



January 13, 2024

Heidi Hedberg, Commissioner
Alaska Department of Public Health
3601 C St., Suite 902
Anchorage, AK 99503

Via E-mail and U.S. Mail

Re: Request for Additional Information – Alaska Regional Hospital’s Certificate of Need
Application for a Hospital Based Emergency Department in South Anchorage

Dear Commissioner Hedberg,

I write in response to your letter dated December 16, 2024, requesting additional information regarding Alaska Regional Hospital’s Certificate of Need Application (“Application”) for a new Hospital Based Emergency Department (“HBED”) in south Anchorage. On behalf of Alaska Regional, we appreciate your letter, and the opportunity to answer the Department’s questions about this critical project.

As I believe you are aware, Anchorage’s existing Emergency Departments have been stretched dangerously thin for the past several years – and the problem is getting worse. Last year alone, Anchorage’s existing Emergency Departments were closed to new patient transports (referred to as going on “divert”) for a combined total of **276 days**. Here at Alaska Regional, visits to our Emergency Department exceeded 2,500 visits per room, which is approximately **170%** of what the Department considers to be “full capacity.” Our team of ER doctors, nurses, and staff have done a tremendous job in difficult circumstances – but more capacity is needed, and soon.

To that end, Alaska Regional is proud to have proposed construction of a new HBED, which would represent a more than **\$17 million investment by Alaska Regional** in Anchorage’s emergency care infrastructure, with no taxpayer burden. This extension of our award-winning facility would be the closest emergency department to Kincaid Park, the Hillside Trail System, the Ted Stevens International Airport, Girdwood, and thousands of homes in west and south Anchorage.

Our responses to the questions in your letter are below. For ease of reference, I have included the original questions in italics, alongside our responses. If there are any further questions or requests, please do not hesitate to reach out.

General Review Standards

1. Documented Need (Standard #1)

- a. *The Department of Health aligns with the Department of Labor and Workforce Development’s definitions of boroughs, census areas, and economic regions. For emergency department services, the Department consistently applies the Service-Specific Review Standards (SSRS) to borough-level data, and in Anchorage’s case, to the entire Municipality, including Eagle River. The Department does not divide the*

Municipality of Anchorage into distinct service areas for the purposes of calculating capacity and projected need. Please clarify what Alaska Regional Hospital believes the Department should consider as compelling the division of the Municipality into separate service areas for this application, in opposition to the required SSRS methodology. Please provide detailed justification and supporting evidence for this proposed deviation from established standards.

Response:

Alaska Regional's application does not propose splitting Anchorage into different service areas. Rather, the application states that: "[t]he service area for the south Anchorage HBED is the entire Municipality of Anchorage."¹ The Application demonstrates that, using the Department's existing methodology, there is an existing shortage of ED beds across the entire Municipality of Anchorage, in an amount equal to (or greater) than the number Alaska Regional seeks approval to build.²

Notwithstanding, the Department is correct that Alaska Regional's application also identifies several specific areas and ZIP codes *within* Anchorage for which the proposed HBED would be the closest emergency room – often by a significant margin. As explained on page 47 of the Application, our objective in including this data, in addition to the required municipality-level data, was simply to demonstrate that “while Alaska Regional understands that the Department's calculation of need is done on a city-wide basis, the reality is that all existing ED beds in Anchorage are concentrated in an extremely small area.”

Indeed, Alaska Regional has consistently received feedback from the community that the concentration of existing ED beds in northeast Anchorage, all of which are within a 2-mile radius, impedes access for residents living in parts of west and south Anchorage. With reference to General Review Standard #3 (stakeholder participation), #5 (impact on existing system), and #6 (access), Alaska Regional's application includes specific analysis of how the south Anchorage facility will address these community concerns, improve access for underserved populations, and fill gaps in our city's existing ED system.

As with any project, projections of utilization must consider the specific area from which a proposed facility is likely to draw its patients. The ZIP code analysis on application pages 22-25 is an important supplement to the municipality-level data and helps provide an accurate projection of utilization for this project.

- b. Please provide supporting documentation from health care entities indicating agreement with this proposed, and newly identified service area for purposes of calculating capacity and projected need for CON applicable health care services.*

¹ See Application at page 22.

² See Application page 7.

