUGE, LA 70802

All interested persons shall be allowed to present testimony, facts or evidence related to the Application and shall be permitted to ask questions. The Department shall also receive comments regarding the transaction from any interested person by December 7, 2022. For further information or to provide comments regarding the transaction, please contact:

Angelique Freel
Director, Civil Division
Office of the Attorney General
Louisiana Department of Justice
1885 North 3rd Street, 6th Floor
Baton Rouge LA 70802
(225) 326-6000
(Telephone)
(225) 326-6096 (Fax)

14603 STF NOV 24,30
TP NOV 22

1374281

ST. TAMMANY FARMER

STATE OF LOUISIANA PARISH OF ST. TAMMANY

PROOF OF PUBLICATION

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11/24/2022, 11/30/2022

Joy Newman, Public Notices Representative

Sworn and subscribed before me, by the person whose signature appears above

30 Nov 2022

M. Monic McChristian,

Notary Public ID#88293

State of Louisiana

My Commission Expires: Indefinite

M. MONIC McCHRISTIAN NOTARY PUBLIC NOTARY NO. 88293 STATE OF LOUISIANA

RECEIVED
DEC 06 2022
CIVIL DIVISION
OFFICE OF THE
ATTORNEY GENERAL

Ad No: 14583

Brett Robinson
Louisiana Department of Justice
1885 North 3rd Street
BATON ROUGE, LA 70802

EXHIBIT 4

PUBLIC NOTICE

NOTICE OF PENDING APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE REGARDING A PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.C. AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

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Director, Civil Division
Office of the Attorney General
Louisiana Department of Justice
1885 North 3rd St., 6th Floor
Baton Rouge, Louisiana 70802
(225) 326-6000
(Telephone)
(225) 326-6096 (Fax)

14583 STF Nov 24 TP 21-25

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: Mea Ratcliff

Signature: Mea Ratcliff, RN

Representing: Tulane Medical Center Nurses / Patients Kommunity

Address: 1941 S. Chippewa St NOOLA 70130

Primary telephone: 504-988-5254 Cell: 225-324-5932

Email address: mea-michell6@yahoo.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: CURTIS WILLIAMS

Signature: Curtis L. Williams

Representing: STAT UP LA

Address: 2

Primary telephone: _____ Cell: 504 214-6478

Email address: WILLIAMSC653@YAHOO.COM

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: Caleb Holmes

Signature: Caleb Holmes

Representing: Step Up Louisiana

Address: 2455 Weldwood dr Baton Rouge

Primary telephone: 318-638-9500 Cell: _____

Email address: Calebh53@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: Kaylen Edwards

Signature: Kay L Edwards

Representing: Tulane Medical Center

Address: 923 Rupp St. Gretna, LA 70053

Primary telephone: (678)472 7793 Cell: (678) 472 7793

Email address: Kaylenedwards@ymail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: MICHAEL ROBERTSHAW

Signature: [signature]

Representing: RN's @ Tulane Medical Center

Address: 2009 ST CLAUDE AVE

Primary telephone: 504 373-2074 Cell: _____

Email address: bobshaw31@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: Olivia Cooper

Signature: Olivia D. Cooper

Representing: Tulane Medical Center registered nurse

Address: 3343 Esplanade Ave NOLA 70119

Primary telephone: 503.679.0127 Cell: _____

Email address: odave cooper@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: Steven Morelock

Signature: [signature]

Representing: New Orleans community

Address: 2458 Jonquil St. NO LA 70122

Primary telephone: 213 494 8723 Cell: _____

Email address: steven.morelock@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN OPPOSITION

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(√) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in opposition

Please Print:

Name: Meg Maloney

Signature: Meg M

Representing: New Orleans Workers Assembly

Address: 3818 chestnut st New Orleans, LA

Primary telephone: 504-444-9096 Cell: _____

Email address: margaretskyethomasmaloney99gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: JoAnn Kunkel

Signature: JoAnn Kunkel

Representing: LCMC Health

Address: 1820 Octavia Street, NOLA 70115

Primary telephone: 605-351-9356 Cell: 605-351-9356

Email address: joann.kunkel@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: PATRICK NORTON

Signature: [signature]

Representing: LCMC HEALTH

Address: 1555 POYDRAS Ave, NEW ORLEANS, LA

Primary telephone: 802 989 3715 Cell: 802 989 3715

Email address: PJN@TULANE.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jennifer VanVranken

Signature: J VanVranken

Representing: Jefferson Parish

Address: _____

Primary telephone: _____ Cell: _____

Email address: _____

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jerry Bologna

Signature: [signature]

Representing: JEDCO

Address: 700 Churchill Pkwy

Primary telephone: 504 289 9410 Cell: 504-289-9410

Email address: jbologna@jedco.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Ruby Brewer

Signature: Ruby Brewer

Representing: LCMC Health

Address: 4200 Houma Blvd Metairie LA 70006

Primary telephone: 504-259-5379 Cell: 504-259-5379

Email address: ruby.brewer@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: ALLISON GUSTE

Signature: Allison Guste

Representing: LCMC HEALTH

Address: 920 FILMORE AVE, NEW ORLEANS, LA 70124

Primary telephone: 504-281-4869 Cell: 504-258-2252

Email address: allison.guste@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Charlotte PARENT

Signature: C P

Representing: LCMC HEALTH / University Medical Ctr

Address: 3740 Red Oak Ct NOLA 70131

Primary ~~telephone~~ Cell: 504-813-4189 Cell: _____

Email address: charlotte.parent@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: John Heaton JOHN HEATON, MD

Signature: [signature]

Representing: LCMC

Address: 29 RIVER CYPRESS LN MADISONVILLE, LA

Primary telephone: 5044322010 ~~Cell~~

Email address: JGHEATON@GMAIL.COM

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Chip Cahill

Signature: [signature]

Representing: LCMC - West Jeff Medical Center

Address: 3740 Lake Michel Ct. Gretna LA 70056

Primary telephone: 5042979898 Cell: 5042697394

Email address: chipcahill@icloud.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Nathaniel Beech

Signature: Nate Beech

Representing: Tulane University School of Medicine

Address: 344 St. Joseph Street, New Orleans, LA, 70130

Primary telephone: 5048132159 Cell: 5048132159

Email address: Nbeech@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Terrie P. Sterling

Signature: Terrie P. Sterling

Representing: LCMC Health

Address: 1101 Poydras New Orleans, LA 70163

Primary telephone: (225)658-8144 Cell: (225) 202-8298

Email address: terrie.sterling@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Gary Haynes, MD, PhD

Signature: [signature]

Representing: Tulane University School of Medicine

Address: 1430 Tulane Avenue

Primary telephone: (504) 988-5068 Cell: (314) 882-0483

Email address: gjhaynes@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Percy Manson

Signature: [signature]

Representing: Faith based community

Address: 1100 Poydras

Primary telephone: _____ Cell: _____

Email address: percy.manson@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: LaDana Williams

Signature: [signature]

Representing: Rhonda LaBat

Address: 1100 Poydras St. New Orleans, LA 70163

Primary telephone: 504-896 2759 Cell: _____

Email address: ladana.williams@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: John Pourciau (Poo-show)

Signature: [signature]

Representing: LCMC Health

Address: 1100 Poydras, New Orleans, LA

Primary telephone: _____ Cell: 225 247-2833

Email address: johnpourciau@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Peter Waggonner

Signature: [signature]

Representing: GNO, Inc.

Address: 1100 Poydras St. NOLA 70163

Primary telephone: 504-527-6980 Cell: 504-312-9529

Email address: pwaggonner@gnoinc.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: EMILY M BROWN

Signature: Emily M Brown

Representing: Tulane Medical School

Address: [redacted], 1430 Tulane Ave, N.O., LA 70112

Primary telephone: 813-310-7948 Cell: _____

Email address: ebrown34@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jacqualyn Turner

Signature:

Representing: Tulane University

Address: ~~1115~~ 1430 Tulane AVE, New Orleans, LA 70112

Primary telephone: 504-999-5169 Cell: 832-656-7474

Email address: jturner16@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Robert Hoover, MD

Signature: [signature]

Representing: Tulane

Address: 768 Amethyst St., New Orleans, LA 70124

Primary telephone: 773-960-2149 Cell: 773-960-2149

Email address: rhoover3@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jordan Lo

Signature: [signature]

Representing: Tulane University School of Medicine

Address: 2424 Tulane Ave, Apt 216

Primary telephone: 949 309 7744 Cell: _____

Email address: jlo2@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Ralph L. Corsetti MD

Signature: Ralph L. Corsetti MD

Representing: Tulane University School of Medicine

Address: 1430 Tulane Ave., Dept. of Surgery, NOLA 70112

Primary telephone: 985-900-7071 Cell: 504-352-8013

Email address: rcorsetti1@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Todd Wiley, M.D., MPH

Signature: [signature]

Representing: Tulane

Address: 1430 Tulane Ave. New Orleans, LA 70112

Primary telephone: _____ Cell: 914-708-9379

Email address: twiley1@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Dr. Nakeisha Pierre

Signature:

Representing: Tulane School of Medicine

Address: 1415 Tulane Ave, SL-4

Primary telephone: _____ Cell: (504) 258-6570

Email address: npierre@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: DARREN CHENG

Signature: [signature]

Representing: TULANE UNIVERSITY SCHOOL OF MEDICINE

Address: 1430 TULANE AVE. NEW ORLEANS, LA 70112

Primary telephone: _____ Cell: 714-478-3968

Email address: DCHENG@TULANE.EDU

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Paul Gladden

Signature: PG

Representing: Tulane University School of Medicine GME

Address: 1430 Tulane Ave 70112

Primary telephone: (504) 988-3515 Cell: (904) 252-3526

Email address: pgladden@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Lee Hamm

Signature: [signature]

Representing: Tulane School of Medicine

Address: 1430 Tulane Ave., New Orleans 70112

Primary telephone: 504 988 5462 Cell: 504-228-5530

Email address: lhamm@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: JOHN STEWART, MD, MBA

Signature: [signature]

Representing: LSU

Address: 6925 Canal Blvd NOLA 70124

Primary telephone: (336) 306-0181 Cell: _____

Email address: jstew17@lsuhsc.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: John Stewart

Signature: JS

Representing: LCMC Health

Address: 6925 Canal Blvd NOLA 70124

Primary telephone: (336)306-0181 Cell: _____

Email address: jste17@LSUHSC.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(X) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jeff De Mond

Signature: [signature]

Representing: Tulane School of Medicine

Address: 7309 Sycamore Street New Orleans, LA 70118

Primary telephone: 618-973-6534 Cell: _____

Email address: jdemond@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Holly Lassere

Signature: Holly Lassere

Representing: LCMC Health

Address: 1100 Poydras, New Orleans 70163

Primary telephone: (504) 250-1615 Cell: (504) 250-1615

Email address: holly.lassere@lcmchealth.org

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

(✓) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jason Otis

Signature: [signature]

Representing: LCMC Health

Address: 457 Audubon Blvd. NOLA 70125

Primary telephone: 504-237-8284 Cell: 504-237-8284

Email address: Jason.Otis@LCMChealth.com

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
( ) Although I do not wish to speak, I am present and in support

Please Print:

Name: Mike Enlow

Signature: Mike Enlow

Representing: Tulane

Address: 309 Laurel St.

Primary telephone: 225-975-2460 Cell: _____

Email address: menlow@LGAGroup.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

PUBLIC HEARING REGARDING PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE OF HEARING: Thursday, December 8, 2022 at 10:00 a.m. (CST)

LOCATION OF HEARING: Claiborne Building
1201 North Third Street
Louisiana Purchase Room, 1-100
Baton Rouge, LA 70802

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address, Phone, Email
Angelique Duhon Freel Assistant Attorney General	Attorney General, State of Louisiana	**LA. Dept. of Justice** **1885 North Third Street** **Civil Division, 6th Floor** **Baton Rouge, LA 70802** **225-326-6000;** **freela@ag.louisiana.gov**
Brett Robinson Assistant Attorney General	Attorney General, State of Louisiana	**LA. Dept. of Justice** **1885 North Third Street** **Civil Division, 6th Floor** **Baton Rouge, LA 70802** **225-326-6000;** **robinsonbr@ag.louisiana.gov**
Lee Hamm	Tulane Sch. of Medicine	1430 Tulane Ave NOLA 70112 504-988 5462 Lhamm@tulane.edu
Ralph Corsetti	Tulane Univ School of Medicine	1430 Tulane Ave NOLA 70112 504-352-8013 rcorsetti1@tulane.edu

PUBLIC HEARING REGARDING PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
Dr. Nakeisha Pierre	Tulane School of Medicine	1415 Tulane Ave SL-4 N.O. LA 70112
Jeff DeMond	Tulane School of Medicine	7309 Sycamore St NOLA, 70118
Nathaniel Beech	Tulane University School of Medicine	344 St Joseph Street NOLA, 70130
EMILY BROWN	Tulane School of Medicine	1430 Tulane Ave NOLA 70112
Elma I. LeDoux, MD.	Tulane School of Medicine	131 S. Robertson St Suite 1530 NO LA 70112
Josewitey	Tulane School Of Medicine	1430 Tulane Ave. NOLA 70112

PUBLIC HEARING REGARDING PROPOSED TRANSACTION
BETWEEN
HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER
d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
Amaraoma C. Ugoji	Tulane School of Medicine	1430 Tulane Avenue, New Orleans LA, 70112
Gary Haynes, MD, PhD	Tulane University School of Medicine	1430 Tulane Ave. Hc 73 New Orleans LA 70112
Jacquelyn Turner	Tulane School of Medicine	1430 Tulane Ave, New Orleans, LA 70112
DARREN CHENG	TULANE SCHOOL OF MEDICINE	1430 TULANE AVE. NEW ORLEANS, LA 70112
Kimberly Allen	Tulane	5342 Camp NOLA 70115

PUBLIC HEARING REGARDING PROPOSED TRANSACTION
BETWEEN
HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER
d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
Peiton Jarmon	TUSOM	1430 Tulane Ave. New Orleans, LA 70112
Carlyn Scafeld	Tulane School of Medicine	316 Fawn Dr. Avala, LA 70032
Kaylen Edwards	Tulane Medical Center	923 Rupp St. Gretna, LA 70053
Meg Maloney	New Orleans Workers Assembly	3818 chestnut st New orleans
Olivia Cooper	Tulane Medical Center	3343 Esplanade Ave, NOLA 70119
Mea Ratcliff	TMC	1941 S. Chippewa St NOLA 70130

PUBLIC HEARING REGARDING PROPOSED TRANSACTION
BETWEEN
HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER
d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
MICHAEL ROBERTSHAW	TULANE RN's	2009 ST CLAUDE AVE 70116
Jerry Bologna	JEDCO	700 Churchill Pkwy Avondale, LA 70094
Ruby Brewer	LCMC Health	4200 Houma Blvd Metairie LA 70006
Jennifer VanVranken	Jefferson Parish Government	1221 Elmwood Park Blvd Suite 1014 Jefferson LA 70123
ALLISON GUSTE	LCMC HOSPITAL	926 FILMORE AVE NO, LA 70124

PUBLIC HEARING REGARDING PROPOSED TRANSACTION
BETWEEN
HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER
d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
Charlotte Parent	LCMC Health	3740 Red Oak Ct NOLA 70131
John Heaton	LCMC Health	29 River Cypress Ln Mandeville, LA 70471
Steven Morelock	NOLA Community	2458 Jonquil St NOLA 70122
Chip Cahill	LCMC	3740 Lk Michel Ct. Gretna
Terrie Sterling	LCMC	1100 Poydras New Orleans
Gary Hamaker MD Tulane	Tulane	1430 Tulane Ave

PUBLIC HEARING REGARDING PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
CURTIS WILLIAMS	STEP UP LA	
PERCY Manson	Minister Alliance Greater N.O.	
LaDana Williams	LCMC Health	1100 Poydras St. New Orleans LA 70163
John Pourciau	LCMC Health	//
Peter Waggonner	GNO, Inc.	1100 Poydras NOLA 70163
Jacqueline Turner	Tulane	1430 Tulane Ave Nola 70115

PUBLIC HEARING REGARDING PROPOSED TRANSACTION
BETWEEN
HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER
d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
Robert Hoover, MD	Tulane	1430 Tulane Ave NOLA Louisiana
Jose' Wiley	Tulane	1430 Tulane Ave NOLA, LA
Nakeisha Pierre	Tulane	" "
DARREN CHENG	TULANE	" "
Paul Clarke	Tulane	" "
John Stewart	LSU	2000 Canal Nola

PUBLIC HEARING REGARDING PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
Kelly Tarver	LCMC Health	Poydras St. NOLA
Jason Otis	"	"

PUBLIC HEARING REGARDING PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

ATTENDANCE SIGN-IN SHEET:

Name	Party Represented	Address
Jordan Lo	Tulane SOM	2424 Tulane Ave Apt 216 NOLA 70119
Holly Gulden	Tulane University	726 Pontalba St NOLA 70124

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Kimberly Allen

Signature: Kim Allen

Representing: Tulane

Address: 5342 Camp Street.

Primary telephone: _____ Cell: 504 313 2806

Email address: kallen19@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Sharon Courtney

Signature: [signature]

Representing Tulane

Address: 1555 Poydras St. NOLA 70112

Primary telephone: _____ Cell: 504-491-2909

Email address: sharonc@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print

Name: Barrett Hawkins

Signature: [signature]

Representing: Tulane University

Address: 145 Tulane Ave / New Orleans 70112

Primary telephone: _____ Cell: 918 260 2887

Email address: bhawkins3@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Ellen Palminteer

Signature: Ellen Palminteer

Representing: Tulane University

Address: 1555 Poydras St. NOLA 70112

Primary telephone: _____ Cell: 225-454-7797

Email address: epalminteer@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Elma I. LeDoux, MD

Signature: Elma I LeDoux MD

Representing: Tulane University

Address: 131 S. Robertson St. Suite 1530

Primary telephone: (504) 988-5331 Cell: (504) 289-3610

Email address: eledoux@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print

Name: Stephen Leder

Signature: Steph Leder

Representing: Tulane

Address: 304 Laurel Street

Primary telephone: 225-939-6170 Cell: 225-939-6170

Email address: sleder@chgroup.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: SUSAN POLLACK

Signature: Susan Pollack

Representing: Tulane University

Address: 1430 Tulane Ave

Primary telephone: 504 782 7864 Cell: Same

Email address: spollack@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE December 8, 2022

CHECK ONE

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jennifer Cataldie, RN

Signature: [signature]

Representing: aclf

Address: 2326 Dawson's Creek Dr. BR 70808

Primary telephone: _____ Cell 415-676-8376

Email address: _____

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C. AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Rachael Farmer

Signature: Rachael Farmer

Representing: Tulane

Address: 304 Laurel Street

Primary telephone: 225-572-1726 Cell

Email address: RFarmer@LGAGroup.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Amaraoma C. Ugoji

Signature: Ugoji

Representing: Tulane School of Medicine

Address: 1430 Tulane Avenue, New Orleans, LA 70112

Primary telephone: Cell: 731-394-2127

Email address: augoji@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Perton Jarmon

Signature: Perton A. Jarmon

Representing: Tulane University School of Medicine

Address: 1432 Tulane AVE New Orleans, LA 70112

Primary telephone: (615) 593-3230 Cell:

Email address: pjarmon@tulane.edu

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak.
(X) Although I do not wish to speak, I am present and in support.

Please Print:

Name: Holly M Gulden

Signature: Holly M Gulden

Representing: Tulane University

Address: 726 Pontalba Street, New Orleans LA 70124

Primary telephone: 504-432-5394 Cell: same

Email address: hgulden@tulane.edu.

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print

Name: Ann Shaw, OD

Signature: [signature]

Representing: 2242 Myrtledale Ave Baton Rouge 70808-5

Address: Self

Primary telephone: _____ Cell: 225-205-1467

Email address: _____

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C. AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Payton diFalco

Signature: [signature]

Representing: Self

Address: 1115 Westwood Dr. Bat 70808

Primary telephone: _____ Cell: 225-368-5125

Email address: _____

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print

Name: Jordan Gleason

Signature: Jordan Gleason

Representing: Tulane

Address: 304 Lowerl Street

Primary telephone: 225-270-8183 Cell: _____

Email address: jgleason@cgrgroup.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Arwin Bascle

Signature: Arwin P. Bascle

Representing: Tulane

Address: 900 Stanford Ave #1209

Primary telephone: _____ Cell 504 296 4349

Email address: arwin@arwinbascle.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Gabrielle Kress

Signature: Gabrielle Kress

Representing: Tulane

Address: 304 Canal Street

Primary telephone: 225-939-7723 Cell:

Email address: gkress@lbtgroup.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print

Name: Carolyn Scofield

Signature: [signature]

Representing: Tulane University School of Medicine

Address: 316 Fawn Drive, Arabi LA 70032

Primary telephone: _____ Cell: (504) 881-4542

Email address: scofield@tulane.edu

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

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( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print

Name: Beverly Brooks Thompson, PhD, CFRE

Signature: Beverly Brooks Thompson

Representing: LCMC Health / Brooks Thompson CBC

Address: 1521 Sugar Cane Lane BRCA 70820

Primary telephone: 225-274-6420 Cell:

Email address: beverly.brooksthompson@yahoo.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: AYAME DINKLER

Signature: [signature]

Representing: LCMC Health

Address: 2437 Tenn St

Primary telephone: Cell: 702 744 3590

Email address: Ayame.dinkler@gmail.com

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print

Name: Blaine Bourgeois

Signature: [signature]

Representing: Self

Address: 540 S. Broad St.

Primary telephone: 504-669-4531 Cell: _____

Email address: blaine@lsnola.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: ADAM ECKSTEIN

Signature: [signature]

Representing: LCMC HEALTH

Address: 1100 POYDRAS, NEW ORLEANS LA 70163

Primary telephone: _____ Cell: (901) 489-1150

Email address: Adam.Eckstein@LCMCHealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Beverly Matherney

Signature: Beverly Matherney

Representing: LCMC Health

Address: 295 English Turn Dr LA 70131

Primary telephone: _____ Cell: _____

Email address: _____

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Josceline Frank

Signature: Josceline Frank

Representing: LCMC Health

Address: 1137 St Michael Dr Harvey LA 70058

Primary telephone: _____ Cell: _____

Email address: _____

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak.
(✓) Although I do not wish to speak, I am present and in support.

Please Print:

Name: Dottie Briese

Signature: Dottie Briese

Representing: LCMC Health

Address: 4424 Bancroft Dr 70122

Primary telephone: _____ Cell: _____

Email address: _____

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Mark Kline

Signature: Mark Kline

Representing: LCMC Health

Address: 1100 Girod Str NOLA 70113

Primary telephone: _____ Cell: _____

Email address: _____

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: MARY FLORES

Signature: Mary Flores

Representing: LCMC Health

Address: 2400 Ramsey Dr 70131

Primary telephone: _____ Cell: 313-418-6929

Email address: _____

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AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Charles Parent

Signature: [signature]

Representing: Self

Address: 3740 Red Oak Ct

Primary telephone: 504-289-6885 Cell: all

Email address: Chetp508@hotmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak.
(✓) Although I do not wish to speak, I am present and in support.

Please Print:

Name: Denise Parent

Signature: NPC

Representing: self

Address: 4914 Meadow Park Dr NOLA 70128

Primary telephone: _____ Cell: 504-491-3372

Email address: CMparent1@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: TONI HARRIGAN

Signature: Toni Harrigan

Representing: LCMC Health

Address: 1100 Poydras St. New Orleans, LA

Primary telephone: [redacted] Cell: _____

Email address: toni.harrigan@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Steven Yost

Signature: Steven Yost

Representing: My Self

Address: 2915 Bordeaux St. New Orleans La. 70119

Primary telephone: _____ Cell: 504 427-3794

Email address: _____

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Leonzell Brown

Signature: Leonzell Brown

Representing: —

Address: 7110 Beauvoir Ct. N.O. La. 70128

Primary telephone: _____ Cell: 504-669-4573

Email address: —

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Kenneth Di Iosa

Signature: [signature]

Representing: Observer Support

Address: 12355 Lake Carmel Place, New Orleans, LA 70136

Primary telephone: _____ Cell: 504-266-3962

Email address: KennethDiIosa@Yahoo.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Gregory A. Nielsen

Signature: [signature]

Representing: LCMC Health

Address: 1100 Poydras New Orleans

Primary telephone: _____ Cell: 308.660.7451

Email address: gregory.nielsen@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: P.J. Sibille

Signature: PJ Sibille

Representing: LCMC Health

Address: 1100 Poydras St Ste 2500 NO 70130

Primary telephone: 504.702.3410 Cell: _____

Email address: pj.sibille@lcmchealth.org

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Rev. Tyrone Smith

Signature: T. Smith

Representing: OMSBC

Address: 2917 Pendido St. New Orleans

Primary telephone: 504-782-3616 Cell:

Email address: TySmith@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

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DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Dalton Dugas

Signature: Dalton Dugas

Representing: LCMC Health / public support

Address: 329 Millicent Way

Primary telephone: (318) 754-9245 Cell:

Email address: dugasdalton@gmail.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

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RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Pike Philibert

Signature: Pike Philibert

Representing: LCMC Health | Public Support

Address: 1 Duckhook Drive

Primary telephone: (504) 444-9779 Cell: _____

Email address: pike1023@cox.net

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak
(X) Although I do not wish to speak, I am present and in support

Please Print

Name: Robert L. Colomb, Jr.

Signature: Robert Colomb, Jr.

Representing: LCMC Health / Public Employee

Address: 108 Evangeline Lane

Primary telephone: 504-607-3572 Cell: 504-607-3572

Email address: rlcoljr@outlook.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:

( ) I am present and would like to speak

(X) Although I do not wish to speak, I am present and in support

Please Print:

Name: Jackson Landry

Signature: Jackson Landry

Representing LCMC Health / public comment

Address: 3530 Stowers Dr ~~3530~~ 51 71201

Primary telephone: (318) 914-2744 Cell: (318) 914-2744

Email address: jackson@idealstrategiestn.com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

AG PUBLIC HEARING WITNESS CARD - AFFIRMATION IN SUPPORT

RE: APPLICATION FOR A CERTIFICATE OF PUBLIC ADVANTAGE, PROPOSED TRANSACTION BETWEEN HCA HEALTHCARE, INC., TULANE UNIVERSITY, UNIVERSITY HEALTHCARE SYSTEM, L.L.C., AND LOUISIANA CHILDREN'S MEDICAL CENTER d/b/a LCMC HEALTH

DATE: December 8, 2022

CHECK ONE:
( ) I am present and would like to speak
(✓) Although I do not wish to speak, I am present and in support

Please Print:

Name: Mark Ellmann

Signature: [signature]

Representing: _____

Address: 1201 Governor Nicholls St New Orleans LA 70116

Primary telephone: _____ Cell: (504) 255-1517

Email address: MarkEllmann@Gmail.Com

*Your signature is certification that your testimony is true and correct and an acknowledgement that you are testifying under oath.

