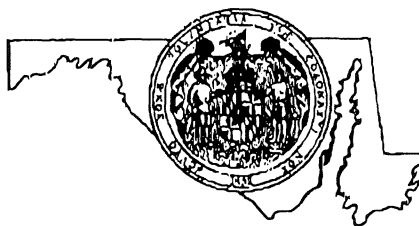


Gail R. Wilensky, Ph.D.
VICE CHAIR

STATE OF MARYLAND



Rex W. Cowdry, M.D.
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE - BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

February 23, 2007

Ms. Patricia M.C. Brown, Senior Counsel
Johns Hopkins Health System
600 North Wolfe Street
Administration 428
Baltimore, Maryland 21287

Re: Determination of Coverage by Certificate of Need — **White Marsh Surgery Center Series**

Dear Ms. Brown:

I write in response to your request for a determination of coverage by Certificate of Need ("CON") for **White Marsh Surgery Center Series (a series formed under JH Ventures LLC), 4924 Campbell Boulevard, Suite 250, White Marsh, Maryland 21236**. The proposed facility will have one sterile operating room and two non-sterile procedure rooms in an office setting.

The proposed sterile operating room, at 451 square feet in size, would be classified as a "Class C" operating room under the *Guidelines for Design and Construction of Hospitals and Health Care Facilities* of the American Institute of Architects Academy of Architecture for Health ("AIA Guidelines.") The proposed non-sterile procedure rooms, each at 273 and 270 square feet in size, would be classified as "Class A" rooms under the AIA Guidelines.

The AIA Guidelines define a "Class A" room as a "minor surgical procedure room" for "minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. Excluded are spinal, epidural axillary, stellate ganglion blocks, regional blocks (such as interscalene), supraclavicular, infraclavicular, and intravenous regional anesthesia." These latter methods of anesthesia are identified by the AIA Guidelines as appropriate for "Class B" or "C" operating rooms, rooms for intermediate to major procedures that are larger and are located within the "restricted corridors of a surgical suite." Procedures should not be performed in the procedure room under general anesthesia, or other methods appropriate for a Class B or C operating room, unless and until the facility seeks and obtains Commission approval for changes in its room configuration.

You have stated that general anesthesia and conscious sedation will be utilized for procedures performed in the operating room and local anesthesia and conscious sedation will be utilized for procedures performed in the rooms. This is consistent with the AIA Guidelines.

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In accordance with COMAR 10.24.01.05(A)(5)(c), you have furnished the Commission with the following information:

1. The name and address of the entity seeking to provide ambulatory surgical services, and the location where these services will be provided:

**White Marsh Surgery Center Series (a series formed under JH Ventures LLC),
4924 Campbell Boulevard, Suite 250,
White Marsh, Maryland 21236**

2. Documentation that the operating room or rooms will meet the requirements relating to the quality of care and patient safety necessary by obtaining State licensure, and, as required by regulations of the Office of Health Care Quality at COMAR 10.05.05.02B, will seek Medicare certification.

The facility will seek State licensure and Medicare certification.

Although the Commission's regulations require either State licensure or Medicare certification, facilities intending to obtain licensure by the Office of Health Care Quality (OHCQ) as an ambulatory surgery facility should be aware that for purposes of that licensure, OHCQ requires Medicare certification.

3. The number of operating rooms at the location:

There will be one sterile operating room and two non-sterile procedure rooms at the location.

4. The names of persons or organizations that have an ownership interest in the entity, and their officers, directors, partners, and owners:

Johns Hopkins Health System and Johns Hopkins University School of Medicine

5. The names of any other ambulatory facilities in which individuals listed in response to question 4 have an interest or other economic relationship, as an officer, director, partner, member, or owner:

**Ophthalmology Associates LLC
10755 Falls Road, Suite 110
Lutherville, Maryland 21093 and**

**Johns Hopkins Plastic Surgery Ambulatory Surgical Facility
601 N. Caroline Street, Room 8150
Baltimore, Maryland 21287**

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6. A listing of any other ambulatory surgical facility at the same address:

None known.

7. Contractual relationships to provide ambulatory surgical service between the entity and other health care facilities or health care providers who are not employees of the entity, or exercise only medical practice privileges at the location:

None.

8. The names and specialties of the health care practitioners to be performing surgical services at the facility and the types of surgery to be performed there:

Timothy Johnson, M.D.	Orthopedics
John Wilckens, M.D.	Orthopedics
Michael Trice, M.D.	Orthopedics
Steven Peterson, M.D.	Orthopedics
Mathew Kashima, M.D.	Otolaryngology
James Wright, M.D.	Urology
Kayode Williams, M.D.	Pain Management
Mack Mitchell, M.D.	Gastroenterology
Mark Worthington, M.D.	Gastroenterology
Scott Lifchez, M.D.	Plastic Surgery
Michelle Shermak, M.D.	Plastic Surgery
George Huggins, M.D.	Gynecology

Pursuant to Health General-Article, Section 19-114, et seq., and COMAR 10.24.01.05, you are not required to obtain a Certificate of Need, based on the facts set forth above. **You must notify the Commission if any of the facts in this letter are incorrect or if you intend to change any of the stated facts or representations.** This will allow the Commission to decide if this determination will remain in effect or whether the change requires a Certificate of Need.

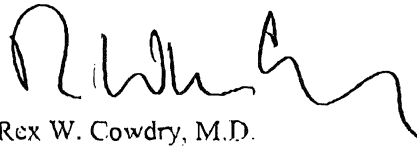
As provided in COMAR 10.24.01.05A(4), this determination remains in effect for two years from the date of this letter. If the capacity referenced in this letter is not established within that period, a new letter of determination must be obtained.

Finally, please be advised that the Commission may conduct an onsite inspection to verify that all facts and representations made concerning ambulatory surgical capacity located in a physician's office setting are consistent with the information you provided.

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If you have any questions regarding this letter, please contact Karen Rezabek at (410) 764-3259. Thank you for your attention to the health planning process.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Cowdry', with a long, sweeping horizontal line extending to the right.

Rex W. Cowdry, M.D.

cc: Pamela W. Barclay, Director, Center for Hospital Services
Paul E. Parker, Chief, Certificate of Need
Karen Rezabek, Health Policy Analyst
Christine Parent, Health Policy Analyst
Jane E. Pilliod, AAG
Ellen Clayton, R.N., Baltimore County Health Department
Barbara Fagan, Office of Health Care Quality