RV2026-018

RECEIVED
July 15, 2026
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

BURR & FORMAN

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July 15, 2026

VIA EMAIL

Ms. Emily Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104
shpda.online@shpda.alabama.gov

Re: Request for Determination of Non-Reviewability
Baptist Health Walker Hospital (127-0530031)
Walker County, Alabama

Dear Ms. Marsal:

This firm represents Baptist Health Walker Hospital ("Walker"), an acute care hospital located in Jasper, Alabama that serves patients in Walker County and surrounding areas.[1] Walker is the only licensed acute care hospital located in Walker County. Walker's defined service area is Walker County, Alabama. Walker is not owned by any other Alabama licensed healthcare facility and is operated as part of Baptist Health (a joint venture between Baptist Health System and Orlando Health).

Pursuant to Alabama Certificate of Need Program Rules and Regulations ("CON Rules(s)") § 410-1-7-.02, Walker requests a determination that providing elective therapeutic cardiac catheterization services in an existing cardiac catheterization laboratory, under applicable thresholds, is not subject to certificate of need ("CON") review under *Ala. Code* § 22-21-260 *et. seq*., and the CON Rules. Pursuant to CON Rule § 410-1-7-.02, a $1200.00 filing fee is being paid to the Alabama State Health Planning and Development Agency ("SHPDA") via the online payment portal. To assist with your determination, we submit the following information:

[1] Contact information for Walker is as follows: Baptist Health Walker Hospital, 3400 Highway 78 East, Jasper, Alabama 35501; Attn: Jeremy Gallman, CEO, (833) 251-9899.

Walker currently provides diagnostic cardiac catheterization services at its facility within its existing cardiac catheterization laboratory ("Cath Lab"). Walker also provides emergent therapeutic/interventional cardiac catheterization services within its Cath Lab. All services provided within the Cath Lab are provided on behalf of Walker. Walker desires to begin providing elective therapeutic/interventional cardiac catheterization services. The elective therapeutic cardiac catheterization services will be provided within Walker's existing Cath Lab. Thus, an additional cardiac catheterization laboratory is not being added at Walker as part of this project.

In accordance with the 2024-2027 Alabama State Health Plan, Walker has a written transfer agreement with Baptist Health Princeton Hospital, which operates an existing open-heart program within 45 minutes by air or ground ambulance service door to door. Walker either already satisfies, or will ensure that it satisfies before providing any elective therapeutic cardiac catheterization services within its existing Cath Lab, the following criteria:

- Walker will maintain 24 hour, 7 day a week continuous coverage by at least one interventional cardiologist and catheterization laboratory team for primary percutaneous coronary intervention ("PCI") treatment of ST elevation myocardial infarction;

- Walker will participate in a recognized national registry for cardiac catheterizations and PCI procedures;

- Walker will obtain informed patient consent for all elective PCI procedures, including an informed consent process in which it is clearly stated that Walker does not offer open-heart surgery and that the patient may request at any time to be transferred to a hospital with open-heart surgery capabilities to undergo the PCI procedure;

- Walker will conduct quarterly quality review of the elective PCI services under the supervision of its serving interventional cardiologists; and

- Walker will use its best efforts to perform a minimum of 200 PCI cases per year. If Walker performs less than 150 PCI cases per year after the second full year of initiating elective therapeutic cardiac catheterization services, Walker will agree to an independent quality review of its cardiac catheterization program by an outside interventional cardiologist who is a member of the American College of Cardiology. Walker will report a summary of such quality review confidentially to SHPDA.

No new health services will be provided as a result of this project, as Walker currently provides cardiac catheterization services at its facility within its Cath Lab. Thus, this project does not

involve "new 'fixed-based' cardiac catheterization services", as Walker already provides fixed-based cardiac catheterization services.

In connection with the entire project, the total cost of construction is anticipated to be approximately $0.00; the total cost for the purchase of major medical equipment is anticipated to be approximately $0.00; other capital costs are anticipated to be less than approximately $25,000.00; and new first year annual operating costs are estimated to be approximately $150,000.00; none of which will exceed the capital expenditure thresholds set forth in *Ala. Code* § 22-21-263 and CON Rule § 410-1-4-.01 (as adjusted in SHPDA's Memorandum dated September 16, 2025). Thus, the project will be less than the capital expenditure thresholds set forth in *Ala. Code* § 22-21-263 and CON Rule § 410-1-4-.01 (as adjusted in SHPDA's Memorandum dated September 16, 2025). All expenditures will be incurred by Walker.