Freel, Angelique

From: Elardo, Jennine M <Jennine.Elardo@lcmchealth.org>
Sent: Thursday, December 08, 2022 10:30 AM
To: Freel, Angelique
Cc: Elardo, Jennine M
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the System Director of Revenue Integrity at LCMC Revenue Cycle Administration and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We can transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,
Jennine Elardo, MPA, LSSBB
System Director, Revenue Integrity

LCMC Health
Westpark Campus
3401 Gen. DeGaulle Drive
New Orleans, LA 70114

C 317.332.3553

Jennine.elardo@lcmchealth.org
LCMChealth.org

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Freel, Angelique

From: Corky Thompson <w2thompson@cox.net>
Sent: Thursday, December 08, 2022 10:36 AM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Parntership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

William Thompson
1521 Sugar Cane Lane
Baton Rouge, Louisiana 70810
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Freel, Angelique

From: Charmaine D. Caccioppi <CharmaineC@UnitedWaySELA.org>
Sent: Thursday, December 08, 2022 10:59 AM
To: Freel, Angelique
Cc: Pamela Allison
Subject: I support the LCMC Health – Tulane University Partnership

Importance: High

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

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This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Charmaine D. Caccioppi
Executive Vice President & COO
United Way of Southeast Louisiana
Pronouns: she/her/hers

P. O. Box 791790 | New Orleans, LA 70179-1790
ph: 504.827.6823 | cell: 504.669.8529 | charmainec@unitedwaysela.org

LIVE UNITED | unitedwaysela.org | Facebook | Twitter | Shutterfly | YouTube | Instagram

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Freel, Angelique

From: Natasha Richardson <Natasha.Richardson@lcmchealth.org>
Sent: Thursday, December 08, 2022 11:22 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern:

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

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This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Natasha N. Richardson, MBA (she/her)
Vice President, Operations and Clinical Research Infrastructure
Chair, Walter Pierre Diversity Committee – Children's Hospital
President, GNO Women's Healthcare Executive Network

LCMC Health
1100 Poydras St., Ste. 2500
New Orleans, LA 70163

C 504.782.0275
Natasha.Richardson@LCMCHealth.org

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Freel, Angelique

From: Kyle France <kylef@laba-group.com>
Sent: Thursday, December 08, 2022 12:43 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Attorney General

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, Covington, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

KYLE M. FRANCE

Louisiana Business Advisory Group
3421 N Causeway Blvd.
Suite 105
Metairie, La 70002
504.358.8111

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Freel, Angelique

From: Sullivan, Jarrod D <jsulliv@tulane.edu>
Sent: Friday, December 09, 2022 7:37 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Best Regards,

Jarrod D. Sullivan
Deputy Chief of Support Services
Tulane University Police Department

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This E-mail is from a member of the Tulane University Police Department and may contain information that is Law Enforcement Sensitive {LES} or Privacy Act Sensitive to be used for official purposes only. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

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Freel, Angelique

From: Shawn Bridgewater <sbridgewater8@cox.net>
Sent: Friday, December 09, 2022 7:41 AM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, Covington, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Shawn M. Bridgewater-Normand, Esq.

321 Homestead Ave.
Metairie, LA

Sent from my iPhone

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Freel, Angelique

From: Paul Flower <phflower@woodwarddesignbuild.com>
Sent: Monday, December 12, 2022 9:59 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Paul

Paul Flower
Chief Executive Officer

Woodward Design+Build | Woodward Interests
1000 S. Norman C. Francis Parkway
New Orleans, LA 70125

Office: (504) 822-6443
Direct: (504) 826-1116
woodwarddesignbuild.com | woodward-interests.com
LinkedIn | Facebook | Instagram

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Freel, Angelique

From: Dinkler, Ayame <Ayame.Dinkler@lcmchealth.org>
Sent: Monday, December 12, 2022 11:32 AM
To: Freel, Angelique
Cc: Field, Kenneth W.; Brewer, Ruby; Guste, Allison
Subject: Public Comment
Attachments: Public Hearing Follow up Letter 12.12.22 Final.pdf

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Ms. Freel:

Please accept this letter for the public record as follow up to the December 8th public hearing related to the LCMC Health – Tulane University partnership.

I am sending this on behalf of Ruby Brewer and Allison Guste.

Best,
Ayame

Ayame N. Dinkler
Chief Administrative Officer

LCMC Health
1100 Poydras Street, 2500
Energy Centre
New Orleans, LA 70163

O 504.894.5462
C 202.744.3590

Ayame.Dinkler@LCMChealth.org
LCMChealth.org

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LCMC Health

1100 Poydras Street
Suite 2500
New Orleans, LA 70163

LCMChealth.org

December 12, 2022

Angelique Freel
Director, Civil Division
Louisiana Department of Justice
1885 North 3rd Street
Baton Rouge, LA 70802
Via email: freela@ag.louisiana.gov

Dear Director Freel:

Thank you for hosting a public hearing on December 8, 2022, regarding the application for a certificate of public advantage related to the proposed transaction between HCA Healthcare, Inc., Tulane University, University Healthcare System, LLC, and LCMC Health.

We write today as the nursing leaders at LCMC Health. The voice of nurses matters greatly to LCMC. We have closely listened to their feedback, including the concerns repeated by the five TMC nurses who testified at the public hearing, and we appreciate the opportunity to submit for the record, our engagement with TMC nurses to date and our commitments moving forward.

1. **Engagement to date:** Since October 10, 2022, LCMC Health has repeatedly engaged with employees of Tulane Medical Center ("TMC"), Lakeview Regional Medical Center, and Tulane Lakeside Hospital (collectively, the "three Tulane hospitals") to the extent allowed by HCA and the law. LCMC Health leaders have spent time across the three Tulane hospitals to introduce ourselves, share information about the transaction, and provide a forum for questions and feedback. We have held four town halls at TMC, two at Tulane Lakeside Hospital, and three at Lakeview Regional Medical Center. These were held at hours to accommodate both day and evening shift employees. Approximately 300+ employees across the three Tulane hospitals attended these town halls. We were encouraged by this participation.

   In an effort to provide increased engagement with nurses at TMC, we participated in a 1.5 hour meeting with nurse leaders at TMC on December 7th, 2022. Approximately 20 TMC nursing leaders were present in addition to TMC's Chief Nursing Officer and Associate Chief Nursing Officer. In addition to general introductions, we used this meeting to continue relationship building and engagement. The key themes we heard during that meeting were excitement about the future with LCMC Health, and also apprehension regarding the unknown, particularly related to the relocation of services. We reiterated then, and will rearticulate now for the public record, that key stakeholders including nurses and physicians will be involved in relocation planning. We are committed to continuing to engage with all HCA employees about our partnership and their place in the LCMC Health family.

2. **Employment commitment:** All employees at the three Tulane hospitals will continue to have jobs under this partnership. LCMC Health and Tulane University intend to work together, following the close of the transaction, to not only retain the current nursing staff but to actively promote

LCMC Health

education through a new nursing program, attracting and employing additional nurses to support the level of patient demand beyond current levels. Maintaining and increasing nursing staff will allow the combined organization to address existing and potential patient capacity concerns. We are hopeful that this clarifies any misunderstanding held by TMC nurses regarding our commitment to their employment.

Both LCMC Health and Tulane University value our providers and employees and are committed to retaining our staff across both organizations. As stated in our application and articulated in each communication to the staff of the three Tulane hospitals, LCMC Health values the employees of the three Tulane hospitals, and looks forward to them joining the LCMC Health family.

3. **Pay and Benefits:** Offering competitive compensation and benefits packages is essential to not only retain but to also attract the best talent as we work together to make our community healthy. LCMC Health is committed to fair and equitable salaries. As committed to in the Unit Purchase Agreement ("UPA"), employees of the three Tulane Hospitals will be provided wage or salary levels and cash incentive opportunities substantially equal in the aggregate to those provided currently and benefits that will be no less favorable than those provided to similarly situated LCMC Health employees.

Thank you for accepting this letter as part of the public record.

Sincerely,

Ruby Brewer, RN
Chief Nursing Officer
East Jefferson General Hospital

Allison Guste, RN
VP, Nursing & Quality
LCMC Health

Freel, Angelique

From: Charmaine D. Caccioppi <CharmaineC@UnitedWaySELA.org>
Sent: Tuesday, December 13, 2022 6:13 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, Covington, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

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Dear Attorney General Landry,

We write as denominational and community leaders across New Orleans and Louisiana, in our support of the nurses of Tulane Medical Center, who are demanding a voice in the future of healthcare in New Orleans. We are asking for the upcoming public hearing on the sale to be held locally in New Orleans, not Baton Rouge, ensuring meaningful participation and input from our frontline health care workers and the community they serve.

We are deeply concerned that the proposed sale of Tulane Medical Center to LCMC Health will negatively impact access to quality and affordable health care services for thousands of Louisianans. LCMC has already announced plans to shut down most inpatient services at Tulane Medical Center within 12 to 24 months of acquiring the hospital. Many of our community members have gone to Tulane Medical Center for years. Losing such a popular hospital serving patients not only in New Orleans, but across Louisiana, is a loss for communities around the state.

We fear a two-system duopoly in New Orleans, made up of LCMC and Ochsner Health, will raise health care costs and reduce services. This is especially worrisome in such a precarious time in our nation. Now, more than ever, high-quality health care needs to be made more accessible and affordable.

When Charity Hospital closed, New Orleans lost one of the state's last public hospitals that served everyone, regardless of income level. Now, we stand to lose another hospital in downtown New Orleans that has long served low-income patients. We worry Medicaid patients, who are disproportionately Black and people of color, will lose access to care. Louisiana's minority residents already experience significantly lower life expectancies than white residents, and the closure of services and higher health care costs may exacerbate this health equity crisis.

Nurses are on the front lines of keeping our communities and congregants healthy and safe. We stand with Tulane Medical Center nurses because we trust nurses to put patients first. We urge you to block the sale in order to ensure there are no cuts to jobs or patient care services at Tulane Medical Center and that there is no increase in healthcare costs for the community.

Sincerely,

Shawn Moses Anglim, First Grace UMC, Pastor

Margaret Washington, Retired RN/Nurse Educator

Betty Roberson, EDUTRONICS, CEO

Callie Winn Crawford, Retired United Methodist Pastor

Jonah Evans, Neutral Ground, Founder and CEO

Charlotte Clarke, Common Ground Relief, Co-Director

Rev. Dr. Joe D Connelly, Bethany United Methodist Church, Sr. Pastor & Community Engagement Officer

Travis Cleaver, Grow Dat Youth Farm, Site Coordinator

Bonnie Sniegowski, Society of St. Vincent de Paul, Director of Adult Learning Center

Deon Haywood, Women With a Vision, Executive Director

Harold John, National Association of Letter Carriers, 2nd Congressional District Liaison

Matthijs Herzberg, Herzberg Design Co, CEO

Elizabeth S Widerquist, Xavier University of Louisiana, Professor

Stephanie Martin, FGUMC, Administrator

Reverend Dr. J.C. Richardson, Cornerstone United Methodist Church, Pastor

Bettie Rhode, Cornerstone United Methodist Church, Parish Nurse/Lay Minister

Lexi Peterson, New Orleans Workers Center, Co-director

Byron Johnson, Central Missionary Baptist Church, Reverend

Jeanne Nathan, Tannathan inc., dba Creative Industry, President

Mary Lowry, Now Love

J. Christopher Johnson, Mobilizing Millennials, Executive Director

Marc Behar, Temple Sinai, Former Board Member

Eugenia Rainey, Tulane University, Professor

Bennie Wilson, Mantle Tabernacle Holiness Church, Sr. Pastor

Dave Cash, United Teachers of New Orleans, President

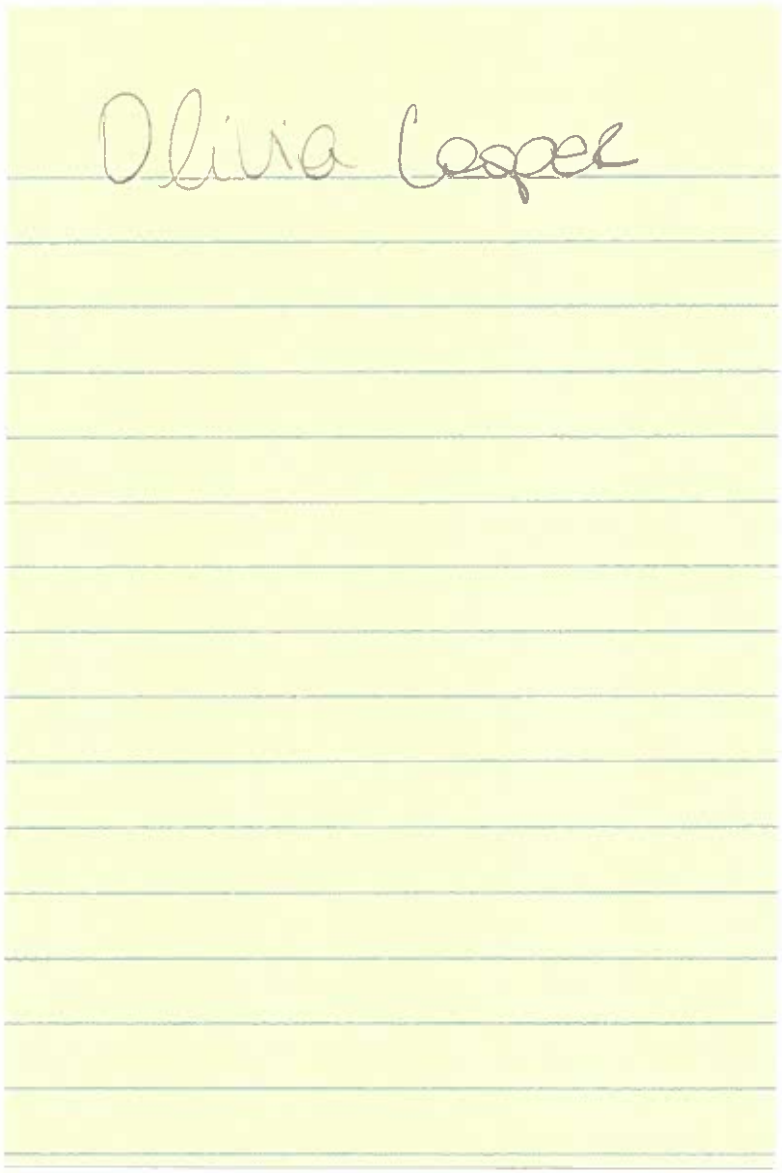
Darla H Durham, St. Charles Avenue Baptist Church, Deacon and Former Trustee

Margaret Maloney, New Orleans Workers Assembly, Organizer

Mike Howells, We Can't Wait NOLA, Organizer

Amy Stelly, Claiborne Avenue Alliance, Executive Director

Reverend Paul Beedle, First Unitarian Universalist Church, Minister


Olivia Cooper

Nurses and Community Demand a Voice in the Future of Tulane

We, the undersigned nurses and community members, demand to have a say in the future of Tulane Medical Center. On Monday, October 10, LCMC and Tulane announced the proposed sale of our hospital with the intention to shut it down. Many of us learned about this plan suddenly, with no discussion or warning. We are gravely concerned about what this pending sale and subsequent closure of our hospital means to our community and the patients we serve.

Together We Are Demanding »

- » Recognition of our union, formed with the National Nurses Organizing Committee/National Nurses United.
- » No cuts to patient care services or jobs.
- » Input of RN staff on the conditions of the proposed sale.
- » Transparency from Tulane and LCMC in this process.

Name	Facility	Unit	Cell Phone	Email	Signature	Date
Lea Lourdes Astrono	Tulane	7W	504 333 2233	leeastro.rn@gmail.com		11/3/22
Lindsey Simons	Tulane	7W	7202028151	lcsimons99@gmail.com		11/4/22
Princess Carino	Tulane	7W	504 9199127	princesscantillo@yahoo.com		11/04/22
Stephanie Zepeda	Tulane	7W	504 982-1614	szepeda0228@gmail.com		11/4/22
Krystine Dagal	Tulane	7W	985 602 9570	krystine.dagal@icloud.com		11/04/22
Steven Andrews	Tulane	7W	504-598-4079	Sandrews@yahoo.com		11/6/22
Keith Theyard	Tulane	7W	504-610-6940	Ktheyard@gmail.com		11/6/22
Billie Davis	Tulane	7W	601-754-6584	billie718@hotmail.com		11/6/22

OUR PATIENTS. OUR UNION. OUR VOICE.

National Nurses Organizing Committee

National Nurses United

www.NationalNursesUnited.org » NationalNurses » @NationalNurses

102422

Nurses and Community Demand a Voice in the Future of Tulane

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- » Transparency from Tulane and LCMC in this process.

Name	Facility	Unit	Cell Phone	Email	Signature	Date
Adjoa Addy	Tulane medical	Scenter	614 432 4787	aandai93@gmail		11/14/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Stephanie Hailo	Tulane Downtown	BMT	337 499 3888	Stephanie.Hlake@gmail.com	SHailo	10/25/22
Jerica Jenning	Tulane Downtown	BMT	504 8105332	jsimpson@gmail.com	Jjen	10/26/22
Christina Benjamin	Tulane Downtown	BMT	504-221-8815	Christinalandry18@yahoo.com	C Benjamin	10/26/22
Ariana Rusner	Tulane Downtown	BMT	228-324-9620	arianarusner@ymail.com	Ariana Rusner	10/26/22
Latasha Cooper	Tulane Downtown	BMT	225-200-0163	latasha.skyler.marquis.nyc@gmail.com	Latasha Cooper	10/27/22
LaTonya Dorsey	Tulane Downtown	CCU	(601) 880-1239	DorseyRN@gmail.com	LaTonya Dorsey	10/28/22
Sushma Rawat	Tulane Downtown	BMT	508-713-7647	sushmarawat86@gmail.com	Sushma Rawat	10/28/22
Hoffmann-Eveline	Tulane Med. Center	BMT	504-756-3216	ebeehlen99@gmail.com		10/28/22
Heather Sinclair	Tulane Downtown	BMT	337 967 8383	hsinclair@yahoo.com		10/28/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
David Ziccardi	Tulane	PACU	504-615-6966	Ziccardi@tulanedom		10.25.22
Mallory Beard	TULANE	MICU	(662) 603-3764	mkillonykbeard@icloud.com	Mallory K. Beard	10/25/22
Larissa D'Amiello	TMC Downtown	TATU	203-530-0835	d.larissa12@gmail.com		10/25/22
Qalid Chaney	TCA	TATU	337-291-9559	QalidChaney8@ymail.com		10/25/22
Lauren Glaser	Tulane	SICU	757-319-0058	lauren.glaser3@gmail.com		10/25/22
Olivia Cooper	Tulane	TATU	503.679.0127	oliviacooper0@gmail.com		10/25/22
Dion Merritt	Tulane	MICU	504-432-4656	dion.merritt@gmail.com		10/25/22
Katherine Kramer	Tulane	ER	504 388-1603	Kakramer12@yahoo.com		10/26/22
Devon Williams Herke	Tulane	ER	951-355-6416	mrsherke@ymail.com		10/26/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Hollie Mayeux	Tulane	Derm	318 840 4498	hollie mayeux 2@gmail.com		10-27-22
Terry LE	TULANE	RT	504-231-0411	Terry LE@ [illegible]		10/27/22
Christian B. Ashy	Tulane	Surg/GI	504-606-5747	Charisba2021@gmail.com		10/27/22
[illegible]	Tulane	Transplant	3188014128	jfoxlall@tulane.edu		10/28/22
[illegible]	Tulane	Transplant	985-445-8570	[illegible]		10/28/22
Jenny Labre	Tulane	Transplant	504.905.0998	jennylabre@gmail.com		11/1/22
[illegible]	Tulane	Transplant	256.318.8347	charissagordon2@gmail.com		11/2/22
Tara Bates	Tulane	Transplant	504-314-1257	tbatesRN@gmail.com		11-2-22
Sydney Searls	Tulane	Cardiology	313-433-8106	ssearls32@gmail.com		11/2/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Marie W Payton	TUMC	Cardiology	504.256.4755	mwpayton40@gmail.com	MWPayton, RN BSN	11/2/22
Rebecca Bonds	TUMC	Cardiology	904-2145796	Rebecca.Evans7.RE@Gmail.com	Rebecca Bonds	11/2/22
Alexander Castillo	TUMC	ACCU	504-564-5577	acastillo140@hotmail.com	Alexander Castillo	11/8/22
Christy Clark	Tumc	Accu	504-610-4407	christyclark25@ymail.com	C. Clark	11-12-22
JAPANICA LEWIS	TULANE	ACCU	5043396444	japanica.lewis@lca		11-12-22
Michelle Privost	Tulane	Surgery	504-638-1755	m.privost@gmail.com		11/12/22
Shannon Beach	TUMC	cardio pulmonary	504-303-9878	SDBEACH7@cox.net		11/14/22
Ryan Fernandez	Tumc	Emergency	(541) 613-7966	Ryan.fernandez@tulane.edu		11/15/22
Bryan Braddick	Tulane	Dialysis	504-858-3677	bbraddick@yahoo.com		11-16-22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Meghan Dufrene	Tulane	SICU	504-812-8270	meghan.dufrene@yahoo.com		10.29.22
G Brewer	Tulane	4W	504-782-3516	gcobrencer@gmail.com		10/29/22
Catrice Collins	Tulane	SICU	504 759 7216	c.collinsrn@hotmail.com		10/29/22
Jaz'Mine Green	Tulane	SICU	985-685-6339	jazmine.green00@gmail.com		10/29/22
[illegible]	Tulane	Med Surg		[illegible]@gmail.com		10/29/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Devin Robinson	TMC	4West	(225) 916-3730	devinrobsn@gmail.com	Devin Robinson	11/9/22
Naycha Grandberry	TMC	7E	601-320-6436	naychagrandberry@gmail.com		11/9/22
Treschell Howard	TMC	7E	504.413.3049	trehoward30@gmail.com	T. Howard	11/9/22
Lesley Laup	TMC	7E	504-234-8343	laup.lesley@gmail.com	Lesley Laup	11/9/22
Jasmine Milton	TMC	7E	985-215-5320	jasmine.batiste@selu.edu		11/9/22
Jazmine Blunt	TMC	lowest	985 294 1705	jazmineblunt@gmail		11/9/22
Kristina Andrews	TMC	6W	9855105479	KKandrews23@yahoo.com		11/9/22
Chalaine M. Crawford	TMC	6W	9855079478	C_Morgan_6@yahoo.com	CMCrawford	11/9/22
Trish Williams	TMC	6 west	2135005902	williamstrish22@gmail.com		11/9/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Maureen Gibson	Tulane Medical Center	5 Center	(828) 301-9627	mail@mrgibson.us ★		11/12/2022
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Elizabeth Hebert	TUMC	7th	504-251-0695	Elizabeth.Hebert2@HCAHealthcare.com		11/12/22
Jennifer Stark	TUMC	7	504-920 9488	jstark2@tulane.edu		11/12/22
Kelly Ziegler	TUMC	ORTHO	504-957-7903	K2ig9932@yahoo.com		11/14/22
INNA GOLDBARG	TUMC	Surgery	504-806-1404	IGOLDBARG@Tulane.Edu		12/15/22
Sheila Warner	TUMC	Surgery CL	504-352-4763	SpWarner1D@gmail.com		11/18/22

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Julie Dimond	Tulane Medical	PACU	504-390-0607	nog336@gmail.com	Julie Dimond	10/28/22
Otalys Gonzalez	Tulane Medical	OPS	504-621-4656	ogonzalez91965@gmail.com	Otalys Gonzalez	10/28/22
Sunita Varghese	Tulane Medical	PACU	832-917-2173	sunita.svarghese@gmail.com	Sunita Varghese	11/3/2022
Kathy Reggio	Tulane Medical	ER	504-913-1561	RNPILSBERRY@AOL.COM	Kathy Reggio	11/5/2022

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Jill Walker	Tulane	7W	8655480851	JMMACOW@hotmail.com	Jill Walker	9/31/22
Deondray Warren	Tulane	7West	(504)317-5799	deondray510@yahoo.com	D Warren	11/2/2022
Trechell Washington	Tulane	7west	(504) 521-5048	trechell95@gmail.com	Trechell	11/02/2022
William Pullium	Tulane	7west	[redacted] 412-822-883	gregpullium@yahoo.com	[illegible]	11/02/2022
barbara gonzalez-rivera	tulane	7west	281-203-4508	bababarbara@gmail.com	[illegible]	11/3/2022
Sydney Oplinger	Tulane	7west	(801) 750-6787	sydneyoplinger@gmail.com	Sydney Oplinger	11/3/22
Heather Phillips	tulane	7west	(765)404-8398	hbphillips9776@gmail.com	[illegible]	11/3/22
Andrea Rankin	Tulane		251-623-2882	Andrearankin98@gmail.com	ARankin	11/3/22

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Dongelia Landry	HCA Tulane	WCC	5045752532	dongelia@gmail.com	Dongelia Landry	10-26-22
Lisa Rongstad	HCA Tulane	WCC	850-207-9068	LErongstad1@gmail.com		10/26/22
Clara Araujo	HCA Tulane	MICU	630 877 6056	araujo.cte@gmail.com		10/26/22
Jane Seaton	Fresenius Acute	Dialysis	(504) 975-1890	drllseaton@yahoo.com	Jane Seaton	10/27/22
Geri Carr	Fresenius	Dialysis	(504) 813-9321	gbcarr24@bellsouth.net		10/27/22
Andrew Triche	Fresenius	Dialysis	504 441-8434	andrew.triche@gmail.com		10/27/22
Julie Hamberger	Fresenius	Dialysis	504-875-7695	julie.hamberger@freseniusmedicalcare.com		10-27-22
Marilyn Arcachon	HCA Tulane	Dem	701 575-1415	m2maps@att.net		10/27/22

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Raymond Ramos	Tulane	4W	504-491-2251	ramosraymond1120@gmail.com		11-10-22
Me'Asia Edwards	TMC	6W	(504)3802969	measialashum@yahoo.com		11/10/22
Ashland Brown	Tulane	6W	(601)-867-1150	abred994@yahoo.com		11/10/22
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Kathleen Ary	Tulane	7W	504 605 5003	iamkfary23@outlook.com		11/12/22
Marissa Bergeron	Tulane	7E	504-481-2595	marissabaj@gmail.com		11/13/22
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Diana Morris	Tulane	neuroICU	5046554895	diamond6887@gmail.com		11/13/22

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Calia Chavis	TATU HCA	TATU	337-281-9559	CaliaChavis8@gmail.com		10/25/22
Natalie Aguirre	SICU	SICU	512-903-118	leannnatalia@gmail.		10/25/22
Lauren Glaser	SICU Tulane	SICU	757-319-0058	lauren.glaser3@gmail.com		10/25/22
Olivia Cooper	Tulane	TATU	913.679.0127	oliviacooper00@gmail.com	Olivia Cooper	10/25/22
DAVID ZIEGLER	TULANE	PACU	504-615-6966	ZIEGLERD06@YAHOO.COM		10.25.22
Mallory Beard	Tulane	MICU	(662) 603-3764	mallorykbeard@icloud.com	Mallory K Beard	10/25/22
Larissa D'Aniello	TMC Downtown	TATU	203-530-0835	dilarissa12@gmail.com		10/25/22
Dominique Stack	Tulane	USSU	504 919-3022	dominique.stack		10/25/22
Tomisha Acaberman	Tulane	USSU	504) 320-9430	tomisha46@gmail.com		10-30-22
Duma Sen	Tulane	SICU	850-966 3288	senouma42@gmail.com		10-30-22

