City of Las Cruces®

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Council Action and Executive Summary

Item # 12 Ordinance/Resolution# 2689

For Meeting of August 5, 2013 (Ordinance First Reading Date)

For Meeting of August 19, 2013 (Adoption Date)

Please check box that applies to this item:

☒QUASI JUDICIAL ☐LEGISLATIVE ☐ADMINISTRATIVE

TITLE: AN ORDINANCE CONDITIONALLY APPROVING A ZONE CHANGE FOR A 30.75 ACRE PORTION OF PARCEL 02-03647 FROM R-1A (SINGLE- FAMILY MEDIUM DENSITY RESIDENTIAL) TO C-3C (LIMITED HIGH INTENSITY COMMERCIAL, CONDITIONAL) FOR 23.44 ACRES AND TO R-4C (LIMITED MULTI-FAMILY HIGH DENSITY RESIDENTIAL, CONDITIONAL) FOR 7.31 ACRES, LOCATED AT 2700 N. MAIN STREET (CASE NO. Z2860). SUBMITTED BY THE PARK RIDGE PROPERTIES LLLP ON BEHALF OF THE PROPERTY OWNER, THE LAS CRUCES COUNTRY CLUB INC.

PURPOSE(S) OF ACTION:

Zone change.

COUNCIL DISTRICT: 1		
Drafter/Staff Contact: Susana Montana, Planner	**Department/Section:** Community Development/ Building and Development Services	**Phone:** 528-3207
City Manager Signature:		

BACKGROUND / KEY ISSUES / CONTRIBUTING FACTORS:

The 30-acre rezoning area lies within the 110 acre former Las Cruces Country Club golf course which is zoned for single-family homes. The property also lies within the City's Infill Development Overlay District which encourages the re-development of underutilized properties within the center of the City. The country club ceased operation at that location in 2011 after 83 years. The Park Ridge group would like to develop a small hospital with associated medical offices and out-patient rehabilitation and assisted living facilities in the 30 acre rezoning area. The existing R-1a zoning would not allow those uses. The applicants seek a limited C-3C zoning to allow the hospital; a heliport as a special use; health/exercise club/gymnasium/sports instruction facilities; business offices; consulting; institutional offices; laboratories; medical/dental offices; café/cafeteria/coffee shops or restaurants; health care clinic (non-hospital); and similar uses. The applicants also seek a limited R-4C zoning to allow assisted living/skilled nursing

facilities; rehabilitation recreational courts; health/exercise clubs; and gymnasium/sports rehabilitation facilities which are accessory to the C-3C medical facilities.

The remaining 80 acres of the country club site would remain R-1a (Single-Family Medium Density Residential); however, the entire 110 acre parcel is the subject of a Planned Unit Development (PUD) application that features the subject medical campus as part of a mixed-use development including residential, commercial and institutional land uses which is currently under staff review. This PUD Concept Plan, if approved by City Council, would incorporate the proposed 30 acre C-3C and R-4C zones into the PUD.

On June 25, 2013, the Planning and Zoning Commission (Commission) recommended approval of the proposed zone change request by a vote of 3-2, (one Commissioner recused himself, one Commissioner vacancy). During the meeting, several members of the public expressed both support and opposition for the proposal. Opponents focused on alternate uses for the property, compatibility, noise, traffic, visual impacts, and hospital operations. Supporters of the project discussed revitalization of the area, reuse of the property, positive impacts to the surrounding neighborhood, and improvement to the property. The Commission discussed the appropriateness of the range of uses, the effects of the development (positive and negative), and the desire to see the plan for the entire 110 acre property. Please see Attachment "B" for the complete minutes from the Planning and Zoning Commission meeting.

SUPPORT INFORMATION:

1. Ordinance.
2. Exhibit "A", C-3C Rezoning Area Map and Legal Description.
3. Exhibit "B", R-4C Rezoning Area Map and Legal Description.
4. Exhibit "C", Findings.
5. Attachment "A", Staff Report to the Planning and Zoning Commission.
6. Attachment "B", Draft Minutes from the June 25, 2013 Commission Meeting.
7. Attachment "C", Public Comments.

SOURCE OF FUNDING:

Is this action already budgeted?			
	Yes	☐	See fund summary below
	No	☐	If No, then check one below:
N/A	*Budget Adjustment Attached*	☐	Expense reallocated from: _____
		☐	Proposed funding is from a new revenue source (i.e. grant; see details below)
		☐	Proposed funding is from fund balance in the Fund.
Does this action create any revenue?			
	Yes	☐	Funds will be deposited into this fund: in the amount of $_____for FY__.
N/A	No	☐	There is no new revenue generated by this action.

BUDGET NARRATIVE:

N/A

FUND EXPENDITURE SUMMARY:

Fund Name(s)	Account Number(s)	Expenditure Proposed	Available Budgeted Funds in Current FY	Remaining Funds	Purpose for Remaining Funds
N/A	N/A	N/A	N/A	N/A	N/A

OPTIONS / ALTERNATIVES:

1. Vote "Yes"; this would affirm the Planning and Zoning Commission's recommendation for conditional-approval of the rezoning Ordinance. The subject 23.44 acre property would be rezoned from R-1a (Single-family, Medium Density Residential) to C-3C (Limited High Intensity Commercial, Conditional) and the 7.31 subject property would be rezoned from R-1a to R-4C (Limited Multi-dwelling, High Density Residential, Conditional) which would allow the development of a medical center.
2. Vote "No"; this would reverse the recommendation by the Planning and Zoning Commission. The current zoning of R-1a (Single-family, Medium Density Residential) would remain and the medical center would not be built.
3. Vote to "Amend"; this would allow the City Council to modify the Ordinance by amending or deleting the existing recommended conditions of approval and/or by adding new conditions or limitations to the rezoning Ordinance.
4. Vote to "Table"; this would allow the City Council to table/postpone action on the Ordinance and direct staff accordingly.