Response:

As above, Alaska Regional's Application does not propose splitting Anchorage into different service areas. The calculation of need included on page 58 of the Application is based on a city-wide need, and the proposed service area is the entire Municipality.³

- c. Please include quantitative analyses of travel times, population density, and demographic factors that justify the creation of distinct service areas in the Municipality of Anchorage.*

Response:

As above, Alaska Regional's Application does not propose splitting Anchorage into distinct service areas.

- d. Clarify why the 12 pediatric rooms at Providence Alaska Medical Center (PAMC) were excluded from the existing capacity and projected need calculation, given the CON does not recognize these ED treatment rooms as "specialized."*

Response:

As the question suggests, the Department's methodology for calculating need requires that "specialized" emergency department rooms be excluded from the city-wide calculation of need for additional ED rooms. Although the Department's adopted standards and methodologies don't clearly define what constitutes a "specialized" ED rooms, the Department's prior CON decisions have excluded specialized ED which serve only specific subsets of the population, such as the ED at ANMC, which we were instructed to omit from our calculation during the 2023 CON submission process. In previous decisions, the Department has contrasted those specialized rooms with ED rooms at which "the entire population of the Municipality can be accepted and treated, without qualification."⁴

The specialized pediatric rooms at PAMC are not available to "the entire population of the Municipality, without exception," and therefore qualify as specialized under the Department's own interpretation of which rooms are properly included within a calculation of need.

At a more practical level, excluding pediatric rooms from the overall calculation of need is

³ See also Application at page 58 ("SAS = 100%, reflecting that the HBED will be open to 100% of the population of the Municipality, like Alaska Regional's main campus ED.")

⁴ See Application at page 53, fn. 43 (Discussing that, in the Department's evaluation of Alaska Regional's 2023 application, the Department emphasized that ANMC's ED beds could not be included in the calculation because ANMC "only serve[s] certain populations" whereas "the entire population of the Municipality can be accepted and treated, without qualification, at ARH and PAMC." However, "the entire population of the Municipality" is not eligible to be treated in the specialized *pediatric* rooms of PAMC, which supports exclusion of those rooms under the Department's prior approach to its methodology.

necessary because the Department's formula for calculating need looks at need from a city-wide viewpoint, requiring all existing ED rooms to be treated equally. Understandably, PAMC's pediatric rooms treat many fewer patients than ordinary ED rooms, and far fewer than the 1,500 visits/year standard.⁵ As a result, if the specialized pediatric rooms *were* included in the Municipality's total existing ED bed count, it would necessarily distort the calculation of need by requiring the remaining ED rooms to average *more* than 1,500 visits per room to make up the difference – leading to overcrowding, and creating a barrier for non-pediatric patients to receive timely care.

2. Financial Feasibility (Standard #2)

- a. Please provide specific details on who will cover transport costs for insured, uninsured, or underinsured patients.*

Response:

Alaska Regional will cover all costs associated with transportation between the HBED and main campus, in circumstances where such transport is medically necessary. That is the case for insured, uninsured and underinsured patients. This is discussed in the Application at page 10.

- b. Please provide copies of agreements or plans with emergency medical services (EMS) providers addressing financial and operational logistics for transfers.*

Response:

Unfortunately, no such agreements can be finalized until the Application is approved. We would note, respectfully, that there is no requirement (and the Department has no history of requiring) finalized contracts or agreements with providers during the CON application period. As stated above, the facility will cover costs associated with such transportation, as transfers between the HBED and main campus are considered transfers within Alaska Regional Hospital.

- c. Please provide a comprehensive analysis of potential increased transportation burdens on the Municipality of Anchorage's EMS system, including projected transport volumes and costs.*

Response:

As demonstrated in the Application, there is no likelihood of the HBED placing an additional burden on Anchorage's EMS system. To the contrary, the overall impact on Anchorage's EMS system is likely to be highly positive as our proposal has the potential to reduce travel times, alleviate congestion, and significantly reduce "wall times," all of which will enable a faster return of EMS crews and vehicles to availability for other emergencies.

First, the total number of additional transports is likely to be low. As discussed in the Application,

⁵ See Application at p. 54.

Alaska Regional's parent, HCA Healthcare, has successfully opened and operated more than 120 similar facilities nationwide. Data from those facilities has shown that fewer than 5% of patients at the HBED are likely to ever require additional transport to the main campus hospital.