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Jessica Rivarde	TMC Downtown	CCL	504-400-2585	mrs.jessica.rivarde@gmail.com		10/27
Vilma Chavez	TMC downtown	CCL	504 460-8151	Vilma.Chavez@Yahoo.com		10/27
Amy Barke	TMC-downtown	CVRA	504 715 5729	amybarke011@gmail.com		10/27
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Lorie Bowers	TMC downtown	CVRA	985 966 0555	rlorien@aol.com		10/28/22
Wes Thibodeaux	TMC-Downtown	CVRA	504-444-7116	Westhibo@gmail.com		10/31/22

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Michelle Morgan	TUlane	ER	(937)869-8555	Mendricksmichelle@yahoo.com	Michelle Morgan	10/29/22
Fredie Escultero	Tulane	ER	708-830-5009	fred_ece2000@yahoo.com		10/29/22
JON ANG	TULANE	ER	504 616 0214	MAC.JON.MICHAEL@GMAIL.COM		10/29/22
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Diana Estrada	Tulane	ER	(504) 352-2177	estrada_diane@yahoo.com		10/31/22
Jonathan Duclos	Tulane	ER	(907) 990-4264	DCGUARD83@gmail.com	Jonathan Duclos	11/4/22
Sarah Petit	Tulane	ER	210 232 4877	sarahtaylor5209@gmail.com	Sarah Petit	11/4/22
Nicholas Bradley	Tulane	ER	318-353-1357	nlbradley@yahoo.com		11/4/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
CHERYL JAMES	TULANE	ER	601-273-2923	damngypsygal@gmail.com		10/25/22
Haley Arnouville	Tulane	ER	318-587-1709	haleynsula@gmail.com		10/25/22
Amya parfait	Tulane	ER	15047615-2627	amyaparrain@icloud	A. Parr	10/28/22
Sophia DeNucci	Tulane	ER	6174506848	sophed.21@gmail.com		10/28/22
KERRYN O'FLAHERTY	TULANE	ER	504-400-2190	Kerrynof@aol.com	K. O'Flaherty	10/28/22
Breyon Laby	Tulane	ER	504-715-9850	blaby5@yahoo.com	B. L	10/28/22
Jaclyn Morgan	Tulane	ER	504-875-6949	Jackielynn31389@aol.com		10/28/22
Leslie Batson	Tulane	ER	504-237-0859	ljbatson@cox.net	L Batson	10-29-22
Sarah Sixbey	Tulane	ER	870-814-6659	sarahosixbey@gmail.com	Sarah Sixbey	10/29/22
Zach Nemr	Tulane	ER	504-973-1083	znemr0370@gmail.com		10/29/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Charity Bergeron	Tulane	ED	504-872-5070	charitybergeron@att.net	CBergeron	11/4/22
Mitchell Webb	Tulane	ED	601-600-0584	mwebbemt52@gmail	MWebb	11/4/22
Ashley Starvey	Tucane	ER	(504)615-8215	agenevay@gmail.com	[illegible]	11/4/22
Mzmn Nicolai	TUMC	ER	(315)573-2806	nicolai16n@gmail.com	[illegible]	11/4/22
JAVIER LOPEZ	TUHC	ER	(504)905-2094	javicoba@yahoo.com	[illegible]	11/4/22
Maria Reed	Tulane	ER	251-533-0400	mariadreed98@gmail.com	[illegible]	11/4/22
Brittany Bygg	Tulane	ED	325. 212. 2700	bygg17@yahoo.com	[illegible]	11/3/22
Kasey James	Tulane	ED	(318)581-7172	jameskasey9@gmail	[illegible]	11/15/22
ANDY SEAL	TULANE	ED	(601)916-2659	raseal90@gmail.com	[illegible]	11/20/22
Jennifer Denney	Tulane	ED	(228)990-6722	jdenney1710@gmail.com	Jennifer Denney	11/20/22

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Mallory K. Beard	TMC	SICU	(662) 603-3764	mallorykbeard@icloud.com	Mallory K. Beard	11/9/22
Henri Wesley	TMC	TATU	318-550-7775	henriwesley2015@gmail.com	Henri Wesley	11/10/22
Billie Davis	TMC	TKU	601-754-6534	billie718@hotmail.com	Billie Davis	11/10/22
Krystal Dupre	TMC	SICU	(985) 855-6259	kdup1994@gmail.com	Krystal Dupre	11/10/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Calia Chaus	HCA	TATU	337-291-9554	Caliachaus8@gmail.com		10/25/22
Olivia Cooper	Tulane	TATU	503.679.0127	oliviacooper00@gmail.com	Olivia Cooper	10/25/22
DAVID ZICCARDI	TULANE	PACU	504-615-6966	ZICCARDI06@YAHOO		10.25.22
Mallory Beard	Tulane	MICU	(662)603-3764	malloykbeard@icloud.com	Mallory Beard	10/25/22
Larissa D'Amiello	TMC Downtown	TATU	203-530-0835	d.larissa12@gmail.com		10/25/22
[illegible]	TMC	[illegible]	[illegible]	[illegible]		[illegible]
Sasha Iwuagwu	TMC	MICU	210-906-3242	rebchumovskaya@gmail.com		10/25/22
Lily LeRoy	TMC	SICU	7069935909	lily.leroy101@gmail.com		11/16/22
Hilya Castillo	Tulane	ACCU	504-982-2822	tati121282@yahoo.com		11/22/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Mallory K Beard	Tulane	SICU	(662) 603-3764	mallorykbeard@icloud.com	Mallory K. Beard	11/21/22
Kellie Loncle	Tulane	Cancer Center	504-249-1550	kellyjupenoire@gmail.com		11/22/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
MICHAEL ROBERTSHAW	TULANE MEDICAL	SICU	504-373-2074	bobshaw31@gmail.com		10/27/22
Shannon Faulstick	Tulane Medical Center Downtown	Imaging	504 249 1000	faulstichs@gmail.com		10/27/22
Ashleigh Smith	Tulane Medical Downtown	SICU	985-789-2892	acsmith2691@gmail.com		10/27/22
Chelsea Young	Tulane Medical	MICU	225-200-2660	chelsea.michelle.young@gmail		10/27/22
Franklin Cox	Tulane Medical Center	MICU	769-230-7469	fec7799@yahoo.com		10/30/22
Peter Corby	Tulane Medical Center	MICU	504-473-9897	peter.corby@Gmail		10/30/22
Jenn Jacheson	Tulane Medical Cen	TATH	504-202-8458	jennzijacheson@yahoo.com		10/30/22
Ava Martin	Tulane Medical Center	SICU	(225) 225-718-7074	martin.ava8@gmail.com		10/30/22
Ephraim Coffee	Tulane Medical Cen	Elect	504-729-7207	rjjfree@gmail.com		11/12/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Gabrielle Trapani	Tulane	SICU	504681-1148	gabtrapani@gmail.com		11/17/22
Sadonia Maxwell	Tulane DT	OPS	5042709639	sadoniamaxwell@gmail.com	daddy cc	11/21/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Inziya Magee	Tulane	ER	(504)881-3592	inziyamagee@gmail.com		10/26/22
Stacey Ledner	Tulane	ER	(504)628-4320	nola010271@gmail.com		10/26/22
JOSEPH FLORES JR	Tulane	ER	2254922105			10/26/22
Kayla Gasper	Tulane	ER	(318)355-4021	akwilkay@gmail.com		10/26/22
Tarah Bailey	Tulane	ER	985-445-0530	tarah.parker@yahoo.com		10/26/22
Nick Lang	Tulane	ER	504 615 4851	NickLang234@yahoo.com		10/26/22
BRIAN MOREHOUSE	TULANE	ER	504-446-2677	BJD9855@YAHOO.COM		10-26-22
Constance Buffinet	Tulane	ER	985-515-5643	Conniebcake@gmail		10/26/22
Kandice Robinson	Tulane	ER	(504)900-6823	Robinson1116@yahoo.com		10/26/22
Angelle Oneal	Tulane	ER	(504) 616 9145	AngelleOCiley@gmail.com		10/26/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Lauren Glaser	Tulane Medical Center	SICU	757-319-0058	lauren.glaser3@gmail.com		10/25/22
Olivia Cooper	Tulane	TATV	503.679.0127	oliviacooper@gmail.com		10/25/22
DAVID ZICCARDI	TULANE	PACU	504-615-6966	ZICCARDI06@YAHOO		10.25.22
Mallory Beard	Tulane	MICU	(662) 603-3764	mallory.kbeard@icloud.com	Mallory Beard	10/25/22
Larissa D'Aniello	TMC Downtown	TATV	203-550-0835	d.larissa12@gmail.com		10/25/22
Celia Chum	HCA	TATV	337 281 9559	Celia.Chum8@gmail.com		10/25/22
Jack Gidaro	Tulane	SICU	610 675 8149	Jack.Gidaro@gmail.com		11-4-22
Kendrid Lewis	Tulane	SICU	(334) -301-3902	Kendrid.lewis7@gmail		11/08/22
Oliver Parker	NOLA	Engineer	856-470-8038	oliverparker15@gmail.com		11/9/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Nga Pham	Tulane	OPS	504-432-2979	nurse23.pha@gmail.com	Nga Pham	11/09/2022
Kecha Hampton	Tulane	NIMU	5043521419	kecha7116@gmail.com		11/9/22
Tina Nickles	Tulane	NIMU	504-376-4532	teeny005@yahoo.com	T. Nickles	11/9/22
Fluyette Alexander	Tulane	NIMU	504-660-2030	fluyem2002@yahoo.com		11/9/22
Chelsea Dennis	Tulane	NIMU	(504)247-2383	Chelsea909@gmail.com		11/9/22
Rachel Nwia	Tulane	NIMU	(847)840-2774	rachelnwia@gmail.com		11/9/22
Terika owens	Tulane	AIMU	985-551-1352	terikaowens@yahoo.com	Terika Owens	11/9/22
Kanisha McKnight	Tulane	AIMU	601-814-0287	Kmcknightrn@gmail.com		11/9/22
Brianna James	tulane	AIMU	985-264-2950	bjames0425@gmail.com		11/9/22
Bridget Daley	Tulane	BMT	228-234-9494	daley1011@yahoo.com		11/9/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Heather Zimmerman	Tulane	Infusion (Amb.)	504-432-9418	heather22t@gmail.com		4Nov22
Missy Bean-Tanner	Tulane	Amb Infusion	(504) 251-8758	missybean21@yahoo.com		11/4/2022
Valerie Langford	Tulane	Amb. Infusion	504 813-2905	Valglangford@yahoo.com		11/4/2022
Alisha Siegl	Tulane	MedSurg	318-502-2050 *	baum.alisha36@yahoo.com		11/4/22
Katelyn Cipes	Tulane	MedSurg	318-446-[illegible]616	katiecipes@[illegible].com		11/4/22
Paulette Green	Tulane	Nursing	504 473-9736	paulette81598@yahoo.		11/12/22
Christian Dimas	Tulane	CPRC	504-782-4720	Christian.dimas90@gmail		11/14/22
Jennifer Guillot	Tulane	CPRC	504-915-7661	jenguillot@gmail.com		11-14-22
Larissa Fogleman	Tulane	GI Surgery	509-225-0634	TLFogleman888@gmail.com		11/28/22
[illegible]	Tulane	Vascular Access	(504) 920 7134	[illegible]		11/29/22

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RUTH Mitchell	UPS Tulane	OPS	(504)2748094	ruthlogan1212@gmail.com	Ruth Mitchell	11-29-22
Gena Dyer	Tulane OT	OPS	901 215-2298	gillespiega3@gmail.com	Gena Dyer	11/29/22
Ellie Bergeron	Tulane PT	OPS	504-621-9449	elliebergeron16@gmail.com	Ellie Bergeron	11/29/22
Jennifer Hammat	Tulane OR	OR	601-405-7097	JL Hammat1216@gmail.com		11/29/22
MICHAEL MILAN	TULANE OR	OR	(504) 884-0163	MSMIKE MILAN330@YAHOO.COM		11-29-22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Nelson Ngwa	Hea Tulane	Vascular	504-473-1140	neo777win@yahoo.com		11-29-22
Rolo Alarson RN	TULANE MC	ORS	504 491-7843	RoloZAlarsonRN		11.29.22
Sheryl Coleman	Tulane Hosp	ORS	504 650-7084	shcoleate@netzero.net		11-29-22
Rolonda Cooper	TPS	ORS	225-505-4144	rocooper36@gmail.com		11-29-22
Stacey Lemoine	OPS Tulane	OPS	504-939-1752	Staceyteal2020@yahoo.com		11/29/22
Tonya Bowers	Tulane Hosp	RR	985-640-0055	evans245@ychoo.com		11/29/22
CECILIA SCHMIDT	TUMC	CCL	(504)861-5972	schmidt3274@gmail.com		11/30/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
John Clements	Tulane Medical	Trauma Center	504-377-2492	Johnclements3@gmail.com		10/26/22
Mea Ratcliff	TMC	Transplant Clinic	225-324-5932	mea_michelle@yahoo.com		10-26-22
[illegible]	TMC	AC	5043823784	CASO3176@YAHOO.COM		10.27.22
Heidi Fillmen	TMC	Transplant	504-487-9363	Heiserlan@gmail.com		11/1/22
Ashley Pemba	TMC	Liver Transplant Clinic	504-432-9155	ashleypemba@gmail.com		11/1/22
Jasmine Chaney	TMC	Cardiology	5049404586	Jadahchaney@gmail.com		11-2-22
Alfred Fausch	TMC	Cardiology	504-259-8681	afausch@yahoo.com		11-2-22
Andrea Dastin	TMC	Transplant	504-258-5814	Amspar@cox.net		11/3/22
[illegible]	Tulane	Transplant	504 491 4883	lafalgoust@gmail.com		11/3/22
MONIQUE MADDING	TMC	Accu	504 975-9640	[illegible] msmoniq@gmail.com		11-8-22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Kaylen Jenkins	Tulane Medical	5E	6784727793	Kayleneduards@ymail.com		11/7/22
Shankelle Scott	Tulane Medical	5E	6049147466	Shankelle.scott@yahoo.com		11/10/22
Jasmin Jackson	Tulane Medical	5E	9852951737	jasminjackson1@gmail.com		11/10/22
Trishay Broussard	Tulane Medical	5E	5042506293	trishayy97@gmail.com		11/10/2022
LaShawn Davis	Tulane Medical	5E	504-256-7306	Ladyc101681@gmail.com		11/10/22
Tarlisha Gray	Tulane Medical Center	5E	985-413-3392	tarlishagray@yahoo.com		11/14/22
Tatiana Gresko	Tulane medcenter	5E	727-916-0922	tatigresko@gmail.com		11/14/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Sandra Clingan	Tulane	ER	318-280-5344	buffyclingan@yahoo.com	Clingan RN	10/26/22
Kim T Padilla	Tulane	ER/RAD	504-722-8372	KTERRANOVA16@gmail.com	Kim T Padilla	10-26-22
Samantha Girod	Tulane	ER	321-278-6148	samanthag1458@gmail.com		11/3/22
Champ Phuphanich	Tulane	ER	504-914-3624	CHAMP645@AOL.com		11/3/22
TIFFANY Wells	Tulane	ER	231-342-8035	TIFFANYBeam1995@		11-3-22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Markila Tate	TMC	4-West	(901)480-3668	T.markila@gmail.com		10/27/2022
Kelsey Delatte	TMC	4-West	(504)338-3774	delatteKelsey@gmail.com		10/27/22
Hailey Thompson	TMC	MICU	6014473315	haileymariethompson2018@gmail.com		10/27/22
Effie John Mcnzano	TMC	MICU	443-735-1981	ejmanzano@gmail.com		10/27/22
Chantrel Rumoney	TMC	4 West	(504) 975-4289	Crenmoney@hotmail.com		10/28/22
Ruth Driscoll	TMC	SICU	(207)208-2408	ruthanndriscoll@aol.com		10/28/22
HUY PHAM	TMC	4West	504 857 6985	HUY.PHD5630@gmail.com		11/5/22
Bobby Nguyen	TMC	4West	225 223 1588	bobbynguyen225@gmail.com		11/5/22
Yazmyne Abbott	TMC	4west	732-589-9219	yabbott1221@gmail.com		11/5/22
Brittany Johnson	TMC	4 West	(504)221-6895	brittanyjohnson2019@gmail.com		11/06/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Larissa D'Amiello	TMC Downtown	TATU	203-530-0835	d.larissa12@gmail.com		10/25/22
Celia Chavis	HCA	TATU	337 281-955	celiaChavis8@gmail.com		10/25/22
Lauren Glaser	Tulane	SICU	757-319-0858	lauren.glaser3@gmail.com		10/25/22
Natasha Nguiene	Tulane	SICU	512-903-1108	kamnatasha@gmail.com		10/25/22
Olivia Cooper	Tulane	TATU	503.679.0127	Oliviacooper0@gmail.com		10/25/22
Connor Haag	TMC	TATU	504-256-5181	Connorhaag99@gmail		10/26/22
Gemma Wood	TMC	TATU	805 292 2964	GMW0002@CRIMSON.UAL.EDU		10/26/22
Zoë Talbot	TMC	TATU	985-228-4969	Zoeannatalbot@gmail.com		10/26/22
ERIKA YOUNGER	TMC	TATU	(985)687-9342	erika.young@outlook.com		10-26-22
Victoria Conley	TMC	TATU	843 860 7044	victoriaconley99@gmail.com		10/26/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Ashleigh Dlinger	TUMC	BMT	318-265-3295	ashleighmoue@yahoo.com		11/30/22
Latoska Cooper	TUMC	BMT	225-206-0163	latoska.skyle.marquis.hrt@gmail.com	Latoska Cooper	11/30/22
Summer Austin	Tumc	BMT	504 453 3163	Summeraustin2@gmail.com		12/1/22
Chrishon Fortenberry	TUMC	Float	504-307-5241	chrishon.f@gmail.com		12/1/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Teri Corte	Tulane	5E	504-418-3076	tcorte@live.com	Teri Corte	11-11-22
Jasmarelda Smith	Tulane	5E	504-710-8268	jasmarelda@hotmail.com	J. Smith RN	11-11-22
Kylah Davis	Tulane	5C	601-716-7683	kysdavi7@gmail.com	KDavis RN	11-11-22
Jasmine Raymond	Tulane	5C	504 858 0870	jasminebraymond@gmail.com	J Raymond RN	11-11-22
Leigh Volpe	tulane	5C	504-707-1241	volpe.leigh@gmail.com	LVolpe	11/11/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Catherine Spanola	4West	TMC	708-548-4377	SpanolaC@gmail.com		11/10/22
Lauren Mervant	TUMC	4west	985-637-3124	lvaray@gmail.com		11/10/22
Sonny Miller	4W	4W	504-500-0752	Sgallmiller@gmail.com		11/10/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Chantrel Lemoneng	Tulane Medical Center	4 West	(504) 975-4289	c.clemoneng@hotmail.com	C Lemoneng	10/28/22
Star Adams	Tulane Medical Ctr	Resp	985-860-9048	04ie1112eyahwa		10/28/22
Devin Dickerson	Tulane Medical Ctr	4 West	(504) 881-6898	devindckrsn633@gmail.com	D. Dick	10/28/22
Kalya Hardnett-Jones	Tulane Medical Ctr	4West	(702) 408-2326	kalyajones@yahoo.com		10/28/22
Victoria Gabriel	Tulane Medical Ctr	4West	(504) 428-6145	vgabr2@gmail.com	V. Gabriel	10/28/22
Chantell LaCava	Tulane Medical Center	4W	(504) 491-3099	chantelllacava@gmail.com	CLaCava	10/28/22
Tammy McFadden	Tulane Medical Center	CCU	(985) 507-4628	rwh5142@gmail.com		10/29/22 10/29/22
Rebecca Pierre	TMC	4W	239-385-8427			
Charlene Thelemaque	TMC	4W	516 701-9604	Charlene.thelemaque@gmail.com		10/4/22
Brittany Johnson	TMC	4west	(504) 221-6840	brittanyjohnson1489@gmail.com	Brittany Johnson	11/10/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Rynesha Taylor	Tulane Downtown	4West	504 982 8386	rynesha taylor@yahoo.com	Rynesha Taylor	11/03/22
Callen Fernandez	Tulane Downtown	4W	9802544975	callenfernandez@me.com	Callen Fernandez	11/3/22
Megan Rodriguez	Tulane Downtown	4W	(281)784-8407	mmrodz@gmail.com	Megan Rodriguez	12/1/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Maureen Gibson	Tulane Medical	ALMU	(828) 301-9627	mail@mgibson.us		10/30/22
Ashley Henderson	Tulane Medical	ALMU	504-881-4444	aah387@gmail.com		10/17/22

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Stephanie Santelli	Tulane	BMT	770 335 1019	Stephsantelli@aol.com	Stephanie Santelli	11.13.22
Ernest Iguyi	Tulane	6West	5046359762	ernestiguyi@gmail.com	E. Iguyi	11.13.22

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Pamela Davidson						
Maryellen Rose						
Haley Hampton						
Wendy King						
Freddye Hill						
Cynthia Sarthou						
Michele Gielis						
Darryl Malek-Wiley						
Patricia Walters						
Valeria Lindsey Schexnayder						

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Elizabeth Argus						
James McDaniel						
Jeff Conner						
Adelaida Melendez						
Jennifer Lloyd						
Elton Love, Sr.						
Morris Robicheaux						
Gale Pick						
Margaret Runyon						
Amelia Parenteau						

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Therese Close						
Jamie Hill						
Lawrence Robinson						
Leah Wooden						
Kelly Reynolds						
Barbara Guichet						
Yvonne Mitchell-Grubb						
Stephanie Abbott						
Jeanne Nathan						
Julia W Reagin						

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Megan Peake						
Jesse Chanin						
Bob Murrell						
Helen Bost						
Mary Lowry						
Aubrey Inman						
Joie Todd Kerns						
Ariel Moyal						
Val Massimi						
Graham da Ponte						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Kanitra Caston-Hill						
David Perkins Jr.						
Andrew McDaniel						
Nadir Hasan						
Corliss Smith						
Gilbert Bennett						
Erika Stenner						
Deborah Wilson						
Myiesha Armstead						
Judy Schwartzer						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Key Bernard						
Carol Leslie Runnels						
Anne McGinnis						
Amy Stelly						
Michael Zaloudek						
Avery Zervigon						
Holly Terrie						
Colette Tippy						
Jyl C. Benson						
Kimberly Cadena						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Melissa Evans						
Sr. Mary Sartor						
Eric Bajon						
Amelia Bird						
Lenora Gobert						
VP Franklin						

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Corletta Smothers						
Cynthia Scott						
Sherry Fortenberry						
Kristen Luchsinger						
Tricia Domino						
Lisa Robinson						
Lucy McMellan						
Bob Beatty						
Dawn Carl						
Barbara Yates						

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Patrick Brimner						
George Bosnakis						
Katie Nunez						
Abigail Brunzell						
Brendan Wall						
Marilyn Stamm						
Jennifer Thompson Falla						
Diane Barth						
Peter Bennett						
Judith Steward						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Melissa Creath						
Jennifer Broome						
Mary Foley						
Valeria Brunache						
Lora Walters						
Esther Walters						
Gabrielle Gemma						
Dustin Reynolds						
Peter Bennett						
Roberta Wilson						

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» No cuts to patient care services or jobs.
» Input of RN staff on the conditions of the proposed sale.
» Transparency from Tulane and LCMC in this process.

Name	Facility	Unit	Cell Phone	Email	Signature	Date
Tracy Dalton						
Jean Barbe						
Janine Theodore						
Cathleen Pailet						
Margery Pertuis						
Christie Schaefer						
Jenny Green						
Theresa Turner						
Benitta Wesco						
Antionette Julien						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Denise Paddock						
Nanette Stierle						
John Hyman						
Lyle Diehl						
Anthony Ferrara						
Charyl Jarrell						
Sister Janine Beniger						
Mary Hall						
Margaret Mary Downey						
Mathilde Burguad						

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Barbara Carlton						
Frank Mayes						
John Hyman						
Wayne Sizemore						
jennifer Borden						
Dominique Le Bouteiller						
Gail Ordes						
Simone Francois						
Janet Hall						
Denise Davis						

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Raven Gray						
Calvin Johnson						
Wanda Ryals						
Tom Lane						
Richard Hebert						
Michael Brown						
Dianne Kelly						
Christie Oleaga						
Mary Burns						
Matthew LaGrange						

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Peter Bennett						
Kellye Schroeder						
Yvonnie Oakley						
Sandra Goodliffe						
Ann Marks						
Lottie Doskey						
Sheila B. Dennis						
Clarence Shields						
Arthur Brands						
Marian Moore						

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Wayde Dubroc						
Lottie Doskey						
Linda Waguespack						
Heidi Winborne						
Raymond Goubert						
Natasha Barahona						
Zachary Kirwood						
Vanessa Leland						
Leisa Farrar						
Perez Ann						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Crystal Retif						
Mel Martino						
Jeanette Boettcher						
Leslie Gunn						
Marie Joseph						
Barbara Rupp						
Paul Doolan						
Sandra Rodrigue						
Patricia Harrington						
Phyllis Sikes						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Linda Love						
Brenda Melady						
Christine Valteau						
Danita McDaniel						
Charlene R Berger						
Carolyn Jallow						
Cynthia Siddiq						
Rene Gelsomino						
Kate Welsh						
Lois Blatter						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Katina Wilson						
Debbie Homer						
Cynthia Madison						
Joan Collet						
Thomas Hofer						
Nicole Miller						
Shawn Hudson						
Delores Archuleta						
Melanie Belanger						
Linda Wegmann						

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Belinda Page						
Patricia Jones						
Vicki Bowen						
Wardel Smith						
Katherine A Simon						
Catherine Johnson						
Lisa McLendon						
Roxie Lundin						
Sara Graybill						
Susan Hihar						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Bambi Clement						
Annette Hickman						
Cecilia Schmidt						
Waverly Parsons						
Noel Twilbeck						
Yvonne M Sterling						
Barbara McClue						
Donald Diggs						
Katie Conner						
Russell Moran						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Evangeline						
Erin Wallus						
Rachel Houge						
Travis Cleaver						
Kim Diaz						
Michael Bourg						
Bonnie Sniegowski						
Alaina DiLaura						
Demetria Christo						
Matthijs Herzberg						

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Name	Facility	Unit	Cell Phone	Email	Signature	Date
Killian Jordan						
Stephanie Martin						
George Bond						
Samara D. Poche						
Fern zKruget						
Cynthia Scott						
Kimberly Carter						
Beverly Barry						
Lorraine Washington						
Charles Allen III						

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OAKLAND
155 Grand Avenue
Suite 100
Oakland CA 94612
phone: 800-504-7859
fax: 510-663-1625

TAMPA
201 East Kennedy Boulevard
Suite 1410
Tampa FL 33602
phone: 813-223-5312
fax: 813-223-5679

Jeff Landry, Attorney General
1885 North Third Street
Baton Rouge, LA 70802

Dear Attorney General Landry,

On behalf of 222,000 Registered Nurses (RN), with members in all fifty states, National Nurses United is writing to express our objection to the anticompetitive behavior exhibited in the greater New Orleans area by LCMC Health. The recent acquisitions from HCA Healthcare add three hospitals to the system's six-hospital portfolio, creating a two-system duopoly in New Orleans and giving LCMC and its competitor, Ochsner Health, unrestrained leverage over patients and health care workers. We fear this goes against the public interest, by leading to further consolidation, higher healthcare prices, and cuts to vital services. If your office approves this deal, we ask for contract conditions requiring LCMC to maintain all facilities and services, along with incorporating RN and patient priorities into the final sale agreement.