The project will not involve the addition of inpatient beds or the conversion of beds from one classification to another as described in CON Rule § 410-1-4-.01.

The project will not involve a change in ownership of Walker.

Consequently, the proposal does not constitute a "new institutional health service" subject to CON Review, as the proposal does not include:

(1) the construction, development, acquisition through lease or purchase or other establishment of a new health care facility or health maintenance organization;

(2) any expenditure by or on behalf of a health care facility which, as a capital expenditure, exceeds the CON statutory threshold for major medical equipment, new annual operating costs, or any other capital expenditure by or on behalf of a health care facility;

(3) any change in the existing licensed bed capacity of a health care facility;

(4) any health service which is proposed to be offered in or through a health care facility which was not offered on a regular basis in or through a health care facility within the preceding 12-month period; or

(5) any other reviewable event under the existing CON Rules.

Accordingly, based on the above, Walker requests your determination that the aforementioned project is not subject to CON review under *Ala. Code* § 22-21-260 *et seq*. and the CON Rules, and is permissible without further filings or requests to SHPDA. We appreciate your response to this matter, and please do not hesitate to contact us should you need additional information.

Sincerely,

Kelli Fleming

KCF/ks

cc: Jeremy Gallman, Walker CEO

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he is the CEO of Baptist Health Walker Hospital, has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Affiant: _____ (SEAL)

SUBSCRIBED AND SWORN to before me this 15 day of July, 2026.

_____
Notary Public

My Commission Expires: February 4, 2029

MALINDA MORGAN
NOTARY
PUBLIC
STATE OF ALABAMA

My Commission Expires:
February 4, 2029

RV2026-018

RECEIVED
Aug. 13, 2026
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

BURR & FORMAN

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August 13, 2026

VIA EMAIL

Ms. Emily Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104
shpda.online@shpda.alabama.gov

Re: Additional Information – Request for Determination of Non-Reviewability
RV2026-018
Baptist Health Walker Hospital

Dear Ms. Marsal:

As you are aware, this firm represents Baptist Heath Walker Hospital ("Walker"). Pursuant to Alabama Certificate of Need Program Rules and Regulations ("CON Rules(s)") § 410-1-7-.02, on or around July 15, 2026, Walker filed a determination request that providing elective therapeutic cardiac catheterization services in an existing cardiac catheterization laboratory, under applicable thresholds, is not subject to certificate of need ("CON") review under *Ala. Code* § 22-21-260 *et. seq*., and the CON Rules. Walker's request was designated RV2026-018 ("Request").

We are in receipt of the July 21, 2026 letter from the State Health Planning and Development Agency ("SHPDA") requesting additional information concerning Walker's Request. Walker hereby responds to SHPDA's letter dated July 21, 2026 requesting additional information and provides the following additional information for SHPDA's additional review, consideration, and determination that the proposal described in the Request is non-reviewable under the current CON Rules.

1. **Please reference the Certificate of Need (CON) associated with this filing.**

On or around April 3, 1989, Walker (known at the time as Walker Regional Medical Center) received CON 1065-H (Project AL-8095) to open a cardiac catheterization laboratory and to "expand cardiac catheterization and angiography services." A copy of CON 1065-H is attached as Attachment A.

2. **The applicant proposes to provide elective therapeutic/interventional cardiac catheterization services in the existing cardiac catheterization laboratory within Baptist Health Walker Hospital. Although the request asserts an additional cardiac catheterization laboratory is not being added at the hospital as part of this project, Ala. Admin. Code r. 410-2-3-.03(1)(b)(3) requires that an applicant perform 1,000 equivalent procedures per unit (80% of capacity) for each of the past two years to apply for expansion of catheterization services regardless of the utilization of other facilities in the county. Please provide the Agency with the cardiac catheterization procedure equivalents for each of the past two (2) years regarding the existing cardiac catheterization laboratory in Jasper, Alabama.**