Any impact from these few additional transports is likely to be more than offset by the reduction in overall transport time to the HBED, which will be the closest ED to at least 5 Anchorage ZIP codes, and the closest to Kincaid Park, the Ted Stevens International Airport, the Hillside Trail System, and Girdwood.

In addition to the reduction in transport times, construction of the HBED will help to reduce "wall time" for EMS units, which is the period from arrival at the ED until the patient can be transferred to care of the ED staff and return to service. Currently, EMS units often experience lengthy wall time waits, due to overcrowding in Anchorage's existing EDs.

Alaska Regional's perspective on this issue is informed by extensive outreach and discussion with Anchorage's existing EMS providers and first responders. In advance of submitting its application, representatives from Alaska Regional met with EMS leadership from the Anchorage Fire Department (including AFD Chief Ben Lewis and AFD Medical Director Dr. Levy on April 4, 2024) Girdwood Fire (including Chief Michelle Weston on April 22, 2024), and Chugiak Fire (including fire Chiefs Fisher and Sullivan on May 20, 2024), to discuss the project and to learn from their perspectives on how a new HBED might impact the existing EMS infrastructure.

The response was overwhelming, and positive. Girdwood Fire Chief Michelle Weston explained that an Emergency Department in the location proposed by Alaska Regional would shorten patient runs by up to 40 minutes, allowing Girdwood's limited EMS resources to get back into the community faster.

Firefighter Benjamin Simonds, of the Anchorage Fire Department, explained in his letter of support for the project that: *"[Existing] emergency rooms are consistently full with ambulances having to sit on wall time. A free-standing ER would alleviate some of that pressure and could possibly be a location ambulances could transport to for non-emergent calls."*

Similarly, Anchorage Emergency Services Dispatcher Frances Robinson explained, in her letter of support, that:

"As an Emergency Services Dispatcher, I am deeply familiar with the need for emergency care across the municipality of Anchorage. A freestanding ER would add vital emergency beds for the entire population and bring critical resources to our neighbors in south Anchorage, an area lacking in coverage."

Ambulances stationed in south Anchorage and even beyond would be able to respond quickly to emergencies with the addition of a new drop-off point. Time is of the essence in a medical emergency and the reduction in patient transport time can have a critical effect on patient outcome."

In total, first responders who either wrote letters of support or provided supportive comments for the HBED include:

1. Michelle Weston, Girdwood Fire Chief
2. Craig Goodrich, Retired Anchorage Fire Chief
3. Charlie Grimm, CEO, Alaska Medical Transport
4. Athena Grimm, COO, Alaska Medical Transport
5. Tyler Belk, Board Member, Firefighters Union, IAFF Local 1264
6. Margaret Griffo, Alaska Police/Fire Chaplain
7. Benjamin Simonds, Anchorage Fire Department
8. Nolan McLeod, Anchorage Fire Department, Paramedic
9. Frances Robinson, Anchorage Dispatch
10. Andrea Harding, Anchorage Dispatch

d. What is the estimated facility fee, per visit, for the proposed HBED compared to the similar facility fee, per visit, at ARH's hospital adjoined ED?

Response:

The proposed HBED will be a Joint Commission-accredited department of Alaska Regional, with identical pricing and rates as the hospital's main campus. As with any hospital stay, pricing depends on a variety of factors. However, there will be **no additional fee** for patients seen at the south Anchorage HBED relative to those seen at the main campus, and the small percentage of patients requiring a transfer to the main campus will not pay a second facility fee. This is addressed in the Application at page 36, which explains that, "the HBED will operate as a provider-based department under the license of Alaska Regional, and will operate with the same, policies, procedures, oversight and governance as Alaska Regional's main hospital ED, and will offer patients the same pricing and rates – without any additional transport costs, if patients need to be transported to the main campus."

Patients accessing the HBED are expected to be patients who otherwise would have accessed one of the existing Emergency Departments, so there should be no material impact of this project on the overall healthcare costs for residents.

e. What steps will ARH take to mitigate facility related fees and associated burden on patients, particularly for uninsured or underinsured populations?

Response:

As above, there will be no fees or increase in costs for patients of the HBED, as compared to patients at Alaska Regional's main campus. Alaska Regional's south Anchorage HBED will operate as an extension of the existing ED, and patients at the HBED will receive the same quality of emergency care as patients presenting to the main campus. The facility will be staffed by physicians trained in emergency medicine and the nursing staff will have similar credentials to those at Alaska Regional's main campus ED, and as a result, the HBED will have an identical charge structure as the main campus ED.