LCMC's acquisition of Tulane Medical Center drastically increases New Orleans' market concentration in an already highly concentrated market. Our analysis of the Herfindahl-Hirschman Index (HHI) in the New Orleans market finds LCMC's market share would increase to 55 percent—raising the HHI by 1,357 points to 4,995. Such a significant increase of HHI warrants the strictest scrutiny by the Louisiana Department of Justice.

Studies show highly concentrated health care markets often result in worse care and increasing healthcare prices. Accordingly, LCMC is already announcing cuts. LCMC plans to eliminate most in-patient services at Tulane Medical Center, a well-utilized hospital serving low-income patients. This spells disaster for many Louisiana residents. Tulane Medical Center has the state's only comprehensive stroke center and performs specialized transplants not done anywhere else in Louisiana.

With LCMC already announcing its intent to close the majority of inpatient services at Tulane Medical Center, and the substantial research tying highly concentrated markets to price increases, it is clear the sale does not meet Louisiana's threshold to garner a certificate of public advantage, as detailed in LA Rev Stat § 40:2254.4 (2015): *B. The department may not issue a certificate unless the department finds that the agreement is likely to result in lower health care costs or is likely to result in improved access to health care or higher quality health care without any undue increase in health care costs.*

LCMC and Ochsner controlling the entire New Orleans health care market virtually guarantees less access to health care services. We appreciate your attention to the concerns raised in this letter and urge you to block the proposed transaction. If you are interested in hearing directly from Tulane Medical Center nurses, please contact me at BVanWaus@NationalNursesUnited.Org and we can arrange a meeting.

Sincerely,

Bradley Van Waus
Southern Region Director

Freel, Angelique

From: Gretchen Hirt <GHirt@jeffparish.net>
Sent: Monday, December 05, 2022 10:45 AM
To: Freel, Angelique
Subject: FW: JP PRESIDENT & COUNCIL SUPPORT LCMC HEALTH & TULANE PARTNERSHIP

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jefferson Parish President Cynthia Lee Sheng, along with members of the Jefferson Parish Council, announced their support of a proposed partnership between LCMC Health and Tulane University. See below for a press release with additional information.

NEWS RELEASE

JEFFERSON PARISH, LOUISIANA

October 21, 2022
FOR IMMEDIATE RELEASE

JEFFERSON PARISH PRESIDENT AND COUNCILMEMBERS ANNOUNCE SUPPORT OF PROPOSED PARTNERSHIP BETWEEN LCMC HEALTH AND TULANE UNIVERSITY

JEFFERSON, LA – Jefferson Parish President Cynthia Lee Sheng, along with members of the Jefferson Parish Council, announced their support of a proposed partnership between LCMC Health and Tulane University. The partnership will expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide community investments and benefits for Jefferson Parish.

"This partnership will greatly benefit the residents of Jefferson Parish because many services will shift to East Jefferson General Hospital, creating more opportunities for comprehensive, integrated care at a local facility that can support new growth and provide an enhanced patient experience," said Jefferson Parish President Cynthia Lee Sheng. "Collaborations like these help propel our parish and region forward, and set us up as an example of what quality healthcare can and should look like in a community."

Under the proposed plan, Tulane Medical Center, Lakeview Regional Medical Center and Tulane Lakeside Hospital will be acquired from HCA Healthcare and will join LCMC Health. Over the

next 12-24 months, the majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans. As part of the partnership, LCMC Health has committed to an initial capital investment of $220 million in the operations of East Jefferson General Hospital, Lakeview Regional Medical Center and Tulane Lakeside Hospital.

"The proposed partnership between LCMC Health and Tulane University is phenomenal news for Jefferson Parish and the region," said Jefferson Parish Councilwoman Jennifer Van Vrancken (District 5), whose district includes East Jefferson General Hospital. "As a result of the LCMC Health and Tulane University partnership, Jefferson Parish will gain a premiere academic medical center on the campus of East Jefferson, where, in partnership with Tulane and LSU, the next generation of medical professionals will be trained. People from across the country will seek to travel here to access specialized healthcare. I can't think of anything more exciting than the educational opportunities ahead for students and residents, and the economic impact of that activity in Jefferson Parish."

"Having LCMC Health in Jefferson Parish has been a blessing," said Jefferson Parish Councilman Marion Edwards (District 1). "Their focus is on their patients, employees and our community and we are better, and healthier, for it. I wholeheartedly welcome Tulane University into Jefferson Parish and look forward to a productive partnership between these two nonprofits."

"We look forward to this planned partnership between LCMC Health and Tulane University, which will expand access to health care across our region and parish," said Jefferson Parish Council Chairman Ricky Templet (Division A). "This will set us up to be a destination for medical innovation and training, proving many community investments and benefits for years to come."

"LCMC Health is a valued partner in Jefferson Parish. Its proposed purchase of three area hospitals, including Tulane Lakeside, will strengthen our ability to provide quality health care to our citizens and, in turn, make the region stronger as well," said Jefferson Parish Councilman At-Large Scott Walker (Division B).

"This proposed partnership is great news for all our residents throughout Jefferson Parish because every individual deserves access to quality healthcare," said Jefferson Parish Councilman Deano Bonano (District 2). "I'm proud to join my colleagues in support of this, and I look forward to the long-term quality of life benefits it will provide across the entire parish."

"Access to quality healthcare for all residents of Jefferson Parish, including those in District 3, is absolutely critical," said Jefferson Parish Councilman Byron Lee (District 3). "I am pleased to hear that LCMC Health and Tulane University are working together to build on their ongoing commitment to meeting the needs of our community."

CLICK HERE for more information from LCMC about the proposed partnership.

For more information about Jefferson Parish, visit www.JeffParish.net. Residents can also receive regular updates by following the Parish on Facebook, Twitter and Instagram (@JeffParishGov) or by texting JPALERT or JPNOTICIAS to 888-777.

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Freel, Angelique

From: Jay DeSalvo <jaydesalvo@gmail.com>
Sent: Monday, December 05, 2022 12:58 PM
To: Freel, Angelique
Subject: LCMC Health – Tulane University proposed partnership

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Ms Freel,

My name is Jay DeSalvo. I am a board certified emergency medicine physician who has worked at Lakeview Regional Medical center since the hospital opened in 1995. I am from New Orleans and trained at LSU-NO Medical School and Charity Hospital. I am in strong support of the LCMC Health – Tulane University proposed partnership.

LCMC Health is a known partner in our region. I have watched their growth for the last several years and have seen their commitment to the communities they serve. Physician colleagues at neighboring hospitals have shared with me that the integration, at West Jefferson Medical Center for example, demonstrates the respect LCMC Health has for the practice of medicine and physician relations. We have also heard that nurses are very happy at LCMC Health hospitals.

Our hospital deserves the chance to continue to grow. My understanding is that LCMC Health has put a $220 million capital commitment on the table, some of which will go to infrastructure and informational technology upgrades at Lakeview. An upgrade to the Epic electronic health record will benefit my patients in a myriad of ways, including more efficient use of provider time, ease of access to patient's own records, and interoperability among referring hospitals.

Given that LCMC is a local non profit, all of the revenue generated by this partnership will be invested locally- to pay salaries, invest in health care infrastructure and provide improved care to our patients.

This partnership is exciting and will benefit our region.

Many thanks for your time,

Jay DeSalvo MD

121 Rio Vista Ave.

Jefferson, LA 70121

504-427-9612

jaydesalvo@gmail.com

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Freel, Angelique

From: Margie Galloway <mgallowa44@gmail.com>
Sent: Monday, December 05, 2022 4:33 PM
To: Freel, Angelique
Subject: EJGH

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My name is Margie Galloway and I live in Metairie. As someone who has been to many area hospitals in the recent years as a patient, and a partner to a patient, I am in support of the LCMC Health / Tulane University transaction.

East Jefferson General Hospital is closest to my house. I was so relieved when LCMC Health bought the hospital a couple years ago. I know they will do a great job at the Tulane hospitals because they really care about people.

Sincerely,
Margie Galloway
60 Oaklawn Drive
Metairie, LA 70005

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Freel, Angelique

From: Norman Barnum <nbarnum@nolaba.org>
Sent: Tuesday, December 06, 2022 11:34 AM
To: Freel, Angelique
Subject: Public Comment: LCMC Health - Tulane University partnership

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My comment on behalf of NOLABA

We at NOLABA believe that collaborations amongst New Orleans' anchor institutions is a critical factor for actualizing growth of our economy. The partnership between LCMC Health and Tulane University exemplifies a strong focus on our greatest asset – our people, and NOLABA looks forward to supporting the strengthening of one of our premier academic medical centers (UMC), as it is a collaborative catalyst for healthcare innovation and research happening in our downtown BioDistrict."

NEW ORLEANS BUSINESS ALLIANCE
CULTURE. EQUITY. PROSPERITY.

Norman E. Barnum IV| President & CEO
New Orleans Business Alliance | 1250 Poydras Street, Suite 2150 | New Orleans, LA 70113
D: 504-934-4572 | nbarnum@nolaba.org | www.nolaba.org

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Freel, Angelique

From: Walt Leger III <Walt@neworleans.com>
Sent: Tuesday, December 06, 2022 1:46 PM
To: Freel, Angelique
Subject: Public Comment Submission Proposed LCMC Health-Tulane Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I am writing to submit the following comment for the meeting this Thursday related to the Proposed partnership between LCMC Health and Tulane University.

The proposed partnership between LCMC Health and Tulane University is a once in a generation opportunity to make New Orleans and Southeast Louisiana a destination for world class healthcare. These two local nonprofits have been vital community partners for the city and the Greater New Orleans region at large for many years. Having them join forces to create a new academic medical center will draw students and scholars to the region while giving more patients access to the complex and high-quality medical care found at academic medical centers. New Orleans and Louisiana have long been destinations for visitors, and I am excited that we have this opportunity to make southeast Louisiana the destination for world class healthcare and education as well.

Thanks. Please let me know if you require any other information.

Walter J. Leger III
Incoming President & CEO and
Executive Vice-President &
General Counsel
DIRECT: (504) 556-5889
walt@neworleans.com
2020 St. Charles Avenue
New Orleans, Louisiana 70130

NewOrleans.com

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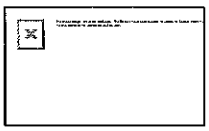
MARKETING AND SALES ORGANIZATION FOR THE
NEW ORLEANS TOURISM INDUSTRY



Sent from Walt's IPhone

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Freel, Angelique

From: Roth, Christopher <Christopher.Roth@lcmchealth.org>
Sent: Tuesday, December 06, 2022 10:38 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a pediatric urologist at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Christopher Roth, MD
Chief of Urology
Children's Hospital New Orleans

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Freel, Angelique

From: Parent, Charlotte (VP) <Charlotte.Parent@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:53 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the VP for Business Development at University Medical Center New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Charlotte Parent
VP Business Development

University Medical Center New Orleans
2000 Canal Street
New Orleans, LA 70112

O 504.702.5212
F 504.702.2118

charlotte.parent@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Sherlock, Misty <Misty.Sherlock@lcmchealth.org>
Sent: Wednesday, December 07, 2022 6:14 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm an Associate Vice President of Case Management at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Misty Sherlock, DNP, MHA, APRN, FNP-C, CCM
LCMC, AVP Case Management

LCMC Health
1100 Poydras St.
2500 Energy Centre
New Orleans, LA 70163

O 504.896.3016
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Misty.Sherlock@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: TaylorJoseph, Terri <Terri.TaylorJoseph@lcmchealth.org>
Sent: Wednesday, December 07, 2022 6:39 AM
To: Freel, Angelique
Subject: I Support the LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm an HR Director at LCMC Health Corporate and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Terri Taylor-Joseph, MS, PHR
Human Resources Director
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Freel, Angelique

From: Stephen Hales <shales@halespediatrics.com>
Sent: Wednesday, December 07, 2022 7:14 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Attorney General Landry,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a pediatrician, practice owner and board member and I have seen the value LCMC Health places in high-quality patient care and its employees.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Stephen Hales

Stephen W. Hales, M.D.
170 Walnut, Apt. 2F
New Orleans, LA 70118

shales@halespediatrics.com

504-866-1779 (home)
504-957-5560 (cell)

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Freel, Angelique

From: Kunkel, JoAnn L <JoAnn.Kunkel@lcmchealth.org>
Sent: Wednesday, December 07, 2022 7:16 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Finance Officer at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

JoAnn Kunkel

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Freel, Angelique

From: Haggard, Suzanne <C.Suzanne.Haggard@lcmchealth.org>
Sent: Wednesday, December 07, 2022 7:22 AM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Sirs,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I serve as Chief Revenue Officer to LCMC Health in our Corporate Office, and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Suzanne Haggard, CPA
Chief Revenue Officer

LCMC Health
Westpark Campus
3401 General DeGaulle
New Orleans, LA 70114

O 504.702.5454

Suzanne.Haggard@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Leblanc, Andy (Andrew) <Andrew.Leblanc@lcmchealth.org>
Sent: Wednesday, December 07, 2022 7:32 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm an Assistant Vice President, Financial Planning & Analysis, at LCMC Health's Corporate Offices and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,
Andrew (Andy) D. LeBlanc, MHA
Assistant Vice President - Financial Planning & Analysis

LCMC Health
1100 Poydras St.
2500 Energy Centre
New Orleans, LA 70163

O 504.896.9529
C 504.583.7990

andrew.leblanc@LCMChealth.org
Lcmchealth.org

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Freel, Angelique

From: Miranda, Lisa <Lisa.Miranda@lcmchealth.org>
Sent: Wednesday, December 07, 2022 7:42 AM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I have been with LCMC for over 35 years, starting work right out of college at Children's Hospital. Today, I am the COO at University Medical Center and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Lisa P. Miranda
Chief Operating Officer

University Medical Center
2000 Canal Street
New Orleans, LA 70112

O 504.702.4411
C 504.905-4682
F 504.962-7050

lisa.miranda@LCMChealth.org
umcno.org

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Freel, Angelique

From: Belanger, Shannon M <Shannon.Belanger@lcmchealth.org>
Sent: Wednesday, December 07, 2022 7:55 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Revenue Cycle AVP at LCMC and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Regards,

Shannon Belanger
System AVP Revenue Cycle Operations

LCMC Health
3401 General De Gaulle Drive
New Orleans, LA 70114

O 504.702.2920
F 504.962.6004

Shannon.Belanger@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Cook, John R. <John.Cook@lcmchealth.org>
Sent: Wednesday, December 07, 2022 7:57 AM
To: Freel, Angelique
Subject: I Support the LCMC Health/Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the AVP of Risk Management for LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself. In fact, I accepted this position after working for HCA over the Risk Management Department at the Tulane facilities in Orleans and Jefferson Parishes so can speak with clarity on the value that LCMC Health can bring to this partnership at these very hospitals.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

John R. Cook
AVP, Risk Management

LCMC Health
1100 Poydras Street
New Orleans, LA 70163

O 504.894.5278
C 504.202.1808

john.cook@LCMCHealth.org
LCMChealth.org

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Freel, Angelique

From: Anderson, Alison <Alison.Anderson2@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:00 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm Chief of Staff to Greg Feirn and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Alison Anderson
Executive Administrator & Chief of Staff

LCMC Health
1100 Poydras Street
2500 Energy Centre
New Orleans, LA 70163

O 504.896.3038
C 504.940.8520

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Freel, Angelique

From: Edwards, Amy <Amy.Edwards@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:04 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Director at LCMC Westbank location and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Amy Edwards

Director Patient Access

LCMC Health West Park
3401 General De Gaulle Drive
New Orleans, LA 70114

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amy.edwards@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Smith, Eli <Robert.Smith@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:10 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

For the past five-plus years, it has been my good fortune to work at LCMC Health. It is a fine organization comprised of incredibly talented women and men, all of whom share common goals of delivering patients unsurpassed clinical care while, at the same time, exhibiting that "little something extra" that makes the New Orleans region—and this system—such a remarkable place. It is an enterprise that is deeply community-driven and academically minded, both of which are attributes essential to the betterment of our region and, more specifically, to the health and well-being of those we have the great privilege to serve.

As a leader at LCMC Health—and as the Chief Operating Officer at West Jefferson Medical Center—I have seen first-hand the value LCMC Health places in high-quality patient care and employees like myself. And so it is, I am extraordinarily proud to endorse the proposed partnership with Tulane University.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. Indeed, this integration will undoubtedly transform the healthcare landscape by bringing new investments and growing the system's teaching mission, all while serving the community. Examples include West Jefferson Medical Center's master facility plan (a $95MM planned campus-wide renovation), as well as the planned investments and campus development plans cast for East Jefferson General Hospital.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Eli Smith, FACHE
Chief Operating Officer—West Jefferson Medical Center
1101 Medical Center Boulevard
Marrero, Louisiana 70072
C 217.419.6629
eli.smith@lcmchealth.org

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Freel, Angelique

From: Stockstill, Byron <Byron.Stockstill@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:22 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the AVP Business Development at LCMC Health System located at 1100 Poydras St., New Orleans, LA and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Byron Stockstill MHA
System AVP Business Development

LCMC Health
1100 Poydras St.
2500 Energy Center
New Orleans, LA 70163
C 601.347.2066
D 504.702.4386
byron.stockstill@LCMChealth.org

******As rate increases become the norm, employers need to future-proof their benefits by finding alternative health plans that support the needs of their employees – while supporting the financial needs of their business***

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Freel, Angelique

From: Brewer, Ruby <Ruby.Brewer@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:26 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom It May Concern:

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Chief Nursing and Quality Officer at East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Ruby Brewer

Ruby Brewer, MSN/MBA, RN, NEA-BC
Chief Nursing and Quality Officer

East Jefferson General Hospital
4200 Houma Blvd.
Metairie, LA 70006

O 504.503.6497
C 504.259.5379
F 504.456.8151

ruby.brewer@LCMChealth.org
ejgh.org

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Freel, Angelique

From: Fragoso, Lucio A. <Lucio.Fragoso@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:32 AM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Chief Financial Officer at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Lucio Fragoso

Lucio A. Fragoso
Senior Vice President
Chief Financial Officer / Chief Administrative Officer

Children's Hospital
200 Henry Clay Avenue
New Orleans, LA 70118-5798

O 504.896.9400 x85482
C 312.307.8708
D 504.894.5482
F 504.896.9707

Lucio.Fragoso@lcmchealth.org
LCMChealth.org

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Freel, Angelique

From: Ayoub, Elias A <Elias.Ayoub@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:37 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a VP, Specialty Pharmacy at LCMC Health Pharmacy Services and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Elias Ayoub
VP, Specialty Pharmacy

LCMC Health
1100 Poydras St.
2500 Energy Centre
New Orleans, LA 70163

O 504.702.3188
C 508.769.4649

Elias.Ayoub@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Calhoun, Robert M. <Robert.Calhoun@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:38 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a President and CEO at West Jefferson Medical Center and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,

Rob Calhoun

Rob Calhoun, MHA
President and Chief Executive Officer

West Jefferson Medical Center
1101 Medical Center Blvd.
Marrero, LA 70072

O 504.349.1103
C 205.876.3158

Robert.Calhoun@LCMChealth.org
WJMC.org

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Freel, Angelique

From: Nguyen, Victoria M <victoria.nguyen3@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:46 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Pharmacist in Charge at LCMC Health Pharmacy Services, LLC and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Victoria Nguyen, PharmD
Clinical Pharmacy Manager

LCMC Health Pharmacy Services, LLC
Children's Hospital New Orleans
200 Henry Clay Avenue Suite 2107
New Orleans, LA 70118

O 504.896.7780
F 504.867.4517
C 504.450.5688

Victoria.Nguyen3@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Gahagan, Quitman <Quitman.Gahagan@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:47 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Manager of Managed Care Contracting at LCMC Health's Westpark location and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Quitman Gahagan, MBA, PMP
Manager, Managed Care Contracting

LCMC Health

O 504-702-3512
M 504-343-2393

Quitman.Gahagan@lcmchealth.org
LCMChealth.org

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Freel, Angelique

From: Brouk, Jonathan <Jonathan.Brouk@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:50 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Chief Operating Officer / Chief Strategy Officer at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jonathan

Jonathan E. Brouk
SVP, Chief Operating Officer / Chief Strategy Officer

Children's Hospital New Orleans
200 Henry Clay Avenue
New Orleans, LA 70118

O 504.894.5395
C 314.277.9407

Jonathan.Brouk@LCMChealth.org
chnola.org

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Freel, Angelique

From: Bradshaw, Robert G <Robert.Bradshaw@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:53 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning

I hope this message finds you well.
As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Director of Compliance with responsibilities at Touro Infirmary, East Jefferson General Hospital, as well as New Orleans East Hospital and I have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I respectfully urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Best,

R. Graham Bradshaw
Director of Compliance

LCMC Health
1100 Poydras Street
2500 Energy Centre
New Orleans, LA 70163

D 504.896.2967
O 504.896.3030

Robert.Bradshaw@lcmchealth.org
LCMChealth.org

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Freel, Angelique

From: Piper, Eryn E <eryn.piper@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:56 AM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Clinical Pharmacist in the LCMC Health Pharmacy Services department inside Children's Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Regards,

Eryn Piper, PharmD, CSP
Clinical Pharmacist, Specialty Pharmacy

LCMC Health Specialty Pharmacy
Children's Hospital New Orleans
200 Henry Clay Avenue Ste 2107
New Orleans, LA 70118

O 504.896.7780
C 337.298.8324

Eryn.Piper@LCMCHealth.org
LCMChealth.org

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Freel, Angelique

From: Linares, Manuel <Manuel.Linares@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:56 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the President and CEO at Touro Infirmary and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Manny Linares
President and CEO

Touro Infirmary
1401 Foucher Street
New Orleans, LA 70115

O 504.897.8246
C 305.775.4740

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Freel, Angelique

From: McGoey, Robin <Robin.Mcgoey@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:57 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Mr. Landry,

As a leader at LCMC Health, I wholeheartedly support the proposed partnership with Tulane University.

I have had the distinct privilege of working with or for LCMC Health since its inception, initially as an attending physician who attended medical school and residency locally, followed by progressive leadership roles overseeing the academic operations across our family of hospitals.

Currently, I am honored to serve LCMC Health as the **Chief Academic Officer** for the health system- a health system that puts the health, care, and education of its community before all else.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership promises to expand and advance not only the quality of healthcare but also the pipeline of future healthcare providers for our State.

Between LSU and Tulane, there are more than 100 graduate medical education programs, training >1,200 resident physicians, and in front of us is the unprecedented opportunity to support, promote, train, and retain these physicians for the State of Louisiana.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Robin R. McGoey, MD
Chief Academic Officer

LCMC Health
1100 Poydras St, 2500 Energy Center
New Orleans, LA 70163

O 504.702.4381
C 504.231.0011

Robin.McGoey@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Castro, Julissa M <Julissa.Castro@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:58 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Executive Coordinator at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Julissa M. Castro
Executive Coordinator – Finance

LCMC Health
1100 Poydras St.
2500 Energy Centre
New Orleans, LA 70163

O 504.702.5412
C 504.570.3012

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Freel, Angelique

From: Casey, Lindsey <Lindsey.Casey@lcmchealth.org>
Sent: Wednesday, December 07, 2022 8:58 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Chief Nursing Officer at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Respectfully,

Lindsey Casey, MSN, RN, NEA-BC (she/her)
Senior Vice President, Chief Nursing Officer

Children's Hospital New Orleans
200 Henry Clay Ave.
New Orleans, LA 70118

O 504.896.2716
C 504.975.8758
F 504.894.5451

Lindsey.casey@LCMChealth.org
chnola.org

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Freel, Angelique

From: Scott Cornwell <Charles.Cornwell@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:00 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a System Director of Government Reimbursement at LCMC Health Corporate and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We could transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

C. Scott Cornwell

LCMC
System Director of Reimbursement
3410 General DeGaulle
New Orleans, LA 70114
Office (504) 702-3659
Mobile (228) 328-8242

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Freel, Angelique

From: Bond, Troy <Troy.Bond@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:03 AM
To: Freel, Angelique
Subject: Support of LCMC / Tulane Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Subject: I support the LCMC Health – Tulane University Partnership

As a leader at LCMC Health, I am happy to support the proposed partnership with Tulane University. I'm an AVP of Human Resources at Touro Infirmary and have seen the value LCMC Health places in high-quality patient care. With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community. Additionally, the consolidation of services will make things more efficient and help to concentrate nurses instead of being spread out and less efficient.

Please support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Troy Bond
AVP of Human Resources

Touro
1401 Foucher St.
New Orleans, LA 70115

O 504.897.7811
F 504.897.8719

Troy.Bond@LCMChealth.org
touro.com

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Freel, Angelique

From: Guste, Allison <Allison.Guste@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:09 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

Importance: High

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a nurse and servie as the Vice President of Quality and Nursing at LCMC Health Corporate and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Allison Guste, RN, BSN, CPHQ
System Vice President, Quality and Nursing

LCMC Health
1100 Poydras Street
2500 Energy Center, 25th Floor
New Orleans, LA 70163

O 504.896.3056
C 504.258.2252

Allison.Guste@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Chip Cahill <chipcahill@icloud.com>
Sent: Wednesday, December 07, 2022 9:15 AM
To: Freel, Angelique
Subject: Fwd: LCMC - Tulane

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Sent from my iPhone

Begin forwarded message:

> **From:** Harry Cahill <chipcahill@outlook.com>
> **Date:** December 7, 2022 at 9:12:10 AM CST
> **To:** Chip Cahill <chipcahill@icloud.com>
> **Subject: LCMC - Tulane**
>
> The Honorable Jeff Landry
> Louisiana Attorney General
>
> Dear Attorney General Landry, as a leader at LCMC Health, I proudly support the proposed partnership with Tulane University. I'm the board chairman at West Jefferson Medical Center and a trustee at LCMC and have seen the value LCMC Health places in high-quality patient care and our employees.
> With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.
> I urge you to support the proposed LCMC Health - Tulane University partnership. Thank you for your consideration.
> Harry L. "Chip" Cahill

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Freel, Angelique

From: Schwehm, Jennifer K. <Jennifer.Schwehm@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:19 AM
To: Freel, Angelique
Subject: FW: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm an AVP of Quality and Care Management at University Medical Center New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jennifer Schwehm, RN, MSN CPHQ
Assistant Vice President Quality, Safety & Care Management
Certified Green Belt
University Medical Center
2000 Canal Street
New Orleans, LA 70112

O 504.702.4390
C 504.232.7440
Jennifer.Schwehm@LCMChealth.org

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Freel, Angelique

From: Kline, Mark W <mark.kline@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:38 AM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I am the Physician-in-Chief and Chief Medical Officer at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and the support of providers like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Mark Kline, M.D.

