State of Maryland Bond Bill Fact Sheet

1. Senate Bill #	House Bill #	2. Nam	e of Bill			
SB187	HB186	Maryland Consolidated Capital Bond Loan of 2002 Western				
		Maryland Health System Project				
3. Senate Bill Spo	onsors		House Bill Sponsors			
Senator John J. Ha	fer		Delegate George C. Edwards			
			Allegany County Delegation			
4. Jurisdiction (Co	ounty or Baltimo	re City)	5. Requested Amount			
Allegany County			\$545,000			
6. Purpose of Bill						
This bill authorizes a state grant to the Board of Directors of the Western Maryland Health System						
for the acquistion, planning, design, construction, and capital equipping of the emergency						
department to be located on Willowbrook Road, Cumberland, MD.						
7. Matching Fund Requirements						
The bill requires a matching fund that may consist of funds expended prior to the effective date of						
this Act.						
8. Special Provisions						
No portion of the proceeds of the loan or any of the matching funds may be used for the furtherance						
of sectarian religious instruction, or in connection with the design, acquisition, or construction of						
any building used or to be used as a place of sectarian religious worship or instruction, or in						
connection with any program or department of divinity for any religious denomination.						
9. Description and Purpose of Grantee Organization						
Hospital Mission Statement: The mission of the Western Maryland Health System is to improve the						
health status and quality of life of the individuals and the community we serve, especially those in						
need. We provide patient and family centered services through responsible management of our						
human and fiscal resources.						

The Western Maryland Health System serves Allegany and Garrett Counties and portions of West Virginia and Pennsylvania. It provides a general acute care and a full range of medical, surgical, emergency and diagnostic services. The Health System operates the only Open Heart Surgery and Angioplasty service west of Baltimore. Further, the Health System operates the only acute psychiatric service within a 60 mile radius and is a Level III Trauma Service certified by MIEMSS.

10. Description and Purpose of Project

The current Emergency Departments are inadequately designed and out-moded in their ability to serve the much higher volume of patients requiring services for cardiac, psychiatric, and other types of emergency care. New construction will provide for better ambulance access, a chest pain/short-stay observation area, expanded treatment rooms and triage areas, improved accommodations for psychiatric/substance abuse patients, decontamination chamber and enhanced intake, registration and waiting areas. It is estimated that an additional 12,220 patients will visit the emergency department, increasing total visits to 70,412 per year.

The initiation of the Health System's Open Heart Surgery and Angioplasty programs created a much higher than anticipated demand for cardiac care. In fact, in the first year of operation, volumes of CABG and PTCA procedures exceeded second year program projections. It is estimated that there will be an additional 890 cardiac related visits for a total of 5,143 visits per year.

The Health System provides the only acute inpatient psychiatric care in Allegany and Garrett Counties. The hospital's Emergency Department is the primary site for psychiatric emergency and crisis intervention in the tri-state area. Within the past year volumes of psychiatric emergencies have increased over 50% in the hospital's Emergency Department. Facilities are inadequate to serve this volume of patients which will continue to increase. It is estimated that an additional 700 emergency mental health cases will be seen for a total of 2,343 cases per year.

Round all amounts to the nearest \$1,000. The totals in Items 11 (Estimated Capital Costs) and 12 (Proposed Funding Sources) must match. The proposed funding sources must not include the value of real property unless an equivalent value is shown under Estimated Capital Costs.

11. Estimated Capi	tal Costs						
Acquisition				0			
Design		750,444					
Construction			6,253,697				
Equipment			0				
		Total		7,004,141			
12. Proposed Fund	ing Sources – (List all fu	nding sources	and amo	unts.)			
	Source		Amount				
Requested State Gran	nt			545,000			
Western Maryland H	ealth System Foundation		75,000				
WMHS Funds (cash)		6,384,141					
		7,004,141					
13. Project Schedu	13. Project Schedule						
Begin Design	Complete Design	Begin Construction		Complete Construction			
April 2005	December 2005	March 2006		February 2009			

14. Total Private Funds and Pledges Raised as of January 2005		15. Current Number of People Served Annually at Project Site		Annually at	Serv	6. Number of People to be Served Annually After the Project is Complete			
	\$75,000			58,1			70,412		
				cipients in	Past 15 Years				
0	ve Session	Amou	-			Purpos			
1995		\$50	0,000	Frostburg	Community Ho	spital (Conversion		
18. Lega	I Name and	Address of	f Gran	itee	Project Addres	ss (If D	Different)		
Western	Maryland He	alth Systen	n		P.O. Box 539 Cumberland, M	D 215	01-0539		
19. Cont	act Name an	d Title			Contact Phone		Email A	ddress	
	. Pommett, J				301.723.5236		ommett@wm		
	President/Ex		ector		2011.20.0200	1.14			
				301.723.1604	kre	krepac@wmhs.com			
			301.723.6420	ktı	kturley@wmhs.com				
Administ									
U	lative Distri		v	•	ated	1			
U	l Status of G								
Loc	al Govt.	ŀ	For Pro	ofit	Non Profit Fe			ederal	
	tee Legal R				23. If Match I				
Name:	Robert S. P		re		FF		es/No		
Phone:	301.777.15	15			Been Done?		N/A		
Address					If Yes, List	t Appr	aisal Dates a	nd Value	
. . .	McMullen, I	Paye & Gett	ty						
-	ect Square	02							
Cumberla	and, MD 215	02							
24. Impa	ct of Projec	t on Staffir	ng and	Operating	g Cost at Projec	et Site			
Current # of EmployeesProjected # of Employees			Current Operating Budget		•	Projected Operating Budget			
	66 79		\$3,497,6	\$3,497,613 \$4,1					
25. Own	ership of Pr	roperty (Int	fo Req	uested by T	Treasurer's Offic	e for b	ond issuance	purposes)	
A. Will	the grantee	own or leas	se the	property t	o be improved?	,		Own	
B. If owned, does the grantee plan to sell within 15 years?						No			
C. Does	the grantee	intend to l	ease a	ny portion	of the property	y to oth	hers?	No	
D. If pro	operty is ow	ned by gra	ntee a	nd any spa	nce is to be lease	ed, pro	ovide the follo	owing:	
Lessee					Cost Covered by	Square Footage			
N/A					Terms of Lea	ase	Lease	Leased	

E. If property is leased by grantee – Provide the following:								
Name of Leaser	Length of Lease	Options to Renew						
N/A								
26. Building Square Footage:	I							
Current Space GSF			18,361					
Space to Be Renovated GSF								
New GSF		23,298						
27. Year of Construction of Any Structures Proposed for								
Renovation, Restoration or Conversion								
28. Comments:								