After reviewing *Ala. Admin. Code* § 410-2-3-.03(1)(b)(3), Walker's interpretation is that the capacity threshold for expansion of existing services is not applicable to this particular project. *Ala. Admin. Code* § 410-2-3-.03(1)(b)(3) is only applicable for projects proposing to expand by adding a new cardiac catheterization laboratory, and thus, sets forth a capacity threshold before additional capital expenditures can be made for an additional laboratory. The relevant State Health Plan section, *Ala. Admin. Code* § 410-2-3-.03(1), covers "fixed-based cardiac catheterization laboratories". With regard to this project, Walker is not expanding with an additional "fixed-based cardiac catheterization laboratory", but instead is requesting to alter the types of cardiac catheterization services that may be performed within the existing cardiac catheterization laboratory. Thus, Walker is not expanding its cardiac catheterization laboratory in the manner addressed by *Ala. Admin. Code* § 410-2-3-.03(1).

Further, Walker already has the ability to provide therapeutic/interventional cardiac catheterization services on an emergent basis in its existing lab. Walker is merely proposing to have the ability to provide those same services on a non-emergent basis. Thus, this is not a new institutional health service, as such term is used under CON law, as such services are already capable of being provided at Walker.

Accordingly, based on the above, Walker requests your determination that this project is not subject to CON review under *Ala. Code* § 22-21-260 *et seq.* and the CON Rules, and is permissible without further filings or requests to SHPDA.

I appreciate your response to this matter, and please do not hesitate to contact me should you need additional information or have any further questions.

Sincerely,

Kelli Fleming

KCF/tm

Affirmation of Requesting Party:

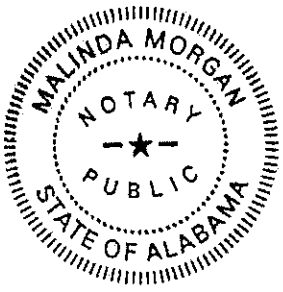
The undersigned, being first duly sworn, hereby make oath or affirm that he is the CEO of Walker Baptist Medical Center has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Affiant: _____ (SEAL)

SUBSCRIBED AND SWORN to before me this 12 day of August, 2026.

Malinda Morgan
Notary Public

My Commission Expires: February 4, 2029



My Commission Expires:
February 4, 2029

ATTACHMENT A

05300031

HD-504
(7-84)

ALABAMA
STATE HEALTH PLANNING AGENCY
CERTIFICATE OF NEED FOR HOSPITALS
AND RELATED HEALTH FACILITIES

I. IDENTIFICATION		
1. Certificate of Need Number 1065-H	2. Date Issued April 3, 1989	3. Termination Date April 2, 1990
4. Project Number AL-8095	5. Name of Facility Walker Regional Medical Center	
6. Service Area Walker	7. Location of Facility Jasper, Alabama	
8. Type of Facility Hospital	9. Number of Beds N/A	10. Estimated Cost $1,759,062.00

11. Services to be provided

To expand cardiac catheterization and angiography services.

II. CERTIFICATE OF NEED

In accordance with the provisions of Act 82, of the first Special Session of 1977 as amended by Act No. 82-770 of the Second Special Session, 1982 (Title 22, Chapter 21, Article 9 Code of Alabama 1975) approved July 8, 1982.

1. Findings of the Certificate of Need Review Board.

2. There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.

3. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

III. ISSUANCE OF CERTIFICATE OF NEED

This Certificate of Need is issued in favor of Walker Regional Medical Center only, for a period not to exceed 12 months from the date of issuance. This Certificate of Need is not transferable and any action on the part of the Applicant to transfer this Certificate of Need will render the Certificate of Need null and void.

Charlie E. Stewart
Executive Director (Acting)

Original

127-05 30031

RULING OF THE CERTIFICATE OF NEED REVIEW BOARD

AL-8095 WALKER REGIONAL MEDICAL CENTER
JASPER, ALABAMA

FACTS:

1. This is an application to expand current cardiac angiography services to add left heart catheterizations, resulting in full service diagnostic heart catheterization services. Existing space in the hospital will be renovated for a catheterization laboratory at a cost of $210,000, and an ANGIO SKOP D33 will be purchased at a cost of $1,329,062 and other equipment at a cost of $220,000. The total cost of this project is $1,759,062. The applicant currently offers right heart catheterizations, pacemaker implants, and a variety of angiography studies. The project will be paid for from the applicant's funded depreciation account.