Mark W. Kline, M.D.
Senior Vice-President and Chief Medical Officer
Physician-in-Chief

Professor of Pediatrics
Tulane University School of Medicine

Clinical Professor of Pediatrics
LSU Health New Orleans

Children's Hospital New Orleans
200 Henry Clay Avenue
New Orleans, LA 70118

O 504.896.9400

Mark.Kline@lcmchealth.org
LCMChealth.org

Children's Hospital New Orleans
Tulane University School of Medicine
LSU Health New Orleans School of Medicine

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intended recipient, you are hereby
communication is strictly prohibited.
mail and destroy all copies of the

Freel, Angelique

From: Sinclair, Brad <Brad.Sinclair@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:47 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Senior Vice President of Finance at LCMC Health, and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Brad Sinclair, CPA
Senior Vice President - Finance

LCMC Health
1100 Poydras Street
Suite 2500
New Orleans, LA 70163

O 504-897-8485

Brad.Sinclair@lcmchealth.org

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Freel, Angelique

From: Cahill, Jessica <Jessica.Cahill@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:49 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom it may Concern,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the VP of Finance at Children's Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We can transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,

Jessica Cahill, CPA
Vice President, Finance and Analytics

Children's Hospital New Orleans
200 Henry Clay Ave.
New Orleans, LA 70118

O 504-894-6995
C 504-913-6892

Jessica.Cahill@LCMChealth.org
chnola.org

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Freel, Angelique

From: Hildebrand, Ryan <Ryan.Hildebrand@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:50 AM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I am the Innovation Administrator for the LCMC system and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Ryan J Hildebrand, MBA, MHA
Innovation Administrator

LCMC Health
1100 Poydras St.
2500 Energy Centre
New Orleans, LA 70163

O 504.894.6749
C 504.458.8438

Ryan.Hildebrand@LCMChealth.org

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Freel, Angelique

From: Hallford, Rosanne <Rosanne.Hallford@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:51 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Day,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Senior Director of Patient Care Services at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Rosanne Hallford MSN, RN, CCRN-K
Senior Director of Patient Care Services, Heart Center

Children's Hospital New Orleans
200 Henry Clay Ave.
New Orleans, LA 70118

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Freel, Angelique

From: Zanewicz, James R <zanewicz@tulane.edu>
Sent: Wednesday, December 07, 2022 9:52 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of the Tulane school of medicine, I am very proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

This new partnership will allow LSU Health and Tulane to work closer than ever before, and create truly two great academic medical centers (one in orleans and one in Jefferson parish) that are able to serve our full community with leading-edge healthcare advances.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

James Zanewicz
CBO, Tulane School of Medicine

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Freel, Angelique

From: Vitrano, Judy R <jvitrano@tulane.edu>
Sent: Wednesday, December 07, 2022 9:53 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

Importance: High

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Judy R. Vitrano
Chief of Staff to the COO
504-314-2783 (office)
504-314-2781 (fax)
jvitrano@tulane.edu

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Freel, Angelique

From: Landry, Scott <Scott.Landry@lcmchealth.org>
Sent: Wednesday, December 07, 2022 9:54 AM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnerhsip

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Senior Vice President of Facilities and Support Services at LCMC and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Scott C. Landry
Senior Vice President,
Facilities & Support Services

LCMC Health
3401 General DeGaulle Drive
Suite 1020
New Orleans, LA 70114

O 504.702.2001

Scott.Landry@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Pridjian, Gabriella <pridjian@tulane.edu>
Sent: Wednesday, December 07, 2022 9:54 AM
To: Freel, Angelique
Subject: Support for Tulane University-LCMC Partnership

Importance: High

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Ladies and Gentlemen,

For 30 years as faculty member of Tulane University Medical School and resident of New Orleans, I have contributed to patient care, education, research, and community service in the Greater New Orleans area as well as the state of Louisiana.

I urge you to support the proposed Tulane University - LCMC Health partnership.

Below are some of the reasons this partnership is important:

1. Tulane (along with LSU and LCMC) will transform the future of healthcare in our region by creating centers of extraordinary care for our communities. True academic healthcare systems provide increased access to the latest medical breakthroughs and clinical trials.

2. The partnership will allow further opportunities to expand the training of the next generation of physicians, scientists and other allied health professionals.

3. The partnership between Tulane and LCMC will be transformational for the greater New Orleans area. It will provide increased access to the latest medical breakthroughs and clinical trials to our community and establish national and ultimately international centers of excellence.

4. A non-for-profit, mission-based partner like LCMC (who understands academic medicine) aligns well with the Tulane's mission and philosophy. The partnership will allow Tulane to create an integrated and comprehensive health system right here in our community.

5. It's the right thing to do for our community, our state, and for Tulane.

Thank you in advance,

Gabriella Pridjian, MD, MBA
Associate Dean of Surgical Services
Professor and Chairman & the C. Jeff Miller Chair in Obstetrics & Gynecology
Adjunct Professor of Pediatrics
Maternal Fetal Medicine
Clinic Geneticist in Human Genetics Program
Tulane University School of Medicine

Academic Office Phone: 504-988-2145
Academic Office Fax: 504-988-2943
Email: pridjian@tulane.edu
Cell: 504-231-0708

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Freel, Angelique

From: Andersson, Hans C <handers@tulane.edu>
Sent: Wednesday, December 07, 2022 9:56 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I am the Director of the Tulane Hayward Genetics Center, am the Karen Gore Chair in Human Genetics and am a tenured Professor in the department of Pediatrics. I was born in New Orleans and have been a life-long resident of my city, except for 7 years of training in other states and countries.

Since March 2019, the Tulane Department of Pediatrics has transferred all of its in-patient and out-patient activities to Childrens Hospital of New Orleans, an LCMC facility. Previous to that time, we were at Lakeside under HCA management, a for-profit corporation. Having started in December 1993 at Tulane as a genetics faculty member, I observed firsthand the deterioration of the quality and breadth of pediatric services under HCA and its malingering management in the ensuing 25 years since they took major ownership. Tulane Pediatrics lost its sleep lab, the inpatient child psychiatry unit, pediatric urology and pediatric otolaryngology. HCA made no serious efforts to address the deterioration under they management. Our clinical genetics diagnostics laboratories at Hayward Genetics Center lost all clinical volume from Tulane in-patients and outpatients when HCA referred these samples to a new unknown Montana laboratory, removing these samples from use in our ABMGG-acredited laboratory genetic training program. Our genetic training program is the only one in Louisiana and we make every effort to keep Louisiana patient samples in Louisiana.

Since transitioning all pediatric care to CHNOLA in 2019, pediatric services have flourished and the care for Louisiana children has dramatically improved. LCMC has been a serious management partner and I have been part of many meetings which demonstrated LCMC eagerness to listen to ideas. They have instituted many efforts to improve Louisiana pediatric care, not the least of which was completing a $300million renovation of CHNOLA. The merger has encouraged successful collaboration between LSU and Tulane pediatric specialty services and the benefit to students and residents has been dramatic.

In every way, the transition for pediatrics out of an HCA facility and into the LCMC management has been positive for Tulane and Louisiana. I anticipate the same benefit to Louisiana if all other services at Tulane transition to management/ownership by the not-for-profit LCMC. Healthcare in Louisiana has long suffered from fragmentation and this transition offers the possibility of dramatic improvement in access to care. The benefits to residency training will also be positive with access of learners to speciality services which are currently unavailable or difficult to access. This has the potential of keeping mare more of our students in Louisana as residents and physicians to begin to alleviate our physician shortages in all areas.

I am happy to address questions or telephone calls about this email or the proposed transition.

Hans
Cell. 504-452-0359

.....

Hans C. Andersson, MD, FACMG
Director, Hayward Genetics Center
Karen Gore Chair of Human Genetics
Hayward Genetics Center SL-31

Tulane University Medical Center
New Orleans, LA 70112
http://www.haywardgenetics.tulane.edu/

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Freel, Angelique

From: Chau, Richard K <rchau@tulane.edu>
Sent: Wednesday, December 07, 2022 10:01 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Richard Chau
Chief Investment Officer
Tulane University
9 Old Kings Highway South
Darien, CT 06820
rchau@tulane.edu
203-716-8473

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Freel, Angelique

From: Vickers, Frances R <fvickers@tulane.edu>
Sent: Wednesday, December 07, 2022 10:01 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom It May Concern:

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,
Frances R. Vickers

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Freel, Angelique

From: Johnson, Brian <johnson@tulane.edu>
Sent: Wednesday, December 07, 2022 10:04 AM
To: Freel, Angelique
Subject: Tulane/LCMC partnership

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Dear Louisiana State leadership,

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Dr. Brian Johnson
Associate Vice President for Campus Operations
Tulane University

Sent from my iPhone
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Freel, Angelique

From: Marbley, Courtney J. <Courtney.Marbley@lcmchealth.org>
Sent: Wednesday, December 07, 2022 10:10 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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Good Morning Sir,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Chief Nursing Officer and Chief Operation Officer at New Orleans East Hospital and have seen the value LCMC Health places in high-quality patient care and employees at all levels.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement, as have I in my 6 years at LCMC. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. I appreciate your consideration.

C.J. Marbley, RN,(*he/him*)
CNO, COO
Vice President of
Patient Care Services

New Orleans East Hospital
5620 Read Blvd.
New Orleans, LA 70127

O 504.592.6610
D 504.592.6620
F 504.592.6519

Courtney.Marbley@LCMChealth.org
NOEHospital.org

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Freel, Angelique

From: Small, Jonathan A <jsmall4@tulane.edu>
Sent: Wednesday, December 07, 2022 10:12 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care.

Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Thanks,

Tulane
Office of Human Resources & Institutional Equity
Jonathan A. Small, MBA, SPHR, SHRM-SCP
Vice President, HRIE and Tulane University Leadership Institute
Tulane University | 1555 Poydras St., Suite 964 | New Orleans, LA 70112
Office: 504-247-1758 | Fax: 504-865-6727

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Freel, Angelique

From: William Guste IV <wguste4@yahoo.com>
Sent: Wednesday, December 07, 2022 10:15 AM
To: Freel, Angelique
Subject: LCMC Health – Tulane University Partnership

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To Whom It May Concern,

Please consider this my letter of support for the proposed partnership between LCMC Health and Tulane University. As a resident of New Orleans, I have seen firsthand the level of quality care and professionalism the LCMC Health team provides through numerous clinical, out-patient, and hospital interactions for my primary and extended family as well as myself.

The addition of the Tulane hospitals into the LCMC Health system is a significant opportunity to expand this exemplary level of care to a broader population, increase health outcomes, and bring new investment and opportunities into our community.

Your support and approval of the LCMC Health – Tulane University partnership would be appreciated.

Thank you.

William J. "Billy" Guste, IV
920 Filmore Avenue
New Orleans, LA 70124
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Freel, Angelique

From: Von Almen, William <William.VonAlmen@lcmchealth.org>
Sent: Wednesday, December 07, 2022 10:24 AM
To: Freel, Angelique
Subject: Tulane University/LCMC Health partnership

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Subject: I support the LCMC Health – Tulane University Partnership

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the MED EXEC PRESIDENT at TOURO INFIRMARY, and a practicing community OB/GYN and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

William von Almen, II MD FACOG
CCPI-Gynecology
Touro
3434 Prytania Suite 320
New Orleans, LA 70115
O 504.897.7142-Touro
O 504.367.6971-WestBank
O 504.325.2700-Metairie
F 504.210.4286-Touro
william.vonalmen@LCMChealth.org

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Freel, Angelique

From: Becker, Cary A. <Cary.Becker@lcmchealth.org>
Sent: Wednesday, December 07, 2022 10:24 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the assistant vice president of facilities and support services for the LCMC Health system and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Regards,

Cary A. Becker
Assistant Vice President
Facilities & Support Services

LCMC Health
Westpark Campus
504.702.5255
LCMChealth.org

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Freel, Angelique

From: Weingart, Kady D <kady@tulane.edu>
Sent: Wednesday, December 07, 2022 10:31 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

Importance: High

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

[redacted]
Assistant Provost for Finance and Operations and Chief of Staff
Office of Academic Affairs & Provost | Tulane University

O: 504.865.5075 | M: 504.231.5274 | E: kady@tulane.edu
6823 St. Charles Ave., 200 Gibson Hall, New Orleans, LA 70118
[redacted]

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Freel, Angelique

From: Peyronnin, Lelia S <sutton64@tulane.edu>
Sent: Wednesday, December 07, 2022 10:36 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

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As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Lelia S. Peyronnin, CFA
Associate Vice President of Treasury and Investments
Tulane University
New Orleans, LA 70112
Cell: (504) 952-8123
Work (504) 314-2823

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Freel, Angelique

From: Sharonda Williams <shwillia@loyno.edu>
Sent: Wednesday, December 07, 2022 10:38 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a member of the Board of Directors at LCMC and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sharonda R. Williams

General Counsel and Director of Government Affairs

6363 St. Charles Avenue, Box 58

New Orleans, LA 70118

504.864.7082

LOYOLA
UNIVERSITY
NEW ORLEANS

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Freel, Angelique

From: Eshleman, Denice <Denice.Eshleman@lcmchealth.org>
Sent: Wednesday, December 07, 2022 10:41 AM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,
As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the System Director of Emergency Preparedness for LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership.
Thank you for your consideration.

Denice Eshleman
Director, Emergency Preparedness

LCMC Health
3401 General De Gaulle Drive
Suite 1020
New Orleans, LA 70114

D 504.894.5167
F 504.897.8992

Denice.Eshleman@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Krousel-Wood, Marie A <mawood@tulane.edu>
Sent: Wednesday, December 07, 2022 10:51 AM
To: Freel, Angelique
Subject: Support for partnership with LCMC

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane Medical School, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

M. "Tonette" Krousel-Wood MD, MSPH, FACPM, FAHA
Professor and The Jack Aron Chair in Primary Care Medicine
Associate Provost for the Health Sciences|Senior Associate Dean for Faculty Affairs-SOM|
Associate Dean for Public Health & Medical Education-SPHTM and SOM
Tulane University|1430 Tulane Avenue|New Orleans, LA 70112

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Freel, Angelique

From: Kerner, Rep. Timothy (District Office) <hse084@legis.la.gov>
Sent: Wednesday, December 07, 2022 10:56 AM
To: Freel, Angelique
Subject: LCMC Health – Tulane

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

On behalf of Representative Timothy Kerner:

I would like to submit this as a public comment for the December 8th hearing on the LCMC Health – Tulane partnership. I am supportive of their partnership.

Since it first began operating hospitals in Jefferson Parish in 2015, LCMC Health has proven to be a trusted, valuable healthcare partner for our people, and I am proud to support the proposed partnership between LCMC Health and Tulane University. Jefferson Parish stands to gain tremendously, both through the anticipated $474 million in economic impact and $220M in investments to hospital infrastructure. Jefferson Parish is world-class, and we deserve a world-class academic medical center.

Nicole Cooper
Legislative Assistant
for Timothy Kerner
State Representative District 84

799 Jean Lafitte Blvd.
Lafitte, LA 70067
(504) 689-7725 | Office
(504) 401-7314 | Cell
(504) 689-7727 | Fax

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Dear Attorney General Landry,

We write as denominational and community leaders across New Orleans and Louisiana, in our support of the nurses of Tulane Medical Center, who are demanding a voice in the future of healthcare in New Orleans. We are asking for the upcoming public hearing on the sale to be held locally in New Orleans, not Baton Rouge, ensuring meaningful participation and input from our frontline health care workers and the community they serve.

We are deeply concerned that the proposed sale of Tulane Medical Center to LCMC Health will negatively impact access to quality and affordable health care services for thousands of Louisianans. LCMC has already announced plans to shut down most inpatient services at Tulane Medical Center within 12 to 24 months of acquiring the hospital. Many of our community members have gone to Tulane Medical Center for years. Losing such a popular hospital serving patients not only in New Orleans, but across Louisiana, is a loss for communities around the state.

We fear a two-system duopoly in New Orleans, made up of LCMC and Ochsner Health, will raise health care costs and reduce services. This is especially worrisome in such a precarious time in our nation. Now, more than ever, high-quality health care needs to be made more accessible and affordable.

When Charity Hospital closed, New Orleans lost one of the state's last public hospitals that served everyone, regardless of income level. Now, we stand to lose another hospital in downtown New Orleans that has long served low-income patients. We worry Medicaid patients, who are disproportionately Black and people of color, will lose access to care. Louisiana's minority residents already experience significantly lower life expectancies than white residents, and the closure of services and higher health care costs may exacerbate this health equity crisis.

Nurses are on the front lines of keeping our communities and congregants healthy and safe. We stand with Tulane Medical Center nurses because we trust nurses to put patients first. We urge you to block the sale in order to ensure there are no cuts to jobs or patient care services at Tulane Medical Center and that there is no increase in healthcare costs for the community.

Sincerely,

Shawn Moses Anglim, First Grace UMC, Pastor

Margaret Washington, Retired RN/Nurse Educator

Betty Roberson, EDUTRONICS, CEO

Callie Winn Crawford, Retired United Methodist Pastor

Jonah Evans, Neutral Ground, Founder and CEO

Charlotte Clarke, Common Ground Relief, Co-Director

Rev. Dr. Joe D Connelly, Bethany United Methodist Church, Sr. Pastor & Community Engagement Officer

Travis Cleaver, Grow Dat Youth Farm, Site Coordinator

Bonnie Sniegowski, Society of St. Vincent de Paul, Director of Adult Learning Center

Deon Haywood, Women With a Vision, Executive Director

Harold John, National Association of Letter Carriers, 2nd Congressional District Liaison

Matthijs Herzberg, Herzberg Design Co, CEO

Elizabeth S Widerquist, Xavier University of Louisiana, Professor

Stephanie Martin, FGUMC, Administrator

Reverend Dr. J.C. Richardson, Cornerstone United Methodist Church, Pastor

Bettie Rhode, Cornerstone United Methodist Church, Parish Nurse/Lay Minister

Lexi Peterson, New Orleans Workers Center, Co-director

Byron Johnson, Central Missionary Baptist Church, Reverend

Jeanne Nathan, Tannathan inc., dba Creative Industry, President

Mary Lowry, Now Love

J. Christopher Johnson, Mobilizing Millennials, Executive Director

Marc Behar, Temple Sinai, Former Board Member

Eugenia Rainey, Tulane University, Professor

Bennie Wilson, Mantle Tabernacle Holiness Church, Sr. Pastor

Dave Cash, United Teachers of New Orleans, President

Darla H Durham, St. Charles Avenue Baptist Church, Deacon and Former Trustee

Margaret Maloney, New Orleans Workers Assembly, Organizer

Mike Howells, We Can't Wait NOLA, Organizer

Amy Stelly, Claiborne Avenue Alliance, Executive Director

Reverend Paul Beedle, First Unitarian Universalist Church, Minister

Freel, Angelique

From: Cahill, Elwood <ECahill@SHERGARNER.com>
Sent: Wednesday, December 07, 2022 11:16 AM
To: Freel, Angelique
Cc: Ayame.dinkler@lcmchealth.org
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I am a Board member of LCMC, as well as a former Chair of the Children's Hospital Board and have seen firsthand the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Elwood

ELWOOD F. CAHILL, JR. | ATTORNEY AT LAW | SHER GARNER CAHILL RICHTER KLEIN & HILBERT, L.L.C.
909 Poydras Street | Suite 2800 | New Orleans, LA 70112 | ecahill@shergarner.com | O: 504-299-2103 | C: 504-723-5485 | F: 504-299-2303

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Freel, Angelique

From: Bouyelas, Kirk M <kbouyela@tulane.edu>
Sent: Wednesday, December 07, 2022 11:16 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As the Chief of Police for the Tulane University Police Department, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Kirk M. Bouyelas
Chief of Police
Tulane University Police Department
(504) 247-1252
kbouyela@tulane.edu

FOR OFFICIAL USE ONLY -
This E-mail is from a member of the Tulane University Police Department and may contain information that is Law Enforcement Sensitive {LES} or Privacy Act Sensitive to be used for official purposes only. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

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Freel, Angelique

From: Pennison, Deborah B <dpenniso@tulane.edu>
Sent: Wednesday, December 07, 2022 11:18 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University School of Medicine, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

As a result of this partnership, Tulane will be creating a new nursing program in downtown New Orleans. We already know the nursing shortage that is affecting healthcare systems and communities across the country. This shortage is felt deeply in Louisiana, where almost one-third (29%) of Registered Nurses plan to retire within 10 years.
Tulane University's new nursing program will create new paths and expand the pipeline of students eager to enter the nursing field – making meaningful progress towards addressing the projected 2,475 unfilled full-time nursing positions projected in New Orleans by 2025.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Stay Well,
Debbie

Deborah Pennison Web Designer
Tulane University School of Medicine - Dean's Office
Office: 504-988-1701
dpenniso@tulane.edu

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Freel, Angelique

From: Davis, Takeisha <Takeisha.Davis@lcmchealth.org>
Sent: Wednesday, December 07, 2022 11:39 AM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the President and Chief Executive Officer at New Orleans East Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Takeisha C. Davis, MD, MPH
President and Chief Executive Officer

New Orleans East Hospital
5620 Read Blvd.
New Orleans, LA 70127

O 504.592.6610
F 504.592.6619

Takeisha.Davis@LCMChealth.org
NOEHospital.org

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Freel, Angelique

From: Bonacorso, Rachel D <rbonacor@tulane.edu>
Sent: Wednesday, December 07, 2022 11:49 AM
To: Freel, Angelique
Subject: Support for Tulane LCMC partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Attorney General Jeff Landry,

As an employee of Tulane University School of Medicine, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I hope that you will support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,

Rachel Bonacorso
Program Manager, Office of the CBO
Tulane University School of Medicine
+1 504.390.1598(M)
rbonacor@tulane.edu | http://engage.tulane.edu

TULANE
MEDICINE

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Dickie Brennan & Co

Office
605 Canal Street
New Orleans, LA 70130
504.521.8313
Fax 504.523.1633
frenchquarter-dining.com

Dickie Brennan's PALACE café
established 1991

DICKIE BRENNAN'S Steakhouse
established 1998

Dickie Brennan's BOURBON HOUSE
established 2002

DICKIE BRENNAN'S TABLEAU
established 2013

Dickie Brennan & Co. CATERING + EVENTS
established 2018

Acorn
A DICKIE BRENNAN & CO. CAFÉ
established 2019

DICKIE BRENNAN & CO. THE COMMISSARY MARKET + KITCHEN
established 2020

December 7, 2022

To whom it may concern:

As established business and restaurant owners in the Greater New Orleans area, we are proud to support the proposed Tulane partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Furthermore, teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

We urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,

Dickie Brennan
Managing Partner

Steve Pettus
Managing Partner

Lauren Brennan-Brower
Managing Partner

Freel, Angelique

From: Mallory, Molly E <MOLLY.MALLORY@lcmchealth.org>
Sent: Wednesday, December 07, 2022 11:52 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Strategic Planning Analyst at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Molly Mallory, MHA
Strategic Planning Analyst

Children's Hospital New Orleans
200 Henry Clay Avenue
New Orleans, LA 70118

C 225.910.0757
D 504.899.0162
Molly.Mallory@lcmchealth.org

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Freel, Angelique

From: Gondrella, Darlene <Darlene.Gondrella@lcmchealth.org>
Sent: Wednesday, December 07, 2022 11:55 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Vice President at West Jefferson Medical Center and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Darlene Gondrella
VP, Quality and Service Excellence
West Jefferson Medical Center
LCMC Health
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Freel, Angelique

From: Hinyub Jr., Robert S. <Robert.Hinyub2@lcmchealth.org>
Sent: Wednesday, December 07, 2022 11:55 AM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I serve as General Counsel at East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and in employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Rob Hinyub, J.D., CHC
General Counsel
East Jefferson General Hospital
4200 Houma Boulevard
Metairie, LA 70006
O 504.503.5558
D 504.503.4937
Robert.Hinyub2@lcmchealth.org

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Freel, Angelique

From: Shedd, Jessica M <jshedd@tulane.edu>
Sent: Wednesday, December 07, 2022 11:59 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

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As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Best,
Jessica

Jessica Shedd
Assistant Provost for Assessment & Institutional Research
Tulane University
504.314.2898
jshedd@tulane.edu

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Freel, Angelique

From: Sutton, Lauren <Lauren.Sutton@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:05 PM
To: Freel, Angelique
Subject: I Support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Strategic Planning Analyst at Children's Hospital New Orleans and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Lauren Sutton McCaughey
Strategic Planning Analyst

Children's Hospital New Orleans
200 Henry Clay Avenue
New Orleans, LA 70115

O 504.896.9363
C 985.789.3429

Lauren.Sutton@lcmchealth.org

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Freel, Angelique

From: Gentry, Maggie E <mgentry1@tulane.edu>
Sent: Wednesday, December 07, 2022 12:06 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

My name is Maggie Gentry. I am a mom to a two-year-old boy, Isaiah, I have a great job in Marketing at the Tulane School of Medicine and I care deeply for the city of New Orleans. As a New Orleanian and an employee of Tulane University School of Medicine, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

The partnership between LCMC Health and Tulane University will be transformational for the New Orleans region, and greatly benefit patients, staff, and our community.
It will advance groundbreaking research, innovative technology, and lifesaving treatments that ensure patients and communities can receive the highest quality of care, right here in the greater New Orleans region.

Expanded access to affordable, high-quality care will begin to close the gap in healthcare for historically underserved communities and increase quality of life for all our citizenry. As mission-based organizations, LCMC Health and Tulane working together makes sense.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Maggie Gentry
Clinical Marketing Manager, Office of the CBO
Tulane University School of Medicine
504.313.0046 (M)
mgentry1@tulane.edu | tulanedoctors.com

Schedule a meeting with me: calendly.com/mgentry1

TULANE MEDICINE Tulane DOCTORS Healing People. Defining Medicine.