3. Stakeholder Participation (Standard #3).

- a. Please provide documentation of engagement with major healthcare providers in the Municipality of Anchorage, inclusive of associated meeting notes or letters of support.*

Response:

Our team at Alaska Regional has engaged in broad outreach with community stakeholders, including providers. Evidence of this is reflected in the many letters of support we received, including from:

1. Dr. Madhu Prasad, General Surgeon, Alaska Regional Hospital
2. Dr. Blaine Norton, Emergency Medicine, Alaska Regional Hospital
3. Dr. Ahmed Abuzaid, Cardiologist, Alaska Regional Hospital
4. Kevin Myrick, RN, Director of Stroke and Trauma, Alaska Regional Hospital
5. Dr. Sandra Denton, Alaska Alternative Medicine Clinic
6. Donna Phillips, RN, Labor Council Chair, Alaska Nurses Association
7. Sandy Lenichek, RN, MSN, CPHQ, Registered Nurse, Alaska Regional Hospital
8. Dr. Michale Ratzlaff, Pediatrician, Alaska Native Medical Center
9. Dr. Richard Taylor, Family Medicine
10. Hayley Toffolo, RN, Alaska Regional Hospital

In addition, letters of support received from leaders in health and healthcare related fields include:

1. Bonnie Payson, Executive Director, Pacific Health Coalition
2. Patrick Shier, Alaska Representative, Pacific Health Coalition
3. Harlow Robinson, Alaska Sports Hall of Fame
4. Eric Gurley, Executive Director, Access Alaska
5. Abbott-o-Rabbit Little League
6. Nicholas Larsen, CEO, Maple Springs
7. Jessica Frey, American Lung Association

Copies of these letters are attached to this response for reference.

- b. Please provide more specific information on how ARH engaged community stakeholders, to include EMS agencies, union representatives, and community councils, and provide demonstration of concerns raised and how ARH acknowledged these concerns.*

Response:

As described in the Application,⁶ Alaska Regional's staff and leadership have spent dozens of hours meeting with state, local, and community leaders, official community councils, and with the

⁶ See e.g., Application at pages 50-51.

community at large to discuss the proposed HBED. Perhaps the key “concern” that we have heard is that the project isn’t happening soon enough – and that ED overcrowding has only continued to grow worse. To address this concern, we have been diligent in working with the Department to demonstrate a need for more ED rooms in Anchorage.

Otherwise, the community response has been extremely positive. To help it better understand community attitudes and preferences, Alaska Regional commissioned a poll from Cooley Public Strategies in June of 2024. Results from that poll showed broad support for a south Anchorage ED. Specifically, Anchorage residents supported a south Anchorage ED by more than a 2:1 margin, and 79% agreed that “new emergency room in south Anchorage would provide resources needed for quick medical care in case of natural disasters, or workplace / large scale disasters.”

Of those critical of the project, Alaska Regional has found that their primary concerns stem from misinformation about the project. For example, many residents have raised concerns that a separate “facility fee” will be charged for patients that need transport to the main campus, or that the HBED won’t be staffed by qualified emergency physicians capable of offering a high level of emergency care. Both are untrue, and Alaska Regional has responded by offering the public accurate information during public community council meetings, at informational booths around the community, and online at its website.

4. Alternatives Considered

- a. Provide an analysis of urgent care or hybrid models that could address low-acuity emergent care in South Anchorage.*

Response:

Urgent care facilities are a critical piece of Anchorage’s healthcare infrastructure but cannot substitute for sufficient Emergency Department capacity. There are at least fourteen separate urgent care centers currently serving the Municipality (and several located in south Anchorage, near the proposed HBED site) but these facilities have not resulted in decreasing ED utilization in the Municipality of Anchorage, for the simple reason that they offer a fundamentally different type of care.

The HBED is being constructed to address the ongoing shortage of ED capacity, which is demonstrated in the Application and has existed in Anchorage for many years. There is no evidence that this shortage is driven by an insufficient number of urgent cares in Anchorage, and thus constructing more could not be expected to alleviate ED overcrowding.

Additionally, urgent care has limited ability to serve the community based on operating hours and are not required to treat all patients regardless of insurance and/or ability to pay. The HBED grants access to patients 24-7 and would be bound by EMTALA to treat patients.