2. Cardiac catheterization guidelines are contained on page 261 of the applicable 1985-1988 Alabama State Health Plan. Guideline number one states that there should be a minimum of 300 cardiac catheterization, of which at least 200 should be intracardiac or coronary artery catheterizations, performed annually in any adult cardiac catheterization unit within three years after initiation. Based on the population estimates published by the Center for Economics and Business Research at the University of Alabama, and catherization use rates, there were approximately 744 catheterization procedures were performed per 100,000 population for 1987. Given the applicant's service area population, an estimated 1,610 procedures were performed on residents of the service area. Applying the applicant's overall market share, 397 procedures could be performed at Walker Regional Medical Center(WRMC). Guideline 1 is therefore satisfied.

   Guideline 2 is inapplicable since the applicant does not propose to perform pediatric catheterizations.

   Guideline (3) states there should be no new cardiac catheterization unit opened in any facility not performing open heart surgery. The applicant does not currently perform open heart surgery. However, the applicant will only perform diagnostic procedures in the catheterization laboratory. The CON Revied Board has approved in the last year a number of projects proposing catheterization labs where the applicant only proposed diagnostic catheterization services.

   Guideline (4) states there should be no additional adult cardiac catheterization unit opened unless the number of studies per year in each existing unit in the health service area is greater than 500 , No facilities in the applicant's primary service area have a catheterization laboratory. Cullman Medical Center, located in the applicant's secondary service area has been approved to perform catheterization services with a part-time mobile unit. Less than 1% of the applicant's patients reside in Cullman county. Walker County is in HSA III. Though three hospitals in HSA III are performing less than 500 catheterization procedures per room per year, the average number of procedures in HSA III as 743 per laboratory in 1987.

3. The applicant is the largest hospital and provides the largest range of service in its service area. Currently patients requiring the services of a cardiac catheterization lab in the applicant's service area have to travel to Birmingham metropolitan area, approximately 50 miles southeast of Jasper. Some patients requiring the proposed service are medically unstable vis-a-vis transportation to Birmingham. This project will increase the accessibility of services in the applicant's service area.

4. The current angiographic studies performed at WRMC are performed in a routine fluoroscopic room, resulting in longer than desirable procedures and exposure to higher amounts of contrast materials. The applicant will be able to do its current angiographic studies in the proposed laboratory, which will increase efficiency and quality of these services and decrease the unit cost, time per procedure and risk per procedure.

5. The applicant's long range plan foresees its continuance as a state of the art provider of healthcare services in its region. In doing so, WRMC is committed to technological growth, community leadership and education, and continuing to address the specific needs of its service area. Expanding its catheterization services to include full diagnostic capabilities and heightening its angiography capabilities are consistent with WRMC's long range objectives.

6. The project should have very little effect on existing services or facilities in the medical service area, except to better serve the surrounding counties and their hospitals.

7. The only alternative to this proposal would be to continue the status quo. This is not a less costly, more appropriate or more efficient alternative since the proposal will enable patients to obtain services locally, thereby avoiding travel costs, and charges for the service at the applicant's facility may be less than, and do not exceed, charges for these services in Jefferson County. In addition, the project will enable the applicant to perform its current angiography services more efficiently. Charges for current services will not increase as a result of this project.

Based upon the foregoing facts and other supporting evidence of record, the Certificate of Need Review Board makes the following findings:

(a) The proposed service is consistent with the latest approved revision of the State Health Plan effective at the time the application was received by the State Agency. The State Health Plan addresses open heart surgery with guidelines only, and this application adequately meets those guidelines.

(b) The development of less costly, more efficient or more appropriate alternatives to the proposed service have been studied, but such alternatives are neither practicable nor available.

(c) Existing inpatient facilities providing the proposed service are being used in an appropriate and efficient manner consistent with community demands for services.

(d) This project does not involve new construction.

(e) Patients will experience serious problems in obtaining inpatient care of the type proposed in the absence of the proposed service.

By vote of the Certificate of Need Review Board for the reasons herein stated, Project Number AL-8095 is hereby approved.

John H. Edge, Chairman
Certificate of Need Review Board

Done this 14th day of February, 1989.