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Freel, Angelique

From: Kathan Dearman <kathan@cypressplanninggroup.com>
Sent: Wednesday, December 07, 2022 12:13 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

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As an resident of Louisiana, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Kathan Dearman

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Freel, Angelique

From: Alford-Estrade, Paula <Paula.Estrade@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:13 PM
To: Freel, Angelique
Subject: Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Subject: I support the LCMC Health – Tulane University Partnership

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Post-Acute Nursing Director at East Jefferson General Hospital LCMC Health Metairie, La and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Paula Alford-Estrade

Paula Alford-Estrade, MSN
Director Post-Acute Nursing
EJGH LCMC Health
4200 Houma Blvd
Metairie, La 70006

O 504-503-4306
C 504-442-1601
F 504-456-5009
Paula.Estrade@lcmchealth.org

Sent from Mail for Windows

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Freel, Angelique

From: Sibille, PJ <PJ.Sibille@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:18 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm AVP of Marketing & Communications at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

PJ Sibille
AVP, Marketing and Communications

LCMC Health
1100 Poydras Street
2500 Energy Centre
New Orleans, LA 70163

D 504.702.3470
C 504.427.7648

PJ.Sibille@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Martin, Jody B. <Jody.Martin@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:19 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Chief Legal Officer and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jody B. Martin
Chief Legal Officer

LCMC Health
1100 Poydras Street
2500 Energy Centre
New Orleans, LA 70163

O 504.894.6734
C 504.432.0400

Jody.martin@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Ranatza, Mark <Mark.Ranatza@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:20 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Senior Director at Children's Hospital New Orleans and I have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,

Mark Ranatza, MHA, BSN, RN
Senior Director – Emergency and Behavioral Health Services

Children's Hospital New Orleans
Behavioral Health Center
210 State Street, Building 10
New Orleans, LA 70118

O 504.896.7200
D 504.896.7224
C 225.715.8691

Mark.Ranatza@LCMChealth.org
chnola.org

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Freel, Angelique

From: Mckendall, Michael <Michael.McKendall@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:25 PM
To: Freel, Angelique
Subject: I support the LCMC Health- Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Vice President of Operations at East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Michael McKendall MS, PharmD
Vice President of Operations

East Jefferson General Hospital
4200 Houma Blvd.
Metairie, LA 70006

O 504.503.5239
F 504.503.6151

michael.mckendall@LCMChealth.org

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Freel, Angelique

From: Robin Barnes <robinaimee99@gmail.com>
Sent: Wednesday, December 07, 2022 12:25 PM
To: Freel, Angelique
Subject: LCMC Health – Tulane University partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom it May Concern,

As an resident of Louisiana, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Robin A Barnes

Sent from my iPhone

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Freel, Angelique

From: Galindo, Nemy <Nemy.Galindo@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:26 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a project coordinator in facilities management at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Nemy Galindo
Project Coordinator
Facilities

LCMC Health
200 Henry Clay Avenue
New Orleans, LA 70118

O 504.896.3063

nemy.galindo@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Sterling, Terrie <Terrie.Sterling@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:26 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I lead the effort for NCI designation at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Terrie P. Sterling

LCMC Health
1100 Poydras Street
Suite 2500
New Orleans, LA 70163

O 504.962.6002
C 225.202.8298

Terrie.Sterling@LCMCHealth.org

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Freel, Angelique

From: Norton, Patrick J <pjn@tulane.edu>
Sent: Wednesday, December 07, 2022 12:29 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Patrick Norton

Patrick Norton
SVP/Chief Operating Officer/Treasurer
Tulane University

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Freel, Angelique

From: Scofield, Carolyn M <cscofiel@tulane.edu>
Sent: Wednesday, December 07, 2022 12:41 PM
To: Freel, Angelique
Subject: I support the Tulane University/LCMC partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I've been an employee of Tulane University since 2015, and I work closely with all of our wonderful physicians, researchers and students. I'm also a patient at Tulane, and I benefit from the services and support I receive from all the doctors, nurses and staff here. I'm proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Thank you,
Carolyn

Carolyn Scofield
Assistant Director of Marketing & Communications
Tulane University School of Medicine
(504) 881-4542 cell
scofield@tulane.edu

Want to schedule a meeting? Here's my availability:
https://calendly.com/cscofiel

TULANE
MEDICINE

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Freel, Angelique

From: Shankar, Jai <jshankar@tulane.edu>
Sent: Wednesday, December 07, 2022 12:41 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jai Shankar
AVP Strategic Consulting and Project Management
Tulane University
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Freel, Angelique

From: Perry, Erin <Erin.Perry2@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:42 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Vice President at University Medical Center and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Erin E. Perry, MS.Ed, PMP, SHRM-SCP
She/her

LCMC Health
Vice President - Talent Development
2000 Canal Street, Tower 2 - Human Resources
New Orleans, LA 70112
erin.perry2@LCMChealth.org
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Freel, Angelique

From: Carbajal, Donna M. <Donna.Carbajal@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:46 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Sr. Director of Quality at LCMC East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Donna Carbajal RN, RRT, RRT-NPS, MBA, CJCP
Senior Director of Quality, Organizational Effectiveness,
Nursing Education, Medical Staff Office, Volunteer/Guest Services

EJGH LCMC Health
4200 Houma Blvd.
Metairie, LA 70006

C 504.236.3404
D 504.503.6959
F 504.503.5256

Donna.Carbajal@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Kyle Ruckert <kyle@boldstrategiesllc.com>
Sent: Wednesday, December 07, 2022 12:51 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Kyle Ruckert
1557 Brame Drive Baton Rouge, LA
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Freel, Angelique

From: Brewton, Christe <Christe.Brewton@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:52 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a LCMC Health System Assistant Vice President for Patient Access Services and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Christe

Christe Brewton LOTR, MBA
System Assistant Vice President
Patient Access Services

LCMC Health Westpark
3401 General DeGaulle Drive
New Orleans, LA 70124

O 504.702.5027
D 504.702.4385
F 504.896.6630

Christe.Brewton@LCMChealth.org

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Freel, Angelique

From: McLachlan, Ian P <imclachlan@tulane.edu>
Sent: Wednesday, December 07, 2022 12:54 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello!

As an employee of Tulane Medical School, I just wanted to pledge my support for the proposed Tulane/LCMC partnership. I'm excited about the possibilities that this partnership could offer to medical education in New Orleans, and it could really affect the city for the better. Teaching hospitals are incredibly important for the next generation of doctors, and Tulane being able to partner with LSU and LCMC is a positive step in creating more opportunities. I'm especially excited about the potential for a nursing program at Tulane, as I know the shortage of nurses has been affecting the entire country.

Thank you for your consideration!

Ian McLachlan | Multimedia Specialist
Tulane University School of Medicine - Marketing & Communications
Hutchinson Bldg-Rm 1550, 1430 Tulane Avenue, New Orleans, LA 70112
Mobile: 504.444.6424
Pronouns: he/him

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Freel, Angelique

From: Linda Lee <lee33br@gmail.com>
Sent: Wednesday, December 07, 2022 12:54 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Linda Lee

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Freel, Angelique

From: Vitter, Meg <Meg.Vitter@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:56 PM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Vice President of Population Health at LCMC Health on the corporate leadership team and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Meg Vitter
VP, Population Health & Network Development

LCMC Health
1100 Poydras Street
2500 Energy Center
25th Floor, Office 2555
New Orleans, LA 70163
(504) 896-3049

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Freel, Angelique

From: DK Willard <dkwillard1419@gmail.com>
Sent: Wednesday, December 07, 2022 12:57 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration

DK Willard
809 K St
Monroe, LA 71201

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Freel, Angelique

From: Ortego, Amanda C <aortego@tulane.edu>
Sent: Wednesday, December 07, 2022 12:58 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Amanda Ortego
Senior Treasury Analyst | Tulane University
1555 Poydras Street, Suite 862
Mailbox #8705
New Orleans, Louisiana 70112
Office: (504)314-2892

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Freel, Angelique

From: Dietrich, Damon <damon.dietrich@lcmchealth.org>
Sent: Wednesday, December 07, 2022 12:58 PM
To: Freel, Angelique
Subject: Free LA

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Subject: I support the LCMC Health – Tulane University Partnership

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Damon Dietrich MD
West Jefferson Medical Center
1101 Medical Center Boulevard Marrero LA 70072

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Freel, Angelique

From: Shayne Benedetto <shaynebenedetto@gmail.com>
Sent: Wednesday, December 07, 2022 12:59 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

--

Shayne Benedetto
CCA Louisiana
Board Member - East Jefferson Chapter
shaynebenedetto@gmail.com

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Freel, Angelique

From: Josh Collen <jcollen@hriproperties.com>
Sent: Wednesday, December 07, 2022 12:59 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration,

Josh Collen
President

HRI COMMUNITIES

504-566-3058 direct
504-566-0204 main
504-377-7364 mobile

Elevating the Urban Experience
hricommunities.com

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Freel, Angelique

From: Kathy Willard <kthwillard23@gmail.com>
Sent: Wednesday, December 07, 2022 1:00 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Kathy Willard
809 K St
Monroe, LA 71201

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Freel, Angelique

From: Elder, Jeffrey <Jeffrey.Elder@lcmchealth.org>
Sent: Wednesday, December 07, 2022 1:01 PM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm an emergency physician at University Medical Center and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jeffrey Elder, MD
Medical Director
Emergency Management | Transfer Center

LCMC Health
1100 Poydras Street
2500 Energy Centre
New Orleans, LA 70163

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Freel, Angelique

From: Lu Jones <finkshideaway@gmail.com>
Sent: Wednesday, December 07, 2022 1:02 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Lu Jones, RN
1419 Finks Hideaway Rd
Monroe, LA 71203

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Freel, Angelique

From: Valerie Norton <valeriemiller@gmavt.net>
Sent: Wednesday, December 07, 2022 1:03 PM
To: Freel, Angelique
Subject: Support for Tulane and LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As resident of New Orleans – I couldn't be happier about the proposed partnership between Tulane and LCMC – and I am proud to strongly endorse it. Academic medical centers create and provide new treatments, and they provide the most complex and high-quality care – and would be most beneficial to all the residents of our region. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Valerie Norton
New Orleans, LA

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Freel, Angelique

From: Walter Zollinger <walterzollinger5@gmail.com>
Sent: Wednesday, December 07, 2022 1:05 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Walter Zollinger
3805 Placid Dr.
Monroe LA 71201
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Freel, Angelique

From: ernest mitchel <ernest.mitchel@gmail.com>
Sent: Wednesday, December 07, 2022 1:06 PM
To: Freel, Angelique

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Copy and paste into a new email - FREELA@AG.LOUISIANA.GOV (mailto:FREELA@AG.LOUISIANA.GOV)

Subject: I support the LCMC Health – Tulane University Partnership

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Ernest Mitchel
6611 Ellen Drive
Lake Charles, La 70607
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Freel, Angelique

From: Matthew J. Rainwater <mattjrainwater@gmail.com>
Sent: Wednesday, December 07, 2022 1:12 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Matt Rainwater
4715 East Greenfield Circle
Lake Charles, LA 70605
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Freel, Angelique

From: Elizabeth Crawford <elizcrawford@gmail.com>
Sent: Wednesday, December 07, 2022 1:15 PM
To: Freel, Angelique
Subject: Support for TU/LCMC partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an resident of Louisiana, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,

Elizabeth Crawford

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Freel, Angelique

From: Caitlin Berni <caitlin@berniconsulting.com>
Sent: Wednesday, December 07, 2022 1:18 PM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Attorney General Landry and Team,

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Thank you,

Caitlin Berni
6701 Canal Blvd
New Orleans, LA 70124
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Freel, Angelique

From: Mark Heck <markh@studiorisedesign.com>
Sent: Wednesday, December 07, 2022 1:18 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

--

studioRISE
Mark Heck, *AIA*
1541 Tulane Avenue
New Orleans, LA 70112
Principal
504.430.0076
studiorisedesign.com
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Freel, Angelique

From: Mark Heck <markh@studiorisedesign.com>
Sent: Wednesday, December 07, 2022 1:18 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

--

studioRISE
Mark Heck, *AIA*
1541 Tulane Avenue
New Orleans, LA 70112
Principal
504.430.0076
studiorisedesign.com
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Freel, Angelique

From: P Rainwater <rainwater97@gmail.com>
Sent: Wednesday, December 07, 2022 1:22 PM
To: Freel, Angelique
Subject: Support letter

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Subject: I support the LCMC Health – Tulane University Partnership

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Paul Rainwater
5117 Cheneau lane
Baton Rouge, La 70808

Sent from my iPhone

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Freel, Angelique

From: Dawn Bonnecaze <Dawn.Bonnecaze@bblawla.com>
Sent: Wednesday, December 07, 2022 1:26 PM
To: Freel, Angelique
Subject: Support LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Dawn Bonnecaze

Dawn Dietrich Bonnecaze
Bienvenu, Bonnecaze, Foco & Viator, LLC
4210 Bluebonnet Boulevard
Baton Rouge, Louisiana 70809
(225) 388-5600 Main
(225) 388-5602 Direct
(225) 388-5622 Fax
(225) 354-5872 Cell
dawn.bonnecaze@bblawla.com
www.bblawla.com

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CIRCULAR 230: Pursuant to federal tax regulations imposed on practitioners who render tax advice ("Circular 230"), we are required to advise you that any advice contained in this communication regarding federal taxes is not written or intended to be used, and cannot be used, by any person as the basis for avoiding federal tax penalties under the Internal Revenue Code, nor can such advice be used or referred to for the purpose of promoting, marketing or recommending any entity, investment, plan or arrangement.

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Freel, Angelique

From: Lorio, Melissa J. <Melissa.Lorio@lcmchealth.org>
Sent: Wednesday, December 07, 2022 1:35 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Senior Director of Perioperative Services at LCMC East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Melissa Lorio, MBA, BSN, RN, CNOR
Perioperative and Surgical Services, Senior Director

O 504.503.4335

East Jefferson General Hospital
4200 Houma Blvd.
Metairie, LA 70006

melissa.lorio@LCMChealth.org

eigh.org

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Freel, Angelique

From: Nic Hunter <nhunter@cityoflc.us>
Sent: Wednesday, December 07, 2022 1:40 PM
To: Freel, Angelique
Subject: I Support the LCMC Health/Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom It May Concern,

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Nic Hunter
Mayor, City of Lake Charles

326 Pujo St.
Lake Charles, LA 70601
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Freel, Angelique

From: sarah [lady in a tie] <sarah.kracke@sarahkracke.com>
Sent: Wednesday, December 07, 2022 1:41 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom It May Concern:
I am writing to express my solid support for the proposed partnership between Tulane and LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care.

In particular, teaching hospitals provide patients with increased access to the latest medical breakthroughs and clinical trials. Along with LSU and LCMC, Tulane will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health –Tulane University partnership.
Sincerely,
Sarah Kracke

kracke consulting
IDEAS | SOLUTIONS | EXECUTION

543 Spanish Town Road
Baton Rouge, LA 70802
c [504] 289-3537
o [225] 381-0166 x120

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Freel, Angelique

From: Alexandra napoli <alexandra@milieuandyou.net>
Sent: Wednesday, December 07, 2022 1:42 PM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, Covington, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Alexandra Napoli
15615 Linden View Road
Baton Rouge La 70817

Thanks very much.

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Freel, Angelique

From: Daniel Zollinger <danielfz7@yahoo.com>
Sent: Wednesday, December 07, 2022 1:42 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Daniel Zollinger
3805 Placid Dr.
Monroe LA 71201

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Freel, Angelique

From: Kaplow, Julie B <JULIE.KAPLOW@lcmchealth.org>
Sent: Wednesday, December 07, 2022 1:43 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I serve as Executive Director of the Trauma and Grief Center at the Children's Hospital New Orleans and Professor of Psychiatry at Tulane University School of Medicine and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,

Julie Kaplow

Julie B. Kaplow, PhD, ABPP
Executive Director, Trauma and Grief Center
Children's Hospital New Orleans
210 State Street, Bldg. 10, Rm. 1118
New Orleans, LA 70118
Julie.Kaplow@lcmchealth.org
Cell: 734.355.9227

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Freel, Angelique

From: Sumrall, Joshua <Joshua.Sumrall@lcmchealth.org>
Sent: Wednesday, December 07, 2022 1:43 PM
To: Freel, Angelique
Subject: Tulane/LCMC

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I fully support the acquisition of Tulane facilities to LCMC. I believe it will ultimately increase access to care as well as providing higher quality of services to patients in our community.

Josh

Joshua Sumrall, MBA, BSN, RN, NEA-BC
Assistant Vice President, Patient Services

East Jefferson General Hospital
4200 Houma Blvd
Metairie, LA 70006

O 504.503.5809
C 985.226.5024

Joshua.sumrall@LCMChealth.org

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Freel, Angelique

From: Roy, Dean <Dean.Roy@lcmchealth.org>
Sent: Wednesday, December 07, 2022 1:44 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Vice President of Physician Services at West Jefferson Medical Center and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Dean Roy
Vice President of Physician Services

West Jefferson Medical Center / Physician Services
1111 Medical Center Blvd
Suite S670
Marrero, LA 70072

O 504.349.2460
C 504.909.2476
F 504.349.6740

dean.roy@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Delafontaine, Patrice <pdelafon@tulane.edu>
Sent: Wednesday, December 07, 2022 1:44 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane Medical School, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

P. Delafontaine MD, FACC, FACP, FAHA, FESC
Executive Dean
Jack R. Aron Chair of Administrative Medicine
Professor of Medicine, Physiology and Pharmacology
Tulane University Health Sciences Center

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Freel, Angelique

From: Poirrier, Brittany L <brittany.poirrier@lcmchealth.org>
Sent: Wednesday, December 07, 2022 1:46 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a clinical pharmacist at LCMC Health Pharmacy Services and I have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Brittany Poirrier, PharmD, MHA
Clinical Pharmacist, Specialty Pharmacy

LCMC Health Specialty Pharmacy
Children's Hospital New Orleans
200 Henry Clay Avenue Suite 2107
New Orleans, LA 70118

O 504.896.7780
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brittany.poirrier@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Michael Enlow <menlow@cgagroup.com>
Sent: Wednesday, December 07, 2022 1:47 PM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Mike Enlow
304 Laurel Street 1A
Baton Rouge, LA

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Freel, Angelique

From: Michael Enlow <mikeenlow@icloud.com>
Sent: Wednesday, December 07, 2022 1:49 PM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Mike Enlow
304 Laurel Street 1A
Baton Rouge, LA

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Freel, Angelique

From: Jill Israel <jisraelnola@gmail.com>
Sent: Wednesday, December 07, 2022 1:53 PM
To: Freel, Angelique
Subject: In support of the LCMC Health / Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon. I am currently the Board chair of Touro Infirmary, one of the LCMC hospitals and on the LCMC Board. I have been on the Touro Infirmary board for more than 6 years and have seen and experienced the high-quality patient care provided by Touro. As a member of the LCMC Board, I see the LCMC system plans, actions, and results. I see how LCMC values its staff. I see the dedication to improving healthcare outcomes for its patient population. I am proud to be on these Boards.

I write in support of the proposed partnership between Tulane University and LCMC Health. Bringing Tulane hospitals in to the LCMC Health system creates new and expanded opportunities for research, medical education, patient care, and increased medical industry employment and investment in this region. This is truly transformationally positive!

I urge you to support this proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jill Israel
(504) 782-1199

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Freel, Angelique

From: Rayes, Jerri <Jerri.Rayes@lcmchealth.org>
Sent: Wednesday, December 07, 2022 2:00 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jerri Lynn Rayes
Executive Assistant to Chief Legal Officer

LCMC Health
1100 Poydras St., Ste. 2500
New Orleans, LA 70163

O 504.894.6735
F 504.896.3088

Jerri.Rayes@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Christian, Claiborne M <cchrist6@tulane.edu>
Sent: Wednesday, December 07, 2022 2:02 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern,

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplaces of new treatments and technologies, and they provide the most complex and high-quality care to patients. These teaching hospitals provide patients with increased access to the latest medical breakthroughs and clinical trials. Tulane, along with LSU and LCMC, will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

This initiative is especially important to me as an employee within the Tulane University Innovation Institute. The proposed partnership will catalyze biomedical innovations that we can help germinate and nurture; innovations that will ultimately benefit not only our region, but will help solidify the state as a source of cutting-edge medical breakthroughs and care that the entire country can one day benefit from.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Warmest regards,

-Clay

Claiborne M. Christian, PhD
Director of Commercialization Intelligence and Assessment
Tulane University | Innovation Institute
504.909.3905
christian@tulane.edu
LinkedIn
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Freel, Angelique

From: David, Blair <bdavid3@tulane.edu>
Sent: Wednesday, December 07, 2022 2:04 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Blair David, MBA, CIA
Director of Internal Audit
Tulane University
1555 Poydras, Suite 842
New Orleans, LA 70112
(504) 314-2899 – Direct
(504) 352-4198- Cell
(855) 5GO-WAVE - Fraud Hotline

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Freel, Angelique

From: Craig Belden <craigbelden@gmail.com>
Sent: Wednesday, December 07, 2022 2:04 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Craig Belden

900 Camp St.

New Orleans, LA 70130

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Freel, Angelique

From: Hailey, Robert C <rhailey@tulane.edu>
Sent: Wednesday, December 07, 2022 2:04 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Rob Hailey

Robert C. Hailey (He/Him)
Executive Director, Tulane University Leadership Institute
Tel 504-247-1121

Sent from a mobile device
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Freel, Angelique

From: Keith Crawford <klc@loftingroup.com>
Sent: Wednesday, December 07, 2022 2:04 PM
To: Freel, Angelique
Subject: Support for LCMC Tulane partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern,

As a resident of Louisiana, I am proud to support the proposed partnership with LCMC.

Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I strongly urge you to support the proposed LCMC Health – Tulane University partnership. We are very supportive of this and

Thank you for your consideration.

Keith L. Crawford
Founder / Principal
The Loftin Group LLC
935 Gravier St, Ste 1006
New Orleans, LA 70112
p | 504.717.3821
klc@loftingroup.com
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Freel, Angelique

From: Catherine Favrot <cfavrot@cox.net>
Sent: Wednesday, December 07, 2022 2:08 PM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Catherine Favrot

1904 Palmer Ave.

New Orleans, LA 70118

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Freel, Angelique

From: Matt Hughes <matt@mattphughes.com>
Sent: Wednesday, December 07, 2022 2:14 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Matt Hughes
8242 Wildwood Dr.
Denham Springs, La. 70706
--
Matt Hughes
Realtor
Keller Williams Realty Premier Partners
291 Veterans Blvd.
Denham Springs, La. 70726
225-664-1911
225-416-0100

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Licensed in the State of Louisiana
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Freel, Angelique

From: anna-kate France <akfrance15@gmail.com>
Sent: Wednesday, December 07, 2022 2:15 PM
To: Freel, Angelique
Cc: Kyle France
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Anna-Kate France
3421 N Causeway Blvd.
Suite 105
Metairie, La 70002
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Freel, Angelique

From: Jackson Landry <jackson@idealstrategiesla.com>
Sent: Wednesday, December 07, 2022 2:19 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jackson Landry
3530 Stowers Drive, Monroe, Louisiana 71201

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Freel, Angelique

From: Lopez, Ana M <lopez@tulane.edu>
Sent: Wednesday, December 07, 2022 2:21 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership.
Thank you for your consideration.

Ana M. Lopez

Ana M. López
Professor and Chair of Communication
Associate Provost for Faculty Affairs and Director,
Cuban and Caribbean Studies Institute
Office of Academic Affairs
200 Gibson Hall
Tulane University
New Orleans, LA 70118
(504) 865-5261

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Freel, Angelique

From: Sarah Feirn <sarahsfeirn@gmail.com>
Sent: Wednesday, December 07, 2022 2:24 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sarah Feirn
1222 Jena St
New Orleans, La 70115

Sent from my iPhone

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Freel, Angelique

From: Elizabeth Wooten <elizsmart@gmail.com>
Sent: Wednesday, December 07, 2022 2:23 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Elizabeth Wooten

12 Lasalle Place

New Orleans, LA 70118

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Freel, Angelique

From: Justin Crossie <justincrossie@hotmail.com>
Sent: Wednesday, December 07, 2022 2:28 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Attorney General Landry:

It has come to my attention that LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Justin Crossie
206 Wildwood Dr.
Hammond, LA
70401

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Freel, Angelique

From: Kara Schonberg <karaschonberg@gmail.com>
Sent: Wednesday, December 07, 2022 2:29 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Kara Schonberg
(504) 864-3177
484 Walnut Street
New Orleans LA 70118

Sent from my iPhone

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Freel, Angelique

From: Justin Crossie <justincrossie@hotmail.com>
Sent: Wednesday, December 07, 2022 2:30 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Attorney General Landry:

It has come to my attention that LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Mary Beth Crossie
206 Wildwood Dr.
Hammond, LA

70401

Get Outlook for iOS

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Freel, Angelique

From: Nielsen, Gregory A <Gregory.Nielsen@lcmchealth.org>
Sent: Wednesday, December 07, 2022 2:31 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Greg Nielsen
Chief Operating Officer

LCMC Health
1100 Poydras Street
2500 Energy Centre
New Orleans, LA 70163

O 504.702.2673

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Freel, Angelique

From: Albert, Christine <Christine.Albert@lcmchealth.org>
Sent: Wednesday, December 07, 2022 2:32 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Christine Albert, MPP, APR
Chief Marketing & Experience Officer

LCMC Health
1100 Poydras Street
Suite 2500
New Orleans, LA 70163

O 504.896.9345
C 504.460.3822

Christine.albert@LCMChealth.org
LCMChealth.org

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TULANE UNIVERSITY
DEPARTMENT of PSYCHIATRY
& BEHAVIORAL SCIENCES

Chairman's Office

SCHOOL OF MEDICINE
Department of Psychiatry and Behavioral Sciences
1440 Canal St., Mail Code 8448, New Orleans, Louisiana 70112
(504) 988-5246 | Fax (504) 988-4270

December 7, 2022

The Honorable Jeff Landry
Attorney General of the State of Louisiana
Louisiana Department of Justice
freela@ag.louisiana.gov

Re: Support for Tulane-LCMC Partnership

Dear Mr. Attorney General,

As an employee of Tulane Medical School, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. These technologies and treatments are often the drivers of growth, which create industries and jobs that improve quality of life for the entire region. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane, along with LSU and LCMC, will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

LCMC Health and Tulane University are mission-based organizations that call Southeast Louisiana home. We have shared values and a vision to partner to bring the best of community healthcare and academic medicine to all those we serve. The partnership between LCMC Health and Tulane University will be transformational for the New Orleans region, and greatly benefit patients, staff, and our community. It will advance groundbreaking research, innovative technology, and lifesaving treatments that ensure patients and communities can receive the highest quality of care, right here in the greater New Orleans region. It will also expand opportunities to train the next generation of physicians, nurses, and scientists—Tulane University's new nursing program will create new paths and expand the pipeline of students eager to enter the nursing field, making meaningful progress towards addressing the projected 2,475 unfilled full-time nursing positions projected in New Orleans by 2025.

This partnership will also increase access to comprehensive care in downtown New Orleans and create new hubs for specialty care, innovation, and academic medicine in both Orleans and Jefferson Parishes. The organizations involved will be collaborating and working together to put patients' best interests first to make great things happen.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Very truly yours,

John W. Thompson, Jr., MD
Professor and Chair
Department of Psychiatry and Behavioral Sciences
Director, Division of Forensic Neuropsychiatry
Tulane University School of Medicine

Freel, Angelique

From: MARY WARREN <mwarren100@aol.com>
Sent: Wednesday, December 07, 2022 2:42 PM
To: Freel, Angelique
Subject: Tulane/partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an resident of Louisiana, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,
Mary Warren
Baton Rouge, LA

Sent from my iPhone
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Freel, Angelique

From: Porter, Dusty D <jporter6@tulane.edu>
Sent: Wednesday, December 07, 2022 2:43 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane, along with LSU and LCMC, will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

J. Davidson "Dusty" Porter
3612 Camp Street, New Orleans, LA 70115

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Freel, Angelique

From: Eckstein, Adam J <Adam.Eckstein@lcmchealth.org>
Sent: Wednesday, December 07, 2022 2:46 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm an Associate Corporate Counsel at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Adam J. Eckstein
Associate Corporate Counsel

LCMC Health
Suite 2500, Office 2403
1100 Poydras Street
New Orleans, LA 70163

O 504.896.3048
C 901.489.1150

Adam.Eckstein@LCMChealth.org
www.LCMCHealth.org

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Freel, Angelique

From: Heaton, John <John.Heaton@lcmchealth.org>
Sent: Wednesday, December 07, 2022 2:49 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

John F. Heaton, MD
President and Chief Medical Officer
LCMC Health
1100 Poydras St., 25th Floor
New Orleans, LA 70163
O 504.896.3035
C 504.432.2010
D 504.894.6702
John.Heaton@LCMCHealth.org
LCMChealth.org

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Freel, Angelique

From: Suzie Terrell <suzieterrell@gmail.com>
Sent: Wednesday, December 07, 2022 2:49 PM
To: Freel, Angelique
Subject: Tulane Merger: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, Covington, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Suzie Terrell
suzieterrell@gmail.com
(504) 952-4252

Sent from my iPhone
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Freel, Angelique

From: Jeff Hardin <JHardin@SimmsHardin.com>
Sent: Wednesday, December 07, 2022 2:49 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern:

As a resident of Louisiana, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jeff Hardin

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Freel, Angelique

From: Morrison, Ian <imorrison@tulane.edu>
Sent: Wednesday, December 07, 2022 2:52 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Attorney General Landry,

As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane, along with LSU and LCMC, will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Best regards,
Ian Morrison
6823 St. Charles Avenue
Suite 215, Gibson Hall
New Orleans LA, 70118

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Freel, Angelique

From: Sherlock, Misty <Misty.Sherlock@lcmchealth.org>
Sent: Wednesday, December 07, 2022 3:00 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Misty Sherlock
3705 Palmisano Blvd
Chalmette, La 70043

Misty Sherlock, DNP, MHA, APRN, FNP-C, CCM
LCMC, AVP Case Management

LCMC Health
1100 Poydras St.
2500 Energy Centre
New Orleans, LA 70163

O 504.896.3016
C 504.915.3351
Misty.Sherlock@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Robinson, Brett
Sent: Wednesday, December 07, 2022 3:06 PM
To: Freel, Angelique
Subject: FW: Tulane Hearing
Attachments: Landry.docx; ATT00001.htm

From: David Ziccardi <ziccardi06@yahoo.com>
Sent: Wednesday, December 7, 2022 3:03 PM
To: Robinson, Brett <RobinsonBr@ag.louisiana.gov>
Subject: Tulane Hearing

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Mr. Robinson

My name is David Ziccardi. I am a nurse at Tulane. I wanted to speak at the hearing tomorrow but have a commitment out of town.