- b. Overcrowding and the growing senior population are cited as key reasons for the proposed HBED. Notably, the Department approved ARH’s 2017 CON application to add a behavioral health unit, specifically an adult psychiatric unit, at its hospital. And,*

in February 2023, ARH closed its Medicare, Senior Care Clinic. Please clarify the following:

- c. Why does ARH consider the HBED model to be a more effective solution than expanding primary care or behavioral health services for addressing specific issues it had planned, or had been providing; as recently as 2023?*

Response:

Primary care and emergency care are fundamentally different facilities and services. Development of additional primary care sites would not address the problem of overcrowded hospital EDs given that such facilities are not equipped to handle emergencies, are not open 24/7, and typically lack the ancillary services required to provide emergency treatment. There is no evidence that this shortage of ED beds is driven by an insufficient number of primary care centers in Anchorage, and thus constructing more could not be expected to alleviate ED overcrowding.

With regard to behavioral health, even if behavioral health services were expanded in coming years, Alaska Regional still anticipates increased need for emergency care, as indicated by the Department's formula for calculating need. Moreover, some percentage of patients experiencing behavioral health crises will still present to the ED for evaluation and stabilization.

- d. How does the HBED model specifically address the needs of seniors and reduce emergency department overcrowding compared to alternative care models?*

Response:

As indicated above, primary care facilities for seniors are not a substitute for adequate emergency department capacity. As discussed in the Application, seniors are more likely than younger residents to experience emergencies that require care at an Emergency Department, and the Alaska State Plan for Senior Services 2024-2027 recognizes that, in addition to requiring more medical services (including emergency care), Alaska's senior citizens face greater difficulties associated with transportation, compared to the general population.⁷

The proposed south Anchorage HBED will address these concerns by creating additional ED capacity to alleviate overcrowding *and* by adding capacity that is closer to where many of Anchorage's seniors live.

5. Impact on Existing Systems (Standard #5).

- a. Given that EDs are more expensive than urgent care clinics for low-acuity conditions, how will the proposed HBED affect overall health care costs in the Municipality of Anchorage, and what measures will be implemented to prevent costlier care for conditions that could be appropriately treated in less expensive settings, such as urgent care clinics?*

⁷ See Application at page 16.

Response:

The HBED will follow the same procedures and protocols for care as the existing main-campus ED, including encouraging patients *without* need for emergency care to seek care at an appropriate facility or location.

Current data indicate that Alaska Regional's current approach in this regard is working. The vast majority of patients presenting to Alaska Regional's main-campus ED require emergency department care and could not be appropriately diverted to an urgent care. Last year, 80% of patients presenting to the main-campus ED were identified as being at an acuity level between 1 and 3,⁸ and Alaska Regional projects a similar level of acuity at the proposed south Anchorage HBED.

By contrast, there is no data or evidence to suggest that residents are currently being pushed into visiting EDs due to any shortage in urgent care capacity, or that having sufficient ED capacity to meet Anchorage's needs will unduly drive patients to an ED that would otherwise go to an urgent care.

Alaska Regional will continue to work on educating patients on appropriate ways to access care, but there is a need for more ED care in Anchorage which this project addresses.

- b. Please provide data supporting claims that the HBED will alleviate overcrowding across the Municipality of Anchorage's EDs without overburdening EMS resources.*

Response:

As noted above, any burden on existing EMS resources will be negligible: HCA Healthcare's successful history of operating more than 120 similar facilities has shown that fewer than 5% of patients are likely to require additional transport to the main-campus hospital, and that for any HBED patients that *do* require transport, Alaska Regional will take on the cost and responsibility associated with doing so.

Indeed, the impact on EMS resources will likely be positive. As noted above, representatives from Alaska Regional have met with EMS leadership from Anchorage Fire Department ("AFD"), Girdwood Fire, and Chugiak Fire. In their view, overall transport times would likely be reduced by the presence of an emergency department in south Anchorage. As stated by Girdwood Fire Chief Michelle Weston, in her letter of support:

Having a closer Emergency Room alternative would expand accessibility to care for patients that travel long distances by ground ambulance and decrease the ambulance turnaround time. Girdwood patient transports are 45-85 minutes from the closest hospital. This translates directly into a Girdwood ambulance being

⁸ Alaska Regional uses a standard acuity index, which scores patients on a scale of 1-5, with 1 being the most severe and 5 being the least severe.

utilized for 3-4 hours for a single incident. We estimate ambulance ground transports from the community of Hope to be 125 minutes and ground transports from the City of Whittier to be 80-110 minutes.