REFERENCE INFORMATION:

The resolution(s) and/or ordinance(s) listed below are only for reference and are not included as attachments or exhibits.

1. N/A

COUNCIL BILL NO. 14-004
ORDINANCE NO. 2689

AN ORDINANCE CONDITIONALLY APPROVING A ZONE CHANGE FOR A 30.75 ACRE PORTION OF PARCEL 02-03647 FROM R-1A (SINGLE-FAMILY MEDIUM DENSITY RESIDENTIAL) TO C-3C (LIMITED HIGH INTENSITY COMMERCIAL, CONDITIONAL) FOR 23.44 ACRES AND TO R-4C (LIMITED MULTI-FAMILY HIGH DENSITY RESIDENTIAL, CONDITIONAL) FOR 7.31 ACRES, LOCATED AT 2700 N. MAIN STREET (CASE NO. Z2860). SUBMITTED BY THE PARK RIDGE PROPERTIES LLLP ON BEHALF OF THE PROPERTY OWNER, THE LAS CRUCES COUNTRY CLUB INC.

The City Council is informed that:

WHEREAS, the Las Cruces Country Club Inc., property owner, seeks to change the zoning from R-1a (Single-family, Medium Density Residential) designation to C-3C (Limited High Intensity Commercial, Conditional) designation on 23.44 acres of land and from R-1a designation to R-4C (Limited Multi-family High Density Residential, Conditional) on 7.31 acres of land located at 2700 N. Main Street; and

WHEREAS, the Planning and Zoning Commission, after conducting a duly-noticed public hearing on June 25, 2013, recommended that said zone change request be conditionally-approved by a vote of 3 to 2 (one Commissioner recused himself and the District 3 Commissioner position is vacant).

NOW, THEREFORE, Be it ordained by the governing body of the City of Las Cruces:

(I)

THAT the land more particularly described in Exhibit "A," attached hereto and made part of this Ordinance, is hereby zoned C-3C (Limited High Intensity Commercial, Conditional) and the land more particularly described in Exhibit "B," attached hereto and made part of this Ordinance, is hereby zoned R-4C (Limited High Density Residential, Conditional).

(II)

THAT the zoning is based on findings contained in Exhibit "C," attached hereto and made part of this Ordinance.

(III)

THAT the zoning is conditioned as follows:

1. The C-3C and R-4C zoning designations allowable uses shall be limited to the following only:
   - C-3C zone: Hospital; heliport as a special use; health/exercise club/gymnasium/sports instruction facilities; business offices; consulting; institutional offices; laboratories; medical/dental offices; café, cafeteria, coffee shop, restaurants; and health care clinics (non-hospital); and
   - R-4C zone: Assisted living/skilled nursing facilities; physical rehabilitation recreational courts; and health/exercise club/gymnasium/sports rehabilitation facilities accessory to the C-3C medical facilities.

2. A Traffic Impact Analysis, in accordance with the requirements of applicable permitting agencies (i.e. City of Las Cruces Traffic Engineer, NMDOT, etc.), shall be submitted and approved by the City's Traffic Engineer prior to the issuance of the first building permit or subdivision application for land within the rezoning area.

3. The developer shall provide a second access road per the 2009 International Fire Code, as amended, and approved by the City's Fire Marshal and Traffic Engineer prior to the issuance of the first building permit within the rezoning area.

(IV)

THAT the zoning of said property shall be shown accordingly on the City Zoning Atlas.

(V)

THAT the zoning for the C-3C and R-4C designated lands shall expire two (2) years from the date of this approval:

- C-3C zone: if no development has occurred within the land more particularly described in Exhibit "A", the land shall revert back to the R-1a zoning.
- R-4C zone: if no development has occurred within the land more particularly described in Exhibit "B", the land shall revert back to the R-1a zoning.

(VI)

THAT City staff is hereby authorized to do all deeds necessary in the accomplishment of the herein above.

DONE AND APPROVED this _____ day of _____2013.

APPROVED:

_____
Mayor

ATTEST:

_____
City Clerk

(SEAL)

VOTE:
Mayor Miyagishima: _____
Councillor Silva: _____
Councillor Smith: _____
Councillor Pedroza: _____
Councillor Small: _____
Councillor Sorg: _____
Councillor Thomas: _____