Please include this letter as my contribution to the discussions. I have forwarded it from an email I sent to Lingran Kong who directed me to you.

Thank you
David

Begin forwarded message:

> **From:** David Ziccardi <ziccardi06@yahoo.com>
> **Date:** December 7, 2022 at 04:06:38 AST
> **To:** LKong@calnurses.org
> **Subject: David Hearing Statement**
>
> Lingran -
>
> If it's possible, attached is a letter to be used as a statement for the hearing.

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David Ziccardi
1415 Tulane Ave
New Orleans, LA 70118
12/08/22

Attorney General Landry
1885 N. 3rd Street
Baton Rouge, LA 70802

Dear Attorney General Landry:

My name is David Ziccardi. I am a registered nurse at Tulane Hospital in the Emergency Room and the Post Anesthesia Care Unit. I have been in medicine and/or the emergency services my entire life, 15 of which have been at Tulane.

I am writing to express my concern about the pending sale of Tulane Hospital to Louisiana Children's Medical Center and request that you either deny the sale or place it on hold until further details can be worked out. There are many concerns that have been expressed such as the duopoly that would be created, the likely rise in health care costs, and the lack of communication from the parties involved. I would however like to look at some operational aspects that I do not believe have been addressed by the corporations.

One of the proposals is to shut down Tulane Hospital. Tulane is one of two hospitals in downtown New Orleans and the closest to the French Quarter. University Medical Center (UMC) is a Level 1 trauma center located approximately 3 blocks North on the other side of the interstate. Tulane's emergency room routinely has patients come over citing 10+ hours sitting in their waiting room. New Orleans Police routinely bring psychiatric patients to Tulane stating they were told by UMC to go to Tulane because of extended wait times. How will UMC absorb not only those patients but the ones that Tulane treats exclusively? Can UMC open and staff an equal number of beds that are in Tulane's Emergency Room? Based on present conditions it is extremely unlikely.

Another issue is New Orleans Emergency Medical Services. (NOEMS). NOEMS runs approximately 5 ambulances for a city of almost 400,000. They routinely rely on Acadian and other ambulance services to handle the calls they can not service. If services are transferred to Jefferson Parish as it has been stated, how can NOEMS maintain even this level of service if patients are requesting transport out of the parish? As NOEMS has told us in the past, you have to transport the patient where they request or it is kidnapping otherwise. Longer transport times means fewer ambulances available to take emergency calls. Perhaps the patient could be convinced to go to a local hospital but once again are those hospitals resourced to handle this influx of patients?

Finally, and most importantly, I would like this hearing to consider the sale from the patient's perspective. The census bureau estimates that 23% of New Orleans population lives in poverty. Many of the patients and some of the employees of Tulane rely on public transportation, family and/or friends to get to their medical appointments/ jobs. It is not uncommon for patients to express they missed a dialysis treatment or a doctor's appointment because they have no transportation. It is also not uncommon for patients to activate 911 with a minor complaint to secure a ride to the clinics. If patients struggle to make appointments that are in the parish, how will they make appointments if services are moved out of the parish as has been proposed? This would be a huge hurtle for many of our patients to overcome and compliance with medical treatment plans will certainly decrease.

Although there are numerous issues at hand, the nurses at Tulane are willing to help address these operational issues and perhaps make this a win/win situation. To that end, I am again asking that you either deny or place on hold this sale until there is input from the nurses on the conditions of the proposed sale and there is more transparency from HCA and LCMC about the process.

Sincerely,
David Ziccardi

Freel, Angelique

From: Carling Dinkler <carling@customconventions.com>
Sent: Wednesday, December 07, 2022 3:09 PM
To: Freel, Angelique
Subject: Tulane Hospital/LCMC

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My name is Carling Dinker and I live in the greater New Orleans area. As someone who has been a patient in many area hospitals in the last year, I am in support of the LCMC Health / Tulane University transaction.

Tulane, University and Turo Hospitals are three of the hospitals I have used this past year. I was excited when I read about the intended purchase by LCMC Health as it will provide expertise and depth in our medical care. I know they will do a great job at the Tulane hospital because they really care about people.

Sincerely,

Carling Dinkler

507 Mandeville Street

New Orleans, LA 70117

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Freel, Angelique

From: Dumont, Aaron S <adumont2@tulane.edu>
Sent: Wednesday, December 07, 2022 3:11 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership
Attachments: COPA-Letter of support.pdf

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please find attached a letter in strong support of the proposed Tulane-LCMC partnership.

Sincerely,
Aaron Dumont

Aaron S. Dumont, MD, MBA, FACS, FAHA
Associate Dean & Vice President of Health System Clinical Affairs
Director, Tulane Center for Clinical Neurosciences
Charles B. Wilson Professor & Chair
Department of Neurosurgery
Professor of Pediatrics
Tulane University School of Medicine
131 South Robertson St., Suite 1300
New Orleans, LA 70112
Phone # 504-988-5565
Fax# 504-988-5793
EMERGENCY PATIENT TRANSFER #
1-855-522-3648
E-mail: adumont2@tulane.edu

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Freel, Angelique

From: Camille Nelson <camille.nelson8@yahoo.com>
Sent: Wednesday, December 07, 2022 3:27 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Camille Nelson
Baton Rouge, LA

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Freel, Angelique

From: Bluffstone, Zoe <Z.Bluffstone@mail.house.gov>
Sent: Wednesday, December 07, 2022 11:51 AM
To: Freel, Angelique
Subject: Public Comment from Congressman Carter on LCMC - Tulane Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

On behalf of Congressman Troy Carter, I would like to submit a public comment for the December 8th public hearing for the LCMC Health – Tulane partnership.

Congressman Troy A. Carter, Sr.:

"This is a pivotal moment not just for Tulane University and LCMC Health, but also for the wider community's health and wellness. This extraordinary partnership will allow these powerhouse institutions to combine their collective strengths to not only reach more patients, but also to enhance patient care to the highest level. The long-term potential of this partnership's impact on the clinical, economic, and educational innovation is enormous, and I am thrilled to celebrate this partnership that will help improve quality of life across the entire region."

Thank you,
Zoe

Zoe Bluffstone (she/her)
Communications Director
Congressman Troy A. Carter Sr. (LA-02)
(202) 819-6372 (c)
z.bluffstone@mail.house.gov

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Freel, Angelique

From: Joshua Cox <joshua.cox08@gmail.com>
Sent: Wednesday, December 07, 2022 3:35 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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To whom it may concern:

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Josh Cox
3113 Orleans Ave
New Orleans, LA 70119
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Freel, Angelique

From: Leslie Leavoy <lleavoy1@gmail.com>
Sent: Wednesday, December 07, 2022 3:43 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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To Whom It May Concern:

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Regards,

Leslie A. Leavoy

1463 Mithra St.

New Orleans, LA 70122

--

Leslie A. Leavoy
lleavoy1@gmail.com
337.401.8881
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Freel, Angelique

From: Scanlon, Judy <Judy.Scanlon@lcmchealth.org>
Sent: Wednesday, December 07, 2022 3:54 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Judy R Scanlon BSN, RN
Senior Director of Acute and Telemetry Services
East Jefferson General Hospital
LCMC Health
Judy.Scanlon@LCMCHealth.org

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Freel, Angelique

From: Olsen, Christopher <Christopher.Olsen@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:00 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Christopher Olsen

105 Chateau Papillon
Mandeville, LA. 70471
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Freel, Angelique

From: Allen, Ann Marie <AMAllen@libertybank.net>
Sent: Wednesday, December 07, 2022 4:01 PM
To: Freel, Angelique
Subject: I support the LCMC Health, Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Alden J. McDonald, Jr.
Chief Executive Officer
Liberty Bank and Trust Company
Phone: 504-240-5161
Email: ajmcdonald@libertybank.net
6600 Plaza Drive, Suite 600
New Orleans, LA 70127
www.libertybank.net

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bank shall be understood as neither given nor endorsed by it. Thank You. The information contained in this transmission may contain privileged and confidential information. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Freel, Angelique

From: Judy Scanlon <jscanlonrn@yahoo.com>
Sent: Wednesday, December 07, 2022 4:01 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Judy Scanlon

21 St Thomas Drive
Kenner, La
70065

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Freel, Angelique

From: Catherine Harrell <cstephens.harrell@gmail.com>
Sent: Wednesday, December 07, 2022 4:03 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Catherine S. Harrell
3955 S. Ramsey Drive
Baton Rouge, LA 70808
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Freel, Angelique

From: L. Narcisse <llnarcis@gmail.com>
Sent: Wednesday, December 07, 2022 4:05 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Sincerely,
Liana Narcisse
Louisiana Resident

--
Good judgment comes from experience, and experience comes from bad judgment.
- Barry LePatner
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Freel, Angelique

From: Fitz-Ritson, Aja N <aja.fitzritson@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:08 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm an Executive Coordinator at LCMC Health – Corporate and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Aja Fitz-Ritson
Executive Coordinator

LCMC Health
1100 Poydras St.
2500 Energy Centre
New Orleans, LA 70163

O: 504.702.4267
C: 904.566.0745

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Freel, Angelique

From: Parks, Jennifer L <Jennifer.Parks@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:11 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm the Chief Administrative Officer at East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

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Freel, Angelique

From: Muller, Windie V. <Windie.Muller@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:13 PM
To: Freel, Angelique
Subject: LCMC East Jefferson General Hospital Team Member

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To Whom It May Concern,

Thank you in advance for the opportunity to share this letter with you.

My name is Windie Vignes Muller, Senior Director of Post Acute Services at East Jefferson General Hospital (EJGH). I am entering my 40th year in the healthcare field and it is truly been a privilege to service the Jefferson Parish and Orleans community over many years. I am a native of Metairie, Louisiana and am extremely committed and dedicated to the field of Rehabilitation. I currently manage the Inpatient Rehab Unit, the Skilled Nursing Unit, the Geriatric Behavioral Unit, the Wellness Center, Outpatient Rehabilitation and the Physical, Occupational and Speech Therapy teams.

My letter to you is to share the positive outcomes that EJGH has experienced since we were purchases by LCMC. Our team was most familiar with LCMC since they were managing Children's Hospital, West Jefferson Medical Center, Touro, and New Orleans East Hospital and Touro. It was an exciting day when we found out that LCMC was going to buy us and fully commit to our organization and the community. EJGH was unable to survive independently without becoming a part of a health system. We were fortunate to have LCMC purchase EJGH and now we have become a part of a health system that I am most proud to work with.

Over my years of working in many hospitals in the New Orleans area, LCMC healthcare has been a breath of fresh air to us at EJGH. The best part is that LCMC has continued the great personalized culture we have here and added even more to make us extraordinary!! Our team has felt most welcomed to become part of LCMC as of day one. LCMC has a personal touch with care that makes us more than a number. We actually feel part of a great team that serves many across our community. In addition, shortly after the purchase, we were quick to see capital dollars roll into EJGH with upgrades on the exterior part of the building to enlarging the Emergency Department and the Surgery Department. It means a lot to see the hospital move from a maintaining position to proactive in technology, growth, and team member engagement and patient satisfaction.

I was unsure how my career would end several years ago, but now I stand confident with LCMC in my future and the future of our community.
I am one thankful team member of LCMC and proud to call myself part of the LCMC family.

Warmest Regards,
Windie

Sent from Mail for Windows

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Freel, Angelique

From: Sconza, Jean <Jean.Sconza@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:26 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a director of Quality Management at East Jefferson General Hospital LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jean Sconza, PhD, RN
Director, Quality Management

East Jefferson General Hospital
4200 Houma Blvd.
Metairie, LA 70006

O 504.503.6958

jean.sconza@LCMChealth.org
ejgh.org

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Freel, Angelique

From: Tanzella, Richard <Richard.Tanzella@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:39 PM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

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As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I am the President and Chief executive Officer at East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Richard Tanzella
President & Chief Executive Officer
LCMC- East Jefferson General Hospital

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Freel, Angelique

From: Adamcewicz, Paula C. <Paula.Adamcewicz@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:46 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Paula Adamcewicz BSN, RN, NE-BC, MEDSURG-BC
Senior Director of Women and Newborn Care

East Jefferson General Hospital
4200 Houma Blvd.
Metairie, LA 70006

O 504.503.6002
F 504.503.5486

Paula.Adamcewicz@LCMChealth.org
ejgh.org

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Freel, Angelique

From: Rabalais, Lauren <Lauren.Rabalais@lcmchealth.org>
Sent: Wednesday, December 07, 2022 4:47 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

Importance: High

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern:

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I have the pleasure of serving as the AVP of Academic Affairs for LCMC Health. Previously, I served in the role of Director of Academic Affairs at University Medical Center New Orleans. In my time with this organization, I have seen the true value LCMC Health places in high-quality patient care and employees like myself. I tell everyone how I am blessed to work for an organization that cares so much about the well-being of its patients and employees.

Before I joined the LCMC Health family of hospitals, I spent several years at a Baton Rouge teaching hospital, also serving in a leadership role within academic affairs.
I can tell you from my own experience working in different health systems---the importance LCMC Health places on the level of excellence for 1) patient care within the Greater New Orleans community and 2) academics and our future healthcare workforce-----it is like no other.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community. I am extremely excited about the potential for this partnership and its positive impact. I urge you to support the proposed LCMC Health – Tulane University partnership.

Thank you for your consideration.

Sincerely,

Lauren Rabalais, MPA
AVP, Academic Affairs

LCMC Health
1100 Poydras St, 2500 Energy Center
New Orleans, LA 70163

O 504.702.4496

Lauren.Rabalais@LCMChealth.org
LCMChealth.org/academicaffairs

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Freel, Angelique

From: Hawkins, Tara <Tara.Hawkins@lcmchealth.org>
Sent: Wednesday, December 07, 2022 5:00 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a CBO Acute Director at LCMC Westpark location and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Tara Hawkins
System Director Acute Central Business Office

LCMC Health
Westpark Campus
3401 General DeGaulle Drive
New Orleans, LA 70114

O 504-702-4675
F 504-702-4861
C 504-717-5867

Tara.hawkins@LCMChealth.org
LCMC health.org

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Freel, Angelique

From: Stroderd, Jared <Jared.Stroderd@lcmchealth.org>
Sent: Wednesday, December 07, 2022 5:26 PM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Vice President of Finance & Analytics at LCMC Health and have seen the value LCMC Health places in high-quality patient care and employees like myself.

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jared Stroderd
Vice President of Finance & Analytics

LCMC Health
1100 Poydras Street
2500 Energy Center
New Orleans, LA 70163

D 504.896.2847
C 504.615.5015
F 504.896.3088

jared.stroderd@LCMChealth.org
LCMChealth.org

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Freel, Angelique

From: Arceneaux, Karen <Karen.Arceneaux@lcmchealth.org>
Sent: Wednesday, December 07, 2022 5:26 PM
To: Freel, Angelique
Subject: I support the LCMC Health - Tulane University Partnership

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I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Karen Arceneaux
4200 Houma Blvd.
Metairie, LA 70006

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Freel, Angelique

From: Hunter, Scott <Scott.Hunter@lcmchealth.org>
Sent: Wednesday, December 07, 2022 5:45 PM
To: Freel, Angelique
Subject: I support LCMC - Tulane Partnership

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Subject: I support the LCMC Health – Tulane University Partnership

As a leader at LCMC Health, I am proud to support the proposed partnership with Tulane University. I'm a Sr. Director at East Jefferson General Hospital and have seen the value LCMC Health places in high-quality patient care and employees like myself.

With the addition of the Tulane hospitals into the LCMC Health system, this partnership will bring LCMC Health and Tulane University employees new and expanded opportunities for growth and advancement. We have the opportunity to transform the healthcare landscape by bringing new investments and growing our teaching mission, all while serving the community.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Scott Hunter

Scott Hunter, MSN, RN-BC
Sr. Director Nursing
Critical Care (ICU/CCU)
Emergency Department (ED/OEU)
Respiratory (Respiratory, Pulmonary, Wound Care/HBO Center)
Dialysis

East Jefferson General Hospital
4200 Houma Blvd.
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O 504.503.5963
scott.hunter@LCMChealth.org
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Freel, Angelique

From: Boh, Erin E <eboh@tulane.edu>
Sent: Wednesday, December 07, 2022 6:15 PM
To: Freel, Angelique
Subject: support for Tulane and LCMC partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As an employee of Tulane Medical School, I am proud to support the proposed partnership with LCMC. This partnership will create an integrated and comprehensive health system that will offer best-in-class, destination health care located right here in our community. The majority of services provided at Tulane Medical Center will shift to nearby University Medical Center New Orleans and East Jefferson General Hospital. Some outpatient services will remain at Tulane Medical Center, which will become home to a new nursing program, meeting a critical need in our state for nursing staff.

Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials.
Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities. It will expand opportunities to
train the next generation of doctors, nurses and other health car professionals.
I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Erin Boh Boh MD PhD FAAD
Joseph Chastain Professor of Dermatology
Professor & Chair
Department of Dermatology
Tulane University School of Medicine
New Orleans LA

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Freel, Angelique

From: JRK <jasonrking@gmail.com>
Sent: Wednesday, December 07, 2022 6:50 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Jason King
733 Solomon Place
New Orleans 70119
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Freel, Angelique

From: Mohiuddin, Ahmed <Ahmed.Mohiuddin@lcmchealth.org>
Sent: Wednesday, December 07, 2022 6:55 PM
To: Freel, Angelique
Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Ahmed Mohiuddin MD MBA
Chief Physician Officer

East Jefferson General Hospital
4200 Houma Blvd.
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O 504.503.5250
C 803.429.3929

ahmed.mohiuddin@LCMChealth.org
ejgh.org

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Freel, Angelique

From: Maraganore, Demetrius <dmaraganore@tulane.edu>
Sent: Wednesday, December 07, 2022 7:30 PM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern:

With this email I give my most emphatic, highest support for the Tulane-LCMC Partnership.

I am a neurologist. I have been in leadership positions at: 1) the Mayo Clinic in Rochester, MN (where I trained, was then faculty for 20 years, and then served as the system wide Chief of the Movement Disorders Division), 2) at NorthShore University HealthSystem in Chicago (where I was Chair of Neurology and co-Director of the NorthShore Neurological Institute), 3) at the University of Florida, where I has an endowed Chair in Alzheimer's Disease Research, and 4) now at Tulane (where I am Chair of Neurology, and co-Director of the Center for Clinical Neurosciences). I have been a physician for 37 years, and have worked in some of the most acclaimed medical centers in the world. I believe my experiences to be relevant to this discussion.

I support the Tulane-LCMC Partnership for the following reasons:

- Our vision for neurology at Tulane is to lead change: from survivorship to thriver-ship, creating a culture of joy. The LCMC Health affiliation is powerful support of our change vision.
- LCMC Health has demonstrated a clear interest in Tulane Neurology, as evidenced by: 1) our established University Medical Center (UMC) inpatient service, 2) our established UMC residents clinics, 3) compensation for Tulane neurology resident slots, 4) the anticipated launch in 2023 of the multidisciplinary Tulane-LSU-UMC Parkinson's Disease Center, 5) the anticipated relocation and consolidation of the multidisciplinary Tulane Healthy Brain Aging Initiative at UMC also in 2023 (https://tulanedoctorsneuro.com/healthy-brain-aging-initiative/) . Further, at East Jefferson Hospital, 5) we have recently launched a Tulane neurocritical care service, and 6) Tulane neurology outpatient clinics at that venue receive many referrals from hospital.
- We will be on one electronic medical record (EMR) platform, Epic, inpatient and outpatient. EPIC is considered by many to be best EMR in the world. This will improve the efficiency of our clinical practices. It will facilitate quality improvement and practice-based research in neurology using the EMR. It will also improve fair billing and collections.

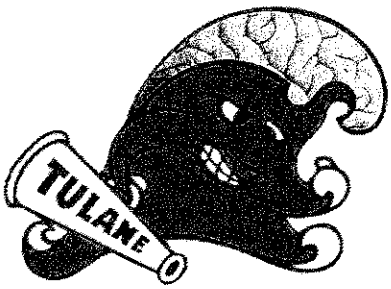
- We will collaboratively build the premier academic neurology service line in the New Orleans region with two medical schools and a health system partner that are local and committed to this community. Even predating this announcement, there have been meetings of Tulane and LSU neurology and UMC hospital leadership to create EMR referral orders, triage algorithms, general neurology access, and to envision additional new programs.
- There will be no immediate changes following the approval of the Tulane-LCMC Partnership. It will be a strategic process of incremental change over two years. The needs of the community we serve and of our Tulane employees will be addressed thoughtfully.
- Tulane and LCMC Health are committed to retaining the faculty and staff at Tulane Health System who support inpatient and outpatient services. We anticipate new positions and opportunities with growth initiatives.
- We fully expect that the education of our medical students and residents will benefit from the LCMC Health relationship, to include better facilities, a better EMR platform, and a larger referral source of patients, with more inpatient and outpatient practice sites. We are encouraged that the new relationship will support residency program growth, clinical research, and our overall academic mission.

The Tulane-LCMC Partnership, if approved, will transform healthcare in New Orleans, Louisiana, and the Gulf Coast and South-Central US regions. I plead for your support.

In Brain Health,

Demetri

Demetrius M. Maraganore, MD, FAAN
Chair of the Department of Neurology
Professor of Neurology
Herbert J. Harvey, Jr. Chair in Neurosciences
Co-director of the Tulane Center for Clinical Neurosciences
Tulane University School of Medicine
131 S. Robertson Street, Ste. 1300 #8047
New Orleans, LA 70112 U.S.A.
Office: +1 (504) 988-2235/ Fax: +1 (504) 988-5793/ Cell: +1 (847) 912-5771
https://news.tulane.edu/news/neurology-chair-dedicated-dementia-prevention-and-brain-health



We Teach. We Innovate. We Care.

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Freel, Angelique

From: Acuff, Katie E. <kacuff@tulane.edu>
Sent: Wednesday, December 07, 2022 7:40 PM
To: Freel, Angelique
Subject: Support of Tulane/LCMC partnership

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As an employee of Tulane University, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Katie Acuff, Esq.
ASSOCIATE VICE PRESIDENT | OFFICE OF ADVANCEMENT | TULANE UNIVERSITY
O: 504.314.7334 | C: 504.491.1930 | E: kacuff@tulane.edu

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Freel, Angelique

From: Justin Lorio <justin.lorio1998@gmail.com>
Sent: Wednesday, December 07, 2022 8:30 PM
To: Freel, Angelique
Subject: Subject: I support the LCMC Health – Tulane University Partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Justin Lorio

932 Sena Dr.

Metairie, LA

70005

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Freel, Angelique

From: Greg Elder <gregelder7@gmail.com>
Sent: Wednesday, December 07, 2022 8:40 PM
To: Freel, Angelique
Subject: LCMC HEALTH AND TULANE

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Gregory Elder
869 Chretien Point Ave.
Covington, La. 70433
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Freel, Angelique

From: Rhonda Elder <rhondaelder@gmail.com>
Sent: Wednesday, December 07, 2022 8:47 PM
To: Freel, Angelique
Subject: LCMC Health – Tulane University partnership

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LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Rhonda R. Elder
869 Chretien Point Ave.
Covington, LA 70433

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Freel, Angelique

From: Jennifer L. Avegno M.D. <Jennifer.Avegno@nola.gov>
Sent: Thursday, December 08, 2022 7:30 AM
To: Freel, Angelique
Subject: Support for LCMC/Tulane partnership - public comment for today's meeting

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Dear Ms. Freel:

As the Director of the New Orleans Health Department and a practicing physician in New Orleans, I write in support of the proposed collaboration between LCMC Health and Tulane University. This partnership is a critical opportunity to improve access to high quality care for residents, advance medical education and training, and strengthen the biomedical sector in the region.

The partnership between LCMC and Tulane unites community and academic medicine - a partnership that will have important implications for graduate medical education. It creates more opportunities for medical residents to rotate at facilities across the region, enhancing the care provided to patients today and strengthening the pipeline of healthcare professionals who will choose to make New Orleans the place they practice in the future.

The financial investments that both entities have committed to this collaboration are also greatly needed. Funding for capital and programmatic improvements will be used to maintain the highest clinical standards of care and patient experience, invest in new equipment and facilities, and ensure that health care facilities attract the best and brightest medical providers. New investments by LCMC and Tulane University will also drive job creation and economic activity in and around downtown New Orleans.

The union of these two well-respected organizations is a win-win for the city of New Orleans and its residents and I urge the State to grant its approval.

Sincerely,

Dr. Jennifer Avegno
Director, New Orleans Health Department

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Freel, Angelique

From: Hanemann, Cynthia W <chaneman@tulane.edu>
Sent: Thursday, December 08, 2022 8:31 AM
To: Freel, Angelique
Subject: Support for Tulane-LCMC Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To the Office of the Attorney General:

As an employee of Tulane Medical School, I am proud to support the proposed partnership with LCMC. Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. Teaching hospitals provide patients with increased access to the latest medical breakthroughs and clinical trials. Tulane along with LSU and LCMC will transform the future of healthcare in our region by creating centers of extraordinary care for our communities.

The partnership between LCMC Health and Tulane University will be transformational for the New Orleans region, and greatly benefit patients, staff, and our community.
It will advance groundbreaking research, innovative technology, and lifesaving treatments that ensure patients and communities can receive the highest quality of care, right here in the greater New Orleans region.

It will expand opportunities to train the next generation of physicians, nurses, and scientists.
This partnership will increase access to comprehensive care in downtown New Orleans and create new hubs for specialty care, innovation, and academic medicine in both Orleans and Jefferson Parishes.
The organizations involved will be collaborating and working together to put patients' best interests first to make great things happen.

Maintaining access to affordable, high quality health care is essential to this partnership.

