

IN THE MATTER OF *

ANNE ARUNDEL MEDICAL CENTER *

Docket No. 15-02-2360 *

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IN THE MATTER OF UNIVERSITY *

OF MARYLAND BALTIMORE *

WASHINGTON MEDICAL CENTER *

Docket No. 15-02-2361 *

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BEFORE THE

MARYLAND HEALTH CARE

COMMISSION

**ANNE ARUNDEL MEDICAL CENTER
RESPONSE TO EVIDENTIARY RULING**

Anne Arundel Medical Center, Inc. (“AAMC”), by its undersigned counsel, hereby responds to the January 23, 2017 letter ruling (“the **Evidentiary Ruling**”) in regard to certain evidence Chairman Tanio has entered into the record of the above-captioned Baltimore Upper Shore Cardiac Surgery Review (the “**Review**”) namely: (1) the relevant portion of the Virginia Health Information data set referenced in the Evidentiary Ruling, (2) recent data from the District of Columbia Discharge Database, (3) recent data from the Health Services Cost Review Commission Discharge Database, and (4) existing population projections for the 2020 calendar year (together, the “**Relevant Data**”).

The Relevant Data confirms that AAMC has the greatest potential to establish a low-cost, high-performance cardiac surgery program, improving access to cardiac surgery services in Anne Arundel County and the broader region without threatening the viability of any existing program (as Prince George’s Hospital Center and AAMC can, and should, coexist).

AAMC does not object to the use of the Relevant Data in this Review by Chairman Tanio, whose logically sound, conventional volume analysis found that AAMC, and not BWMC, would best achieve the kind of sustainable and financially feasible cardiac surgery program badly needed by the residents of Anne Arundel County and the larger region. Contrary objections are much ado about nothing. The population size of projected service areas is relevant to this Review. The number of cardiac surgery discharges is relevant. The cardiac use rate is relevant.¹ Indeed, as Chairman Tanio noted in his January 25, 2017 memorandum (the “**Memorandum**”), BWMC “actually used the D.C. Discharge Database in development of its case volume projections in development of its case volume projections, as would be expected.”² AAMC used data derived from the HSCRC and D.C. databases in its application as well.³

Through its consultants, AAMC has, and expects to continue to have, access to any necessary data derived from the HSCRC and D.C. Discharge databases. Nevertheless, AAMC endorses Chairman Tanio’s decision to “formally place copies of the discharge databases for CY 2009-2014 on one or more CDs that will remain under seal in this review.”⁴ AAMC plans to respond to comments on the Relevant Data within the five business day period set forth in the Evidentiary Ruling (that is, on or before February 10, 2017).

AAMC is encouraged by Chairman Tanio’s evident commitment to concluding this Review expeditiously as well as thoroughly. Nevertheless, in light of BWMC’s request that the Commission accommodate the vacation schedule of BWMC’s counsel, AAMC defers to the

¹ See, e.g., COMAR 10.24.17.05(A)(6)(a) (requiring applicants to “project demand for open heart surgery” including “the population in its proposed service area and an analysis of the market share” it expects in that service area).

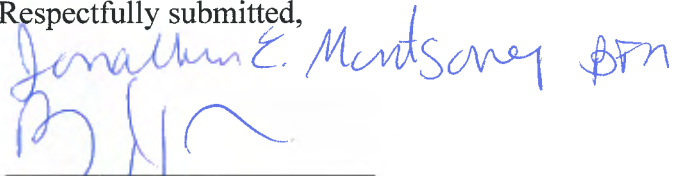
² Memorandum at 2.

³ See, e.g., AAMC Application at 133 (discussing cardiac surgery outmigration from Baltimore Upper Shore region in the context of anticipated AAMC cardiac surgery volumes).

⁴ Memorandum at 2.

Commission regarding whether to hold a hearing on this Review other than on the March date currently scheduled for a Commission meeting. In that event, and assuming the Commission wishes to schedule the hearing on a Thursday, AAMC would prefer February 23, March 2, or March 23.

Respectfully submitted,

Handwritten signature in blue ink that reads "Jonathan E. Montgomery" followed by a stylized monogram "JEM".

Jonathan E. Montgomery

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