Moved by: _____

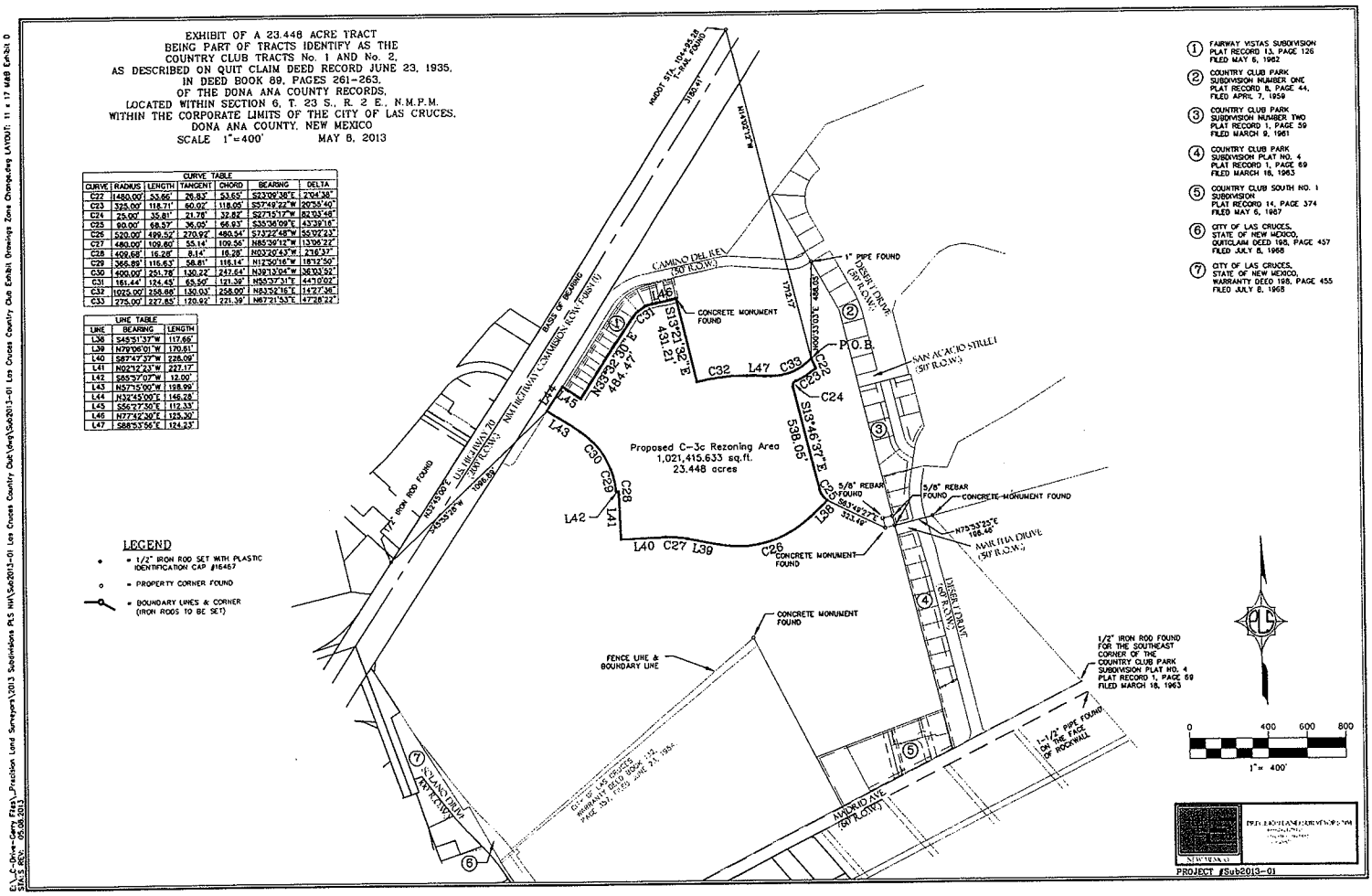
Seconded by: _____

APPROVED AS TO FORM:

_____
City Attorney

EXHIBIT "A"

C-3C Rezoning Area



Park Ridge Medical Center Rezoning, Case No. Z2860
DESCRIPTION OF A 23.448 ACRE TRACT FOR C-3C ZONING

A tract of land situated in the city of Las Cruces, Dona Ana County, New Mexico, being part of tracts identified as the Country Club Tracts No. 1 and No. 2, as described on Quit Claim Deed Record June 23, 1935, in Deed Book 89, Pages 261-263, Dona Ana county records, Situated within Section 6, T. 23 S., R. 2 E., N.M.P.M. and the corporate limits of the City of Las Cruces, Dona Ana County, New Mexico; and being more particularly described as follows:

BEGINNING at the northeast corner of this tract; whence to the northwest corner of Country Club Park Subdivision Number One, Plat Record 8, Page 44, filed April 7, 1959, bears N.00°33'03"E., 488.05 feet; whence a NMDOT STA. 104+95.28 T-rail found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears N.14°02'12"W, 1712.17 feet;

THENCE around the arc of a curve to the left having a radius of 1480.00 feet, an arc length of 53.66 feet, through a central angle of 2°04'38" and whose long chord bears S.23°09'38"E., a distance of 53.65 feet to the point of tangency;

THENCE around the arc of a curve to the right having a radius of 325.00 feet, an arc length of 118.71 feet, through a central angle of 20°55'40" and whose long chord bears S.57°49'22"W., a distance of 118.05 feet to the point of tangency;

THENCE around the arc of a curve to the left having a radius of 25.00 feet, an arc length of 35.81 feet, through a central angle of 82°03'48" and whose long chord bears S.27°15'17"W., a distance of 32.82 feet to the point of tangency;