This partnership will create an integrated and comprehensive health system that will offer best-in-class, destination health care located right here in our community.
The majority of services provided at Tulane Medical Center will shift to nearby University Medical Center New Orleans and East Jefferson General Hospital. Some outpatient services will remain at Tulane Medical Center, which will become home to a new nursing program, meeting a critical need in our state for nursing staff.

Why?

LCMC Health and Tulane University are mission-based organizations that call Southeast Louisiana home.

We have shared values and a vision to partner to bring the best of community healthcare and academic medicine to all those we serve.

This partnership will strengthen the relationship between LCMC Health and Tulane University which already exists at Children's Hospital.
It will also deepen Tulane's long standing relationship with LSU Health.

Academic Medical Centers (teaching hospitals)

Academic medical centers are the birthplace of new treatments and technologies, and they provide the most complex and high-quality care. These technologies and treatments are often the drivers of growth, which create industries and jobs that improve quality of life for the entire region.

These centers are unique with doctors and researchers all working together to provide to create new therapeutics, treatments and increased clinical trials that are only possible with academic medical centers.

The partnership will make UMC stronger and create a new teaching hospital in Jefferson Parish, creating a robust health care system which will allow LA citizens to stay home for their care and bring new patients for outside the region looking for quality care.

Medical schools and major teaching hospitals also provide communities with the kind of complex care often unavailable elsewhere and provide treatment for a disproportionately high percentage of Medicare and Medicaid beneficiaries, and the uninsured.

Education & Training
Tulane University, LCMC Health, and LSU Health's shared commitment will create more opportunities for students and residents to rotate at facilities across the region. These training experiences will not only enhance the care provided to patients today, but strengthen the pipeline of physicians, nurses and others who will choose to make New Orleans the place they live and practice for decades to come.

As a result of this partnership, Tulane will be creating a new nursing program in downtown New Orleans. We already know the nursing shortage that is affecting healthcare systems and communities across the country. This shortage is felt deeply in Louisiana, where almost one-third (29%) of Registered Nurses
plan to retire within 10 years.

Tulane University's new nursing program will create new paths and expand the pipeline of students eager to enter the nursing field – making meaningful progress towards addressing the projected 2,475 unfilled full-time nursing positions projected in New Orleans by 2025.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Kind regards,

Cynthia W. Hanemann, MD, FACR
Professor of Radiology
Interim Chair of Radiology
Tulane University School of Medicine
(504) 988-7627
chaneman@tulane.edu

Freel, Angelique

From: Beverly Brooks Thompson <bthompson@carter.global>
Sent: Thursday, December 08, 2022 8:56 AM
To: Freel, Angelique
Subject: Health – Tulane University Partnership

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Health – Tulane University Partnership

LCMC Health and Tulane University have announced plans to join forces to expand access to comprehensive and specialty care across Southeast Louisiana, enhance the region's capabilities as a destination for medical innovation and training, and provide extensive community investments and benefits. I am proud to support the proposed partnership. Both organizations call Louisiana home and have contributed significantly to the vibrancy of our state.

Upon approval of the proposed partnership, Tulane Medical Center, Lakeview Regional Medical Center, and Tulane Lakeside Hospital will join LCMC Health. The majority of services provided at Tulane Medical Center will shift to East Jefferson General Hospital and University Medical Center New Orleans.

This partnership will bring together an award-winning, community-based healthcare system and a nationally recognized, leading research university, resulting in the collaboration our state and region need to make Louisiana a destination for healthcare.

I urge you to support the proposed LCMC Health – Tulane University partnership. Thank you for your consideration.

Beverly Brooks Thompson, PhD, CFRE
1521 Sugar Cane Lane
Baton Rouge La 70810
225.274.6420 C

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Exhibit M

Freel Declaration
Exhibit B

State of Louisiana
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
P.O. BOX 94005
BATON ROUGE
70804-9005

Jeff Landry
Attorney General

December 28, 2022

Kenneth W. Field
Jones Day
51 Louisiana Avenue N.W.
Washington, D.C. 20001

Louisiana Children's Medical Center
Attn: Jody Martin
Senior Vice President, Chief Legal Officer
1100 Poydras St., Suite 2500
New Orleans, LA 70163

Tulane Educational Fund
Tulane University
Attn: Victoria D. Johnson
General Counsel
6823 St. Charles Ave.
300 Gibson Hall
New Orleans, LA 70118

HCA Healthcare, Inc.
Attn: Joseph A. Sowell, III
Senior VP and Chief Development Officer
One Park Plaza, Bldg. 2
Nashville, TN 37203

Re: ***Application for Certificate of Public Advantage – Louisiana Children's Medical Center/LCMC Health; The Administrators of the Tulane Educational Fund; Columbia/HCA of New Orleans, Inc.; Medical Center of Baton Rouge, Inc.; Columbia Healthcare System of Louisiana, Inc.; HCA Inc.***

Dear Counsel:

This correspondence is intended to serve as notification that the above-referenced application for Certificate of Public Advantage, filed with this office pursuant to La. R.S. 40:2254.1, et seq. on October 10, 2022 and supplemented on November 2, 2022, November 4, 2022, November 10, 2022, November 15, 2022, and November 18, 2022 (collectively referred to herein as "COPA

Application"), is hereby approved. The approval is based on the representations and information contained in the COPA Application, criteria set forth in Louisiana law and regulations, testimony at the public hearing held on December 8, 2022, and the large number of public comments received.

The approval is subject to the following conditions:

1. The execution of all documents necessary to close the transaction as described in the COPA Application;

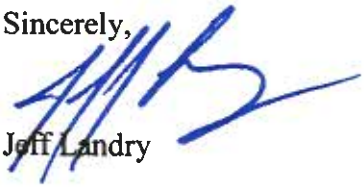
2. Pursuant to Louisiana Revised Statute 40:2254.11 and the regulations promulgated in accordance therewith, the submission of annual reports, as more specifically described in the Terms and Conditions of Compliance attached hereto;

3. Full compliance with all requirements described in the Terms and Conditions of Compliance attached hereto.

Please note that the annual reports will be due on or before December 28th of the applicable year ("Anniversary Date"), quarterly reports will be due in 90-day increments from the Anniversary Date, and semi-annual reports will be due in 180-day increments from the Anniversary Date.

Should you have any questions or comments, please let us know.

Sincerely,



Jeff Landry

Encl.: Terms and Conditions of Compliance

Exhibit N

Freel Declaration
Exhibit C

Jeff Landry
Attorney General

State of Louisiana
DEPARTMENT OF JUSTICE
CIVIL DIVISION
P.O. BOX 94005
BATON ROUGE
70804-9005

CERTIFICATE OF PUBLIC ADVANTAGE

TERMS AND CONDITIONS OF COMPLIANCE FOR:

LOUISIANA CHILDREN'S MEDICAL CENTER/LCMC HEALTH; THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND; COLUMBIA/HCA OF NEW ORLEANS, INC.; MEDICAL CENTER OF BATON ROUGE, INC.; COLUMBIA HEALTHCARE SYSTEM OF LOUISIANA, INC.; HCA INC. (referred to herein as "Applicants")

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CERTIFICATE OF PUBLIC ADVANTAGE
TERMS AND CONDITIONS OF COMPLIANCE
Effective: December 28, 2022

I. Legally Binding Effect of these Terms and Conditions and Corrective Action Plans

A. Conditions of COPA Approval and Applicability of Terms and Conditions. The terms and conditions set forth herein ("Terms and Conditions") are required as a condition for approval of the Certificate of Public Advantage ("COPA") submitted by the above-named Applicants. The Louisiana Department of Justice, Office of the Attorney General ("DOJ") may, at any time, alter these terms and conditions as it deems necessary to ensure that the COPA meets statutory and regulatory requirements. Pursuant to the terms of the proposed transaction among the Applicants for which a COPA application was submitted, LCMC Health will become the sole owner of Tulane University Medical Center, Tulane Lakeside Hospital, and Lakeview Regional Medical Center (collectively, the "UHS Hospitals"). As the sole owner of the UHS Hospitals and the operator of LCMC Health's six hospitals (Children's Hospital New Orleans, East Jefferson General Hospital, New Orleans East Hospital,[1] Touro Infirmary, University Medical Center New Orleans, and West Jefferson Medical Center) (together with the UHS Hospitals, the "Combined Entity"), LCMC Health (the "New Health System") will serve as the sole continuing operator of the Combined Entity and the sole entity subject to these Terms and Conditions. The New Health System does not have the right to withdraw from these COPA Terms and Conditions during the term of the COPA. Further, pursuant to Louisiana Revised Statute 40:2254.4(D), any amendment to the terms of the transaction submitted by the Applicants or any material change in the operations or conduct of the New Health System shall be considered to be a new agreement and shall not take effect or occur until the DOJ has issued a new COPA approving such amendment or material change. The New Health System shall follow the timeframes and procedures set forth in the statutory and regulatory framework for COPA applications with regard to notifying the DOJ of any amendments or material changes.

B. Corrective Action Plan. If, at any time, the DOJ determines that an activity of the New Health System is inconsistent with the policy goals described in Louisiana Revised Statute 40:2254.1, *et. seq*, the DOJ will notify the New Health System that it must adopt a plan to correct any deficiency in its activities. Within thirty (30) calendar days of notification, the New Health System shall return a written corrective action plan to the DOJ responding to each cited deficiency, including timeframes for corrections, together with any additional evidence of compliance. If the DOJ determines that the corrective action plan does not sufficiently address each cited deficiency, it will notify the New Health System that it must submit a revised corrective action plan within twenty (20) days of notification. If the DOJ determines that the corrective action plan does sufficiently address each cited deficiency ("Corrective Action Plan"), the New Health System shall use best efforts to implement the Corrective Action Plan and submit progress reports to the DOJ as set forth therein.

[1] New Orleans East Hospital ("NOEH") is not owned by LCMC Health; LCMC Health manages NOEH, which is not financially integrated into LCMC Health. NOEH is a Hospital Service District hospital and a political subdivision of the state. Accordingly, NOEH contracts separately and is not part of the LCMC Health payor contracting process.

C. Remedies. If the DOJ is not satisfied with any submitted corrective action plan, if the New Health System fails to comply with the terms and conditions set forth herein, fails to comply with any Corrective Action Plan, or if the DOJ otherwise determines that the transaction is not resulting in lower health care costs or greater access to or quality of health care, the DOJ reserves the right to revoke the COPA as provided for in Louisiana Revised Statute 40:2254.6. Additionally, the DOJ may pursue any other enforcement mechanisms available to it by law, including but not limited to injunctive relief.

D. Court Costs and Attorney Fees. If it becomes necessary for the DOJ to file suit to enforce any provision of law, regulation, the terms and conditions of any Corrective Action Plan, or these terms and conditions, the New Health System shall be responsible for all costs associated with any such litigation, including but not limited to all court costs and attorneys' fees.

E. Release of Liability for Corrective Action Plans. Subject to Louisiana Revised Statute 40:2254.7, the approval of any Corrective Action Plan does not confer any responsibility or liability for damages on the State of Louisiana or any of its officers, directors, employees, agents, or consultants. Applicants and their successors and assigns hereby RELEASE AND FOREVER DISCHARGE the State of Louisiana and all of its officers, directors, employees, agents, and consultants from any and all damages claims, debts, demands, losses, and liabilities whatsoever, known or unknown, whether in law or in equity, resulting from, respecting, relating to, or arising out of any Corrective Action Plan, which either party now has or may later discover. The New Health System may appeal a final decision on a corrective action plan or rate review decision in the manner provided in the Administrative Procedure Act.

F. The New Health System may designate as "Confidential" and redact any document or material submitted to the DOJ that is exempt from disclosure under the Louisiana Public Records Act, including any document or material containing trade secret, proprietary, or competitively sensitive information. In accord with Louisiana Revised Statute 44:4 *et seq*. and other applicable statutes, rules, and regulations, nothing in the Terms and Conditions limits the New Health System from claiming any exceptions, exemptions, and limitations to the laws pertaining to public records.

II. Purpose and Vision – Creating Value for Louisiana Citizens

The purpose of COPA law and similar statute-regulated transactions is to better serve the citizens of Louisiana by pursuing and attaining the key aims of value-based healthcare, namely—

- Cost: Decreased costs of care
- Quality: Improved quality of care
- Access: Increased access to care

For COPA and other transactions, the State of Louisiana, through the Louisiana DOJ, aspires to work with healthcare organizations to help the DOJ and the nation to achieve these goals. For approval to be granted, the DOJ must have reasonable assurances that these goals will be met.

Ultimately, decreased costs, improved quality, and increased access to healthcare aim to create better patient engagement, higher patient satisfaction, and more value for patients.

III. Guiding Principles and Expectations for Monitoring

The New Health System agrees to pursue these goals and to employ these guiding principles, which will be key to monitoring the transaction and ensuring its future success.

A. Relevant Metrics: The New Health System will be responsible for gathering, analyzing, and presenting its performance on relevant metrics to cost, quality, and access on a regular basis. The DOJ reserves the right to change, add, or remove metrics as it deems necessary to ensure that the COPA meets statutory and regulatory requirements.

B. Competitive Benchmarking: The New Health System will be expected to measure and report its performance in cost, quality, and access compared to national benchmark or relevant peer competitors within the markets it serves, the State of Louisiana, or any other areas (such as neighboring states or similar metropolitan areas in other states, etc.) as appropriate and as may be added at the discretion of the DOJ as it deems necessary to ensure that the COPA meets statutory and regulatory requirements, to the extent that relevant information on such competitors is publicly available.

C. Continuous Improvement: The New Health System should strive to create, build, and maintain a culture of excellence and continuous improvement. The DOJ expects the New Health System to show meaningful improvement in cost, quality, and access every year. The New Health System should improve beyond its baseline performance (past performance for the quarter and year prior to approval), and also relative to its peer group or competitive set.

IV. Key Monitoring Elements in the Louisiana Statute

Louisiana Revised Statute 40:2254.11 provides as follows:

> If the department issues a certificate of public advantage, the facilities to whom the certificate has been issued shall submit a report to the department evaluating whether the cooperative, merger, joint venture, or consolidation agreement submitted to and approved by the department has been complied with during the preceding year and, if applicable, evaluating whether any terms and conditions imposed by the department when it issued the certificate have been met or otherwise satisfied during the preceding year. The report must be submitted annually or more frequently if required by the department. The department shall in turn issue findings as to whether the terms and conditions are being met or otherwise satisfied. The department shall keep copies of all reports and findings based on the reports.

Louisiana Admin. Code tit. 48, Part XXV, §517 outlines the information and supporting data that must be submitted by the New Health System. Annual reports following an approved COPA transaction shall include, but not be limited to, the following information:

- an update of all the information required in the COPA application;
- any change in the geographic territory that is served by the health care equipment, facilities, personnel, or services which are subject of the transaction;
- a detailed explanation of the actual effects of the transaction on each party, including any change in volume, market share, prices, and revenues;
- a detailed explanation of how the transaction has affected the cost, access, and quality of services provided by each party; and
- any additional information requested by the DOJ.

Louisiana Admin. Code tit. 48, Part XXV, §509 provides that the fee due with the filing of the reports required by Louisiana Revised Statute 40:2254.11 and described in Sections VIII-X shall be $15,000. If the actual cost incurred by the DOJ is greater, the parties involved shall pay any additional amounts due as instructed by the DOJ.

V. Structure of Monitoring

The DOJ will direct the monitoring of an approved COPA application. At its discretion, the DOJ may assign another existing or new department within the State of Louisiana, or an external organization, to monitor the New Health System and the terms of the COPA application, or to provide monitoring support to the DOJ. (The DOJ or other organization that does the monitoring is hereafter referred to as the "Monitoring Agency" or together, the "Monitoring Agencies").

The New Health System will be required to submit advanced written notice of certain events and reports that include specific information at the request of the Monitoring Agency. The Monitoring Agency will require reports according to the following schedule:

A. Rate Review – During the term of the COPA, the New Health System will be required to submit information related to changes in rates to the Monitoring Agency as described in Section VI.

B. Quarterly Reports – Quarterly reports will include an update on the transaction objectives as set forth in the COPA application and supplemental submission, with specific focus on updates on the investment and repurposing of facilities claims. Quarterly reports will be required for first three (3) years or until completion of application objectives, whichever is longer.

C. Semi-Annual Reports – Semi-annual reports will require submission of a set of key metrics tied to cost, quality, and access. The reports will be submitted semi-annually for first five (5) years following the transaction.

D. Annual Reports – During the term of the COPA, the New Health System will be required to submit annual reports that detail an update on its application, a description of any change

to geographic territory, any changes in volume, market share, prices, and revenues, and a detailed explanation of how the transaction has affected cost, quality, and access.

The time periods for which quarterly and semi-annual reports will be required may be shortened or extended at the discretion of the Monitoring Agency. All annual reports should be submitted on or before the anniversary of the COPA approval date. Quarterly reports are to be submitted in 90-day increments after the anniversary of the COPA approval date and semi-annual reports are to be submitted in 180-day increments, while applicable, after the anniversary of the COPA approval date. In the event of a hurricane, earthquake, flood, tornado, natural disaster, public health emergency, epidemic, pandemic or disease outbreak, or other force majeure event or "act of God" that affects the ability of the New Health System to submit a report during the time periods outlined herein, the New Health System must contact the DOJ to determine a late report submission date that is mutually agreed upon by the New Health System and the DOJ.

VI. Rate Review

A. The New Health System may not contract with a third-party payor for a change in rates for any services provided by such New Health System without the prior written approval of the DOJ. At least sixty (60) days before the proposed implementation of any change in rates for any services provided by the New Health System under a newly negotiated third-party payor contract, the New Health System shall submit any proposed changes in rates to the DOJ for approval. The information submitted to the DOJ must include, at a minimum:

i. Completion of any Rate Review application form which may be adopted by the DOJ;

ii. The proposed change in rate(s);

iii. For an agreement with a third-party payor other than an agreement with a managed care organization that provides or arranges for the provision of services under the Medicare or Medicaid programs, information showing:

a. That the New Health System and the third-party payor have agreed to the proposed rates;

b. Whether the proposed rates are less than the corresponding amounts in a relevant price index published by the Bureau of Labor Statistics of the United States Department of Labor relating to services for which the rates are proposed, or a comparable price index chosen by the DOJ if the relevant price index is abolished; and

c. If the proposed rates are above the corresponding amount in the relevant price index, a justification for proposing rates above the corresponding amounts in such index.

iv. To the extent allowed by federal law, for an agreement with a managed care organization that provides or arranges for the provision of services under the Medicare or Medicaid programs, information showing:

a. Whether the proposed rates are different from rates under an agreement that was in effect before the date of the transaction;

b. Whether the proposed rates are different from the rates most recently approved by the DOJ for the New Health System, if the DOJ has previously approved rates following the issuance of the COPA; and

c. If the rates exceed the rates those described in subparagraphs (a) or (b) of this paragraph, a justification for proposing rates in excess; and

v. Any information concerning costs, patient volumes, acuity, payor mix, or other information requested by the DOJ.

a. To the extent that the DOJ requests such information, such information shall be provided no later than twenty (20) business days from the request.

B. The Monitoring Agency shall approve or deny the proposed rate change within sixty (60) days from receipt of a notice of proposed rate change.

C. The rate review process intends to ensure that rates remain at a level that is supported by economic, cost, or other growth trend indicators. The DOJ, in its sole discretion, may designate an individual or entity to review the provided materials and make a recommendation to the DOJ. The Monitoring Agency may evaluate proposed rate increases by comparing the proposed rates to: (1) price indexes, (2) cost report data and trends, (3) governmental program rates, and (4) other information as provided by the New Health System or as deemed necessary by Monitoring Agency. Based on evaluation, the DOJ shall approve the proposed rates unless the DOJ determines that rates inappropriately exceed competitive rates for comparable services in the New Health System's market area.

VII. Notice

The New Health System must provide written notice to the DOJ at least ninety (90) days in advance of any mergers, acquisitions, joint ventures, or other partnership arrangements.

VIII. Report Elements – Quarterly Reports

The New Health System must submit quarterly reports, in accordance with the schedule set forth in Section V, providing an update on the transaction objectives cited in the COPA application regarding the investments and repurposing of facilities, including but not limited to the following:

A. Changes in services at the Tulane University Medical Center New Orleans ("TUMC") facility in Orleans Parish, to the extent available, related to:

i. Creation of new nursing program in Orleans Parish;
ii. Development of downtown campus;

B. Creation of a new, premier academic medical center and leading teaching institution in Jefferson Parish at East Jefferson General Hospital ("EJGH"), including:
   i. Transition or relocation of advanced clinical services from TUMC to EJGH;
   ii. Investment in capital improvements at EJGH, Tulane Lakeside, and Lakeview;

C. Creation of Centers of Excellence;

D. Engagement in medical research;

E. Expansion of electronic medical record system to Tulane Lakeside and Lakeview;

F. Access changes such as:
   i. Material openings, closures, or mergers of outpatient facilities;
   ii. Material openings, closures, or mergers of inpatient services; or
   iii. Material service line changes.

G. Any changes or events requiring reporting to The Joint Commission or other accrediting bodies, including any change in accreditation status.

IX. Report Elements – Semi-Annual Reports

The New Health System must submit semi-annual reports in accordance with the schedule set forth in Section V. To serve as long- and short-term baseline comparators, the New Health System should include data from one (1) year prior to the merger and one (1) quarter before the merger. Semi-annual reports should include data from these two (2) baseline comparators, in addition to the data from all preceding reports. Where possible, the New Health System should also compare the following measures to the top two (2) to four (4) competitors in the area. The semi-annual reports must include the following elements, to the extent available:

Cost

- Number of patients who benefited from charity care
- Description of capital investments
- Overall cost of agency nurses (details to be kept confidential)
- List of open care delivery positions
- Summary of charges billed and payments received for inpatient care, including drugs, from each facility
- Dollar value and service volume of programs and services for poor and underserved communities
- Final Medicare cost reports

Quality

- Patient satisfaction ratings

- Readmission rates
- A summary of quality improvement measures for each hospital
- CMS star ratings
- Leapfrog safety rating

Access

- Staffed bed changes greater than ten percent (10%) compared to the same period in the prior year.
- Inpatient volumes, broken down by major classifications such as pediatrics, women's health, Med Surg, ICU, etc.
- Outpatient volumes, broken down by each outpatient category, such as primary and specialty clinic visits, emergency department, outpatient surgery, etc.
- Emergency department times in minutes for each hospital
- Number of providers who have privileges to practice
- Current number of physicians, nurses, PAs in the market area and employed by the New Health System
- Number of newly recruited physicians seeing patients by the New Health System to the area in the past year

X. Report Elements – Annual Reports

In addition to the quarterly and semi-annual reports, the New Health System must submit annual reports as required by Louisiana law. The report must include all report elements listed for the quarterly and semi-annual reports, in addition to the following:

A. An update of all the information required in the application. Provide an update on the claims made in the initial and supplemental COPA applications.

B. Any change in the geographic territory that is served by the health care equipment, facilities, personnel, or services which are subject of the transaction. Provide detailed explanation of any change in geographic territory that is served by the health care equipment, facilities, personnel, or services which are subject to the transaction.

C. A detailed explanation of the actual effects of the transaction on each party, including any change in volume, market share, prices, and revenues:

i. Volume: Provide a detailed account of how volumes have been impacted by the transaction.

ii. Market share: Provide a detailed account of how market share has been impacted by the transaction.

iii. Price: Provide a detailed account of how prices have been impacted by the transaction. Provide prices for a key group of services/procedures – recommend the most common

ten (10) to thirty (30) procedures or services. Include charts that compare change in price to general inflation and health care inflation.

iv. Revenue: Provide a detailed account of how revenues have been impacted by the transaction.

D. A detailed explanation of how the transaction has affected the cost, access, and quality of services provided by each party. Provide a narrative explanation of the transaction's impact on cost, quality, and access.

XI. Release of Liability

Subject to Louisiana Revised Statute 40:2254.7, the granting of a COPA application does not confer any responsibility or liability for damages on the State of Louisiana or any of its officers, directors, employees, agents, or consultants. Applicants and their successors and assigns hereby RELEASE AND FOREVER DISCHARGE the State of Louisiana and all of its officers, directors, employees, agents, and consultants from any and all damages claims, debts, demands, losses, and liabilities whatsoever, known or unknown, whether in law or in equity, resulting from, respecting, relating to, or arising out of any COPA application or approval, which such party now has or may later discover.

Exhibit O

Freel Declaration
Exhibit D

State of Louisiana
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
P.O. BOX 94005
BATON ROUGE
70804-9005

Jeff Landry
Attorney General

June 30, 2023

Jody B. Martin
Chief Legal Officer
LCMC Health
1100 Poydras St.
New Orleans, LA 70163

RE: Rate Review Application April 21, 2023

Dear Jody:

Our office has reviewed LCMC Health's Rate Review Application submitted on April 21, 2023, and the subsequent submissions made during May 2023 and June 2023. Based on comparisons to Bureau of Labor Statistics data available, we believe the rate increases are reasonable, and we are approving the Blue Cross Blue Shield and United Healthcare contracts as provided by LCMC Health, with the following notations:

1. Regarding the Blue Cross Blue Shield contracts for Children's Hospital, Touro, University Medical Center, and West Jefferson Medical Center, the rate increases should not be effective until June 21, 2023 rather than the April 1, 2023 date used. However, given the number of claims and the system changes that would be required to re-bill these claims, we are willing to approve the April 1, 2023 effective date, if you delay the proposed second-year increase for these contracts to July 1, 2024 rather than April 1, 2024, this will result in LCMC receiving approximately the same increase if the June 21, 2023 effective date had been used.
2. We want to monitor the actual transplant cases performed by the Tulane Health System under the Blue Cross Blue Shield contract to ensure the caseload is comparable to historical volumes.
3. We strongly urge LCMC to comply with all provisions of Section VI, Rate Review Section of the Certificate of Public Advantage dated December 28, 2022. LCMC Health should devise processes, communication methods, and timelines that will allow for proper effective dates for rate review going forward.

If you have any questions or if you would like to discuss this matter further, feel free to contact us.

Sincerely,

Jeff Landry

Attorney General

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

LOUISIANA CHILDREN'S MEDICAL CENTER, d/b/a/ LCMC HEALTH, Plaintiff *v.* **MERRICK GARLAND,** in his official capacity as **ATTORNEY GENERAL OF THE UNITED STATES,** **UNITED STATES DEPARTMENT OF JUSTICE,** **FEDERAL TRADE COMMISSION**, and **UNITED STATES OF AMERICA,** Defendants	CIVIL ACTION No. 2:23-cv-1305, c/w 23-cv-1890 JUDGE LANCE M. AFRICK SECTION I MAGISTRATE JUDGE MICHAEL NORTH DIVISION 5
THIS DOCUMENT RELATES TO: Case No. 23-cv-1890	

NOTICE OF SUBMISSION

PLEASE TAKE NOTICE that the Motion for Summary Judgment filed by Respondents Louisiana Children's Medical Center and HCA Healthcare, Inc. ("the Hospitals") is set for submission on the 23rd day of August, 2023, at 9:00 a.m., before the Honorable Judge Lance M. Africk, United States District Court for the Eastern District of Louisiana, 500 Poydras Street, Courtroom C427, New Orleans, LA.

Dated: July 19, 2023

Respectfully submitted,

/s/ Sara Y. Razi

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