Although no data on transport times to the HBED currently exists (no emergency department has ever been built in south Anchorage), the Application includes an analysis of transportation times to and from the facility,⁹ which is approximately 15 minutes away, in optimal conditions, from the existing U-Med area.

The following table, included on page 23 of the Application, shows the number of ED visits in 2023 from individuals for whom the HBED would be the closest ED, and who may therefore have quicker access to care during emergencies, once the HBED is built:

Exhibit 9
2023 ED Visits in Nearby Area¹⁰

Zip Code	Alaska Native Medical Center	Alaska Regional Hospital	Providence Alaska Medical Center	All Other	Total
99502	2,545	1,812	3,693	195	8,245
99507	4,855	2,883	6,520	368	14,626
99515	1,871	1,372	3,436	175	6,854
99516	685	782	2,197	133	3,797
99518	1,021	817	1,734	94	3,666
Total	10,977	7,666	17,580	965	37,188

6. Access (Standard #6).

- a. Given the financial impact of ED facility fees on patients, particularly for low-acuity conditions, how will the proposed HBED ensure access to affordable health care, while preventing financial strain on uninsured or underinsured Alaskans?*

Response:

The south Anchorage HBED is necessary to alleviate overcrowding at Anchorage's existing EDs, which research shows "increases the cost of patient care, increases the length of patient stays, and results in worse patient health outcomes."¹¹

While no single healthcare facility can, by itself, "ensure access to affordable healthcare" or prevent the risk of "financial strain on uninsured or underinsured Alaskans," the Application demonstrates that increasing access to timely, appropriate, high-quality emergency care can

⁹ See e.g., Application at page 39.

¹⁰ Table uses patient ZIP code data from DOH.

¹¹ See Application at page 52, footnote 41.

improve patient outcomes, which in turn reduces the likelihood of further complications that can greatly impact the overall cost of care.

Additionally, Alaska Regional *will* ensure that the HBED follows the exact same pricing structure as the existing ED, meaning that Alaskans will have greater access to life-saving emergency medicine without any increase in costs.

Additionally, the HBED will be bound by EMTALA to provide emergency care to all patients, regardless of income or ability to pay.

Service-Specific Review Standards for Emergency Departments

7. Emergency Transport and Capacity Projections

- a. Clarify whether [utilization] projections include adjustments for alternative care options, such as urgent care centers or telemedicine, and behavioral health and senior care hospital adjoined health care services. For example, patients seeking care for behavioral health crises or senior-specific issues may not require an emergency department level services if other specialized facilities are available.*

Response:

At a threshold level, the Application's utilization projections contain no adjustments for alternative care options because the Department's standards prohibit them. Specifically, the Department's review methodology mandates that projected ED visits in the fifth year following completion must be derived by the following formula: $C5 = P5 \times SAS \times UR$.¹² Alaska Regional has applied that formula as required by the Department for purposes of calculating need, and has conservatively capped utilization at 1,500 visits per room based on the Department's standards – which all existing Alaska Regional rooms have exceeded for several years.

If the Department's formula is set aside, the actual need and utilization in future years will likely be far *above* the amount indicated by the formula. This is due, in part, to Anchorage's aging population, and is reflected in the trend data discussed in the Application at pages 24-27.

Further, some of the alternative care options identified in this question, including telemedicine and urgent care centers, do not provide the type of care available at an ED, and are not substitutes for constructing sufficient ED capacity in the Municipality. The presence of urgent care centers in the Municipality of Anchorage, generally, and South Anchorage, specifically, has not resulted in a

¹² C5 = caseload (emergency department visits) projected for the fifth year after project completion; UR = current utilization rate (average number of emergency department visits per year for the last three years, divided by population), to be determined on a service area basis; P5 = projected population for the fifth year after project completion; SAS (service area share) = the proposed service area's current share of the population to be served, as of the most recent geographic population estimates.

demand for ED services as evidenced by the increasing volume of ED visits serviced by Alaska Regional annually.

Conclusion

Again, we appreciate the Department's efforts on this project and appreciate the opportunity to respond to the questions raised above.

Sincerely,



Jennifer Opsut
CEO