THENCE S.13°46'37"E., 538.04 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 90.00 feet, an arc length of 68.57 feet, through a central angle of 43°39'10" and whose long chord bears S.35°36'12"E., a distance of 66.92 feet for the southeast cornet of this tract; whence a concrete monument found, bears S.63°49'27"E., 323.49 feet;

THENCE S.45°51'37"W., 117.66 feet to a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 520.00 feet, an arc length of 499.52 feet, through a central angle of 55°02'23" and whose long chord bears S.73°22'48"W., a distance of 480.54 feet to the point of tangency;

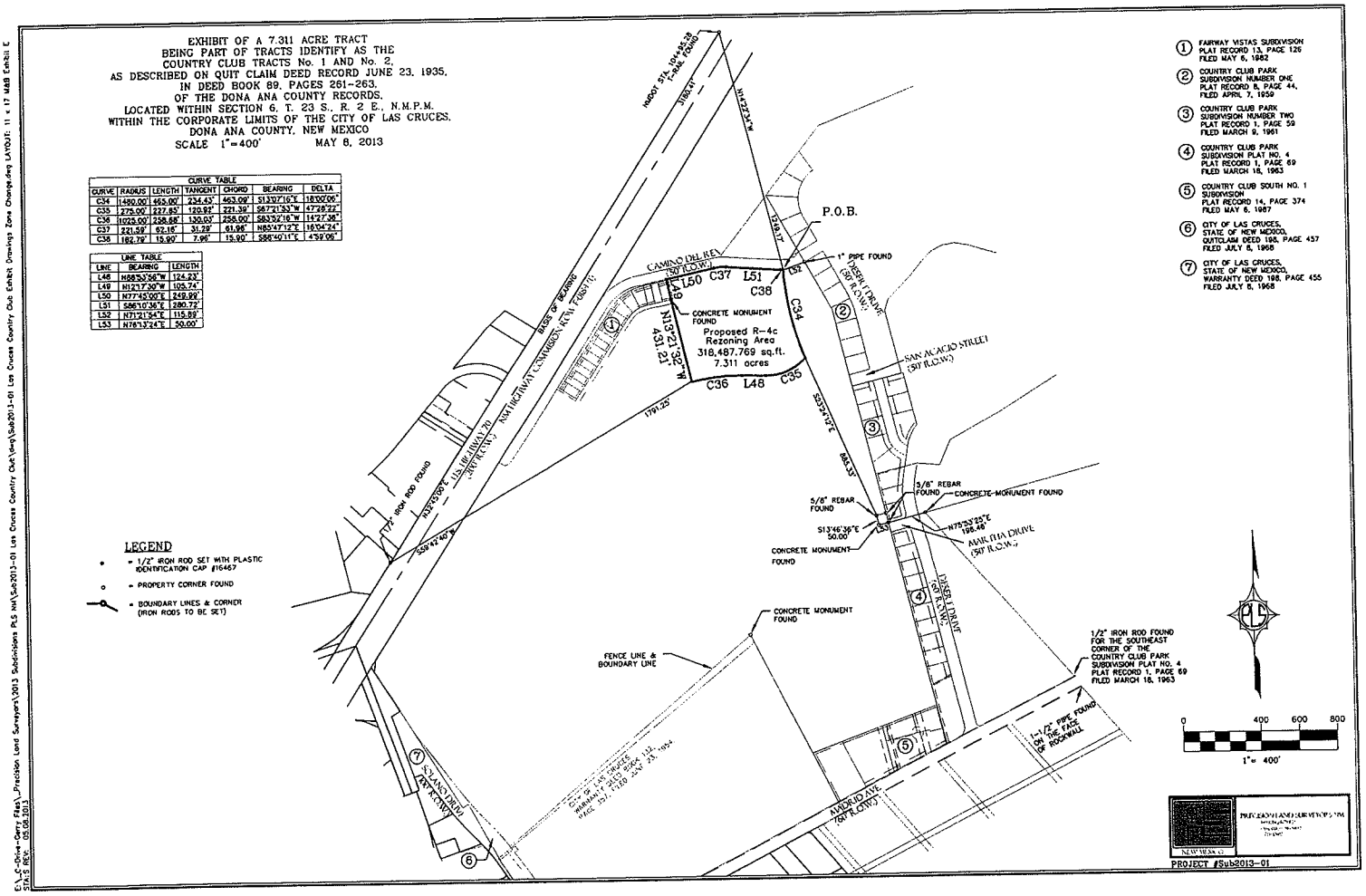
THENCE N.79°06'01"W., 170.61 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 480.00 feet, an arc length of 109.80 feet, through a central angle of 13°06'22" and whose long chord bears N.85°39'12"W., a distance of 109.56 feet to the point of tangency;

THENCE S.87°47'37"W., 228.09 feet for the southwest corner of this tract;

EXHIBIT "B"

R-4C Rezoning Area



Park Ridge Medical Center Rezoning, Case No. Z2860
DESCRIPTION OF A 7.311 ACRE TRACT FOR R-4C ZONING

A tract of land situated in the city of Las Cruces, Dona Ana County, New Mexico, being part of tracts identified as the Country Club Tracts No. 1 and No. 2, as described on Quit Claim Deed Record June 23, 1935, in Deed Book 89, Pages 261-263, Dona Ana county records, Situated within Section 6, T. 23 S., R. 2 E., N.M.P.M. and the corporate limits of the City of Las Cruces, Dona Ana County, New Mexico; and being more particularly described as follows:

BEGINNING at the northeast corner of this tract and being on the south right-of-way of Camino Del Rex; whence to the northwest corner of Country Club Park Subdivision Number One, Plat Record 8, Page 44, filed April 7, 1959, bears N.71°21'54"E., 115.89 feet; whence a NMDOT STA. 104+95.28 T-rail found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears N.14°22'34"W, 1249.17 feet;

THENCE around the arc of a curve to the left having a radius of 1480.00 feet, an arc length of 465.00feet, through a central angle of 18°00'06" and whose long chord bears S.13°07'16"E., a distance of 463.09 feet for the southeast corner of this tract; whence a concrete monument found, bears S.23°24'12"E., 885.33 feet; and S.13°46'36"E., 50.00 feet;

THENCE around the arc of a curve to the right having a radius of 275.00 feet, an arc length of 227.85feet, through a central angle of 47°28'22" and whose long chord bears S.67°21'53"W., a distance of 221.39 feet to the point of tangency;

THENCE N.88°53'56"W., 124.23 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 1025.00 feet, an arc length of 258.68feet, through a central angle of 14°27'36" and whose long chord bears S.83°52'16"W., a distance of 258.00 feet for the northwest corner of this tract; whence a ½" iron rod found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears S.59°42'40"W., 1791.25 feet;

THENCE N.13°21'32"W., 431.21 feet to a concrete monument found at the southeast corner of Fairway Vistas Subdivision, Plat Record 13, Page 126, filed May 5, 1982 for a corner of this tract;

THENCE leaving the said subdivision, N.12°17'30"W., 105.74 feet to a ½" iron rod set with cap marked NM 16467 at the south right-of-way of Camino Del Rex for the southwest corner of this tract;

THENCE along the said right-of-way the following four courses and distances;

N.77°45'00"E., 249.99 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 221.59 feet, an arc length of 62.16 feet, through a central angle of 16°04'24" and whose long chord bears N.85°47'12"E., a distance of 61.96 feet to the point of tangency;

(Description Continues)

THENCE N.02°12'23"W., 227.17 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 409.68 feet, an arc length of 16.28 feet, through a central angle of 2°16'37" and whose long chord bears N.03°20'43"W., a distance of 16.28 feet to the point of tangency;

THENCE S.85°57'07"W., 12.00 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 366.89 feet, an arc length of 116.63 feet, through a central angle of 18°12'50" and whose long chord bears N.12°50'16"W., a distance of 116.14 feet to the point of tangency;

THENCE around the arc of a curve to the left having a radius of 400.00 feet, an arc length of 251.78 feet, through a central angle of 36°03'52" and whose long chord bears N.39°13'04"W., a distance of 247.64 feet to the point of tangency;

THENCE N.57°15'00"W., 198.99 feet to the southerly right-of-way of U.S. Highway 70 (AKA) Main Street for the northwest corner of this tract; whence a ½" iron rod found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears S.45°55'28"W., 1096.89 feet;

THENCE along the said right-of-way, N.32°45'00"E., 146.28 feet to a ½" iron rod set with cap marked NM 16467 at the northwest corner of Fairway Vistas Subdivision, Plat Record 13, Page 126, filed May 5, 1982 for a corner of this tract;

THENCE along the said subdivision the following four courses and distances;

S.56°27'30"E., 112.33 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE N.33°32'30"E., 484.47 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 161.44 feet, an arc length of 124.45 feet, through a central angle of 44°10'02" and whose long chord bears N.55°37'31"E., a distance of 121.39 feet to the point of tangency;

THENCE N.77°42'30"E., 125.30 feet to a concrete monument found at the southeast corner of said subdivision for a corner of this tract;

THENCE leaving the said subdivision, S.13°21'32"E., 431.21 feet to a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 1025.00 feet, an arc length of 258.68 feet, through a central angle of 14°27'36" and whose long chord bears N.83°52'16"E., a distance of 258.00 feet to the point of tangency;

THENCE S.88°53'56"E., 124.23 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 275.00 feet, an arc length of 227.85 feet, through a central angle of 47°28'22" and whose long chord bears N.67°21'53"E., a distance of 221.39 feet to the Point of Beginning, containing 23.448 acres of land, more or less.

(Description Continued)

THENCE S.86°10'36"E., 280.72 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 182.79 feet, an arc length of 15.90 feet, through a central angle of 4°59'06" and whose long chord bears S.88°40'11"E., a distance of 15.90 feet to the Point of Beginning, containing 7.311 acres of land, more or less.

Exhibit "C"

Parcel 02-03647, 2700 N. Main Street
Case No. Z2860; Rezoning from R-1a designation to C-3C (Limited High Intensity Commercial, Conditional) for a 23.44-acre portion of the parcel and to R-4C (Limited Multi-family High Density Residential, Conditional) for a 7.31-acre portion of that parcel.

Findings for Approval

1. Based upon the review of all applicable regulations and plans, the rezoning to C-3C and R-4C, with the limitations noted in Condition 1 of the Ordinance, would meet the Purpose and Intent of the 2001 Zoning Code as specified in Section 38-2; would positively address the Planning and Zoning Commission's Decision Criteria, pursuant to Section 2-382 of the Las Cruces Municipal Code; and would positively address rezoning criteria of relevant New Mexico case law;
2. Based upon the review of all applicable regulations and plans, the rezoning to C-3C and R-4C, with the limitations noted in Condition 1 of the Ordinance and as conditioned in Conditions 2 and 3 of the Ordinance, would be consistent with the applicable goals and objectives of the 1999 Comprehensive Plan and the applicable goals, principles and strategies of Transport 2040;
3. City agencies and the New Mexico Department of Transportation District 1 staff have reviewed the rezoning request against all applicable regulations and plans and have recommend conditional approval of the rezoning; and
4. On June 25, 2013, the Planning and Zoning Commission, by a vote of 3 to 2, recommended conditional-approval of the proposed rezoning with the three (3) conditions noted in the Ordinance.

Attachment "A"

City of Las Cruces®
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Planning & Zoning Commission Staff Report

Meeting Date: June 25, 2013
Drafted by: Susana Montana, Planner

CASE #	Z2860	**PROJECT NAME:**	Park Ridge Medical Center Rezoning
APPLICANT/ REPRESENTATIVE:	ZIA Engineering and Environmental Services	**PROPERTY OWNER:**	Las Cruces Country Club Inc.
LOCATION:	2700 N. Main Street	**COUNCIL DISTRICT:**	District 1 (Miguel Silva)
SIZE:	30.745 acres	**EXISTING ZONING/ OVERLAY:**	R-1a (Medium-density Single-family Residential) Infill Development Overlay District
REQUEST/ APPLICATION TYPE:	Zone Change from R-1a to C-3C and R-4C		
EXISTING USE(S):	Vacant (abandoned golf course)		
PROPOSED USE(S):	Hospital, medical offices and residential rehabilitation/ assisted living facility		
STAFF RECOMMENDATION:	Approval, based on the findings and with the recommended conditions of approval noted in Section 3 below.		

TABLE 1: CASE CHRONOLOGY

Date	Action
4/22/2013	Application submitted to Development Services
4/22/2013	Case sent out for review to all reviewing departments
4/29/2013	All comments returned by all reviewing departments
5/21/2013	Applicant submits revised application responding to Agency comments
6/18/2013	Staff reviews and recommends conditional-approval of the zone change
6/9/2013	Newspaper advertisement
6/14/2013	Public notice letter mailed to neighboring property owners
6/14/2013	Sign posted on property
6/25/2013	Planning and Zoning Commission public hearing

SECTION 1: SYNOPSIS OF PROPOSAL

The Applicants/property owners are seeking a rezoning from the R-1a medium-density single-family residential designation to C-3C, High-intensity Commercial Conditional, designation and R-4C, High-density Multi-family Residential Conditional, designation to facilitate the development of a medical center on about 30-acres of the 110-acre former Country Club Site (please see Attachments 1, 2 , 3 and 4). The limited uses allowed in each zoning district are listed on pages 7 and 8 of Attachment 5.

The medical center would consist of a 42-bed full-service hospital with emergency room capabilities and a heliport; medical offices for a mix of physician specialists; and an assisted living facility located next to the hospital providing memory care and rehabilitation. It should be noted that a heliport is not a use by right; rather, approval of a Special Use Permit (SUP) by the Planning and Zoning Commission (P&Z) during a public hearing is required for the use of a heliport in the C-3C zone. SUPs are not a part of this zone change and will be processed as a separate application.

The zone change for the medical center is autonomous; however, the developer is desirous of incorporating it into a larger mixed-use community on the remaining 80 acres of the Country Club property in the future. The remaining 80 acres is the subject of an application for a Planned Unit Development (PUD) Concept Plan currently being reviewed by City Agencies. If the PUD Concept Plan is recommended for approval by the Planning and Zoning Commission and approved by City Council, the 30 acres associated with this medical center, would become integrated into the PUD. The PUD Concept Plan is not under consideration by the P&Z at this time and should not influence the outcome of the rezoning as an independent application.

It should be noted the property lies within the Infill Development Overlay District and is an "underutilized parcel" and, therefore, qualifies for the Infill Development Process in which building permits, subdivisions, land use requests, variances, special use permits and other types of zoning requests qualify for expedited review and processing. Due to the complexity of the proposal, the Applicants chose to move through the standard zone change process.

TABLE 2: DEVELOPMENT STANDARDS & SITE CHARACTERISTICS

STANDARD	R-1A REQUIRED	PROPOSED C-3C	PROPOSED R-4C
Max # of DU/parcel	1	10/ac minimum Maximum determined by the developer	10/ac minimum Maximum determined by the developer
Building Square Footage	Must fit within max. building height & setbacks (buildable area)	Must fit within max. building height & setbacks (buildable area)	Must fit within max. building height & setbacks (buildable area)
Minimum Lot Area	5,000 sf	21,780 sf (1/2 ac)	8,500 sf
Maximum Lot Area	N/A	N/A	N/A
Minimum Lot Width	50'	60'	70'
Minimum Lot Depth	70'	70'	100'
Maximum Structure Height	35'	60' except for buildings adjacent to the Camino del Rex townhomes which would be limited to two (2) stories in height	60' with a 2 story height limit for buildings adjacent to the townhomes along Camino del Rex

Setbacks			
Front	15'	15'	20'
Side	5' or 0	5' or 0	7'
Rear	20'	15' or 0, except for buildings adjacent to the Camino del Rex townhomes which would be a minimum of 80 feet from that property line	7'
Parking			
Vehicular	2/ DU	Medical office: 8-12 APS/ doctor Hospital: 1 APS/ employee + 1 APS/ doctor	Assisted living: 0.5 - 1.25 APS/ DU
Bicycle	N/A	Medical office: 1 BPS/ 2 doctors Hospital: 1 BPS/ 20 doctors	Assisted living: 1 BPS/ 20 employees on maximum shift
Landscaping/Buffering			
Bufferyard	None	40 ' landscaped buffer measured from the property line abutting the townhomes on Camino del Rex (zoned R-1b); and a 15' buffer zone from abutting R-1a zones with semi-opaque screen or 10' setback with opaque screen	40' landscaped buffer measured from the property line abutting the townhomes on Camino del Rex (zoned R-1b); and 10' from R-1a zone to the east with semi-opaque screen or 5' setback with opaque screen

TABLE 3: SPECIAL CHARACTERISTICS

Characteristic	Applies to Project?	Explanation
EBID facilities	No	
Medians/ parkways landscaping	No	

TABLE 4: ADJACENT ZONING AND LAND USE INFORMATION

Location	Existing Use	Overlay District	Zoning Designation
Subject Property	Vacant (abandoned golf course and clubhouse)	Infill Development Overlay District	R-1a, Medium-density, Single-family Residential
North	Commercial shopping center	None	Townhomes are zoned R-1b, High-density, Single-family Residential; Commercial area across Main Street is zoned C-2, Medium-intensity Commercial and C-3, High intensity Commercial
South	Remainder of the abandoned golf course; Apodaca Park	Infill Development Overlay District	R-1a; south of E. Madrid Ave. are C-1 and C-2 zones

	and ball field; south of E. Madrid Ave. are C-1 and C-2 shops and mini-storage units		
East	Single-family homes	None	R-1a
West	Remainder of the abandoned golf course; then west of N. Solano Drive are repair shops and businesses	Infill Development Overlay District	R-1a; west of N. Solano Drive are C-2 zones

The project Site contains facilities which served the former Country Club golf course and include the abandoned clubhouse, swimming pool, maintenance and restroom facilities, and the golf course. Numerous trees along the golf course have died and fallen due to their loss of maintenance. The golf course and clubhouse were abandoned in November 2011.

The Site is surrounded by commercial development to the northwest; townhomes to the northeast; single-family residential development to the east; the remainder of the abandoned golf course to the south and west (see Attachment 3).

South of the entire former Country Club property lies Apodaca Park, a regional City-owned and maintained park featuring a grassy open space and picnic area with mature shade trees; a ballpark; restrooms; parking; a swimming pool not in operation; a large drainage pond; and maintenance facilities.

TABLE 5: PARCEL LAND USE HISTORY

Number	Status
Permit	No history
Ordinance	N/A
Resolution	N/A

SECTION 2: REVIEWING DEPARTMENT/AGENCY RECOMMENDATIONS

For specific comments and/or conditions, see Attachment 6.

Department Name	Approval (Yes/No)	Conditions (Yes/No)
CLC Development Services	Yes	Limited land uses
CLC Long-Range Planning	Yes	No
Metropolitan Planning Organization (MPO)	Yes	Traffic study required prior to building permit
CLC CD Engineering Services	Yes	Development improvements are required to be shown with construction drawings
CLC Traffic	Yes	Traffic study and improvements needed with first permit application
CLC Fire & Emergency Services	Yes	The Right of Way for the access road to the hospital must be a minimum of 100 feet in

		width
CLC Utilities	Yes	A utility master plan for the entire 110 acre project is required with the first permit application
CLC Land Management/Right-of-Way	Yes	No
CLC Parks/Facilities	Yes	No
New Mexico Department of Transportation	Yes	Traffic study is required with the first permit application

SECTION 3: STAFF ANALYSIS AND CONCLUSIONS

Decision Criteria:

Although the City's Zoning Code does not outline criteria specific to the evaluation of a rezoning application, the Planning and Zoning Commission is obligated to analyze projects and make decisions utilizing: (1) Relevant policies noted in the City of Las Cruces Comprehensive Plan; (2) relevant Purposes and Intent statements in the City's Zoning Code; (3) relevant Criteria for Decisions by the Planning and Zoning Commission in the Las Cruces Municipal Code; and (4) relevant State Law. Refer to the *Analysis and Conclusion* section below for an evaluation of the proposed project against these relevant policies, purpose statements and decision criteria.

Applicable Comprehensive Plan Elements & Policies:

The following polices from the 1999 Comprehensive Plan are relevant to the proposed rezoning to allow a medical center, including a hospital, at the site.

Land Use Element

Goal 1:Create an interconnected and supportive system of land use policy for the City.

Objective 5: Establish land use policy, for the purposes of the Land Use Element, to serve commercial demand on a low intensity, medium intensity, high intensity, and regional commercial basis.

1.8.1. The infill area shall be defined as the area buffered by Interstate 25 on the east, University Avenue to the south, Valley Drive from University Avenue to Hoagland Road on the west and Hoagland Road/Three Crosses/N. Main Street as the northern boundary.

1.8.2. Infill development shall be compatible with the existing architecture, landscaping, and character of the surrounding neighborhood.

1.8.4. The City strongly encourages the developer to seek participation from adjacent landowners and neighbors of the proposed development via a neighborhood meeting where all neighborhood concerns may be addressed.

1.8.5. Incentives to create infill development will be considered for all types of development in the infill area.

Community Services Element

Goal 2: Provide a balance of services meeting the needs of all segments of the City's population

Policy 2.1.2: Community Services should be located in areas which will best serve their target population

Policy 2.1.4: Community services should locate near public transportation when feasible. [Generally, within ¼ mile of a transit stop.]

Policy 2.1.5: To the extent possible, community service facilities should be grouped together as a means of maximizing usage.

Economic Development Element

Goal 1: To provide strong development policies that allow for the retention, expansion, and attraction of existing and new businesses and industries in and to Las Cruces.

Policy 2.1: Support and implement the mixed-use policies, the flexibility of placing new uses, and the new office, commercial, and industrial zoning districts as outlined within the Land Use Element, including

a. Business cooperatives or multiple tenants/uses within single buildings or parcels, including those uses which provide for work at home provisions;
b. Overlay zones and planned unit developments, including those in which the City receives a direct or foreseen benefit in exchange for creative and unique designs that differ from mandatory development requirements.

Transportation Element

Goal 1:Thoroughfare: To attain maximum vehicular movement and minimum congestion in a cost effective, timely, and environmentally sound manner.

Policy 5.3: All high density residential, commercial, and industrial developments should make reasonable accommodations for alternative modes to access the site provided the adjacent right-of-way can or is planned to accommodate that given mode.

Policy 1.2: The City shall adhere to Las Cruces Metropolitan Planning Organization's Transportation Plan [Transport 2040].

Policy 1.18: The City shall have the option to condition zone change and special use permit requests to meet the provisions of this section. This may include but not be limited to requirements for coordination with bike, public transportation, or pedestrian facilities, additional right-of-way, and coordination with other developers.

Las Cruces Metropolitan Planning Organization (MPO) Transport 2040 Plan

The Las Cruces Metropolitan Planning Organization adopted The 2010 Metropolitan Transportation Plan (Transport 2040) in June 2010. The goals of Transport 2040 are:

1. Integrate land uses with well-connected transportation systems to develop an economic environment that provides timely access to a wide-range of jobs, services, education, and recreational opportunities;
2. Balance the built and natural environments to promote physical activity, social interaction, and the sustainable use of resources;

Relevant Zoning Code Purpose and Intent Statements [Article I, Section 38-2.]

The Purpose and Intent Statements relevant to the proposal are:

- Ensure that all development is in accordance with this Code and the Las Cruces Comprehensive Plan and its elements, which are designed to:
  - Mitigate congestion in the streets and public ways.
  - Prevent overcrowding of land.
  - Avoid undue concentration of population.
  - Control and abate the unsightly use of buildings or land.
- Give reasonable consideration to the character of each zoning district and its peculiar suitability for particular uses.
- Encourage development of vacant properties within established areas.
- Ensure that development proposals are sensitive to the character of existing neighborhoods.
- Conserve the value of buildings and land.
- Reduce noise, glare and odor.
- Mitigate conflicts among neighbors.

Planning and Zoning Commission Criteria for Decisions [LCMC Section 2-382]

In addition to a review of the Comprehensive Plan, future land use plan, and other applicable plans and codes, the Planning and Zoning Commission must review and determine whether the request would:

1. Impair an adequate supply of light and air to adjacent property or otherwise adversely adjoining properties.
2. Unreasonably increase the traffic in public streets.
3. Increase the danger of fire or endanger the public safety.
4. Deter the orderly and phased growth and development of the community.
5. Unreasonably impair established property values within the surrounding area.
6. In any other respect impair the public health, safety or general welfare of the city.
7. Constitute a spot zone and, therefore, adversely affect adjacent property values. The term "spot zoning" means the singling out of a lot or small area for a zoning change which is out of harmony with the comprehensive plan and surrounding land uses to secure special benefits for a particular property owner without regard for the rights of adjacent landowners.
8. Be in harmony with the purpose and intent of the zoning code, sign code, design standards and other companion codes.

Case Law Rezoning Criteria Considerations

Based on case law (Miller v. Albuquerque, Davis v. Albuquerque, & Albuquerque Commons Partnership v. Albuquerque), the following criteria should be considered for rezoning applications. The existing zoning is inappropriate and should be changed because

1. There was an error when the existing zone map pattern was created; or
2. Changed neighborhood or community conditions justify the change; or

3. A different use category is more advantageous to the community, as articulated in the Comprehensive Plan or other City master plan, even though (1) or (2) above do not apply, because
    a. there is a public need for a change of the kind in question, and
    b. that need will be best served by changing the classification of the particular piece of property in question as compared with other available property.

Analysis:

The rezoning of the 30-acre portion of the abandoned golf course would provide a 42-bed hospital with a 24/7 emergency room in the central area of the City that currently lacks such service. The development would transform an abandoned property into a viable medical center that would provide employment for local residents and is anticipated to provide specialty medical services that are not now provided in this area or in the City as a whole and for which patients must now seek such treatment in Albuquerque or El Paso hospitals and medical centers. The hospital would be the only such facility serving the north side and central area of the City. The two other hospitals, Memorial Medical Center (MMC) and Mountain View Regional Medical Center, are located on the east side of the City. The proposed medical center groups the hospital, its doctors' offices, and patient out-patient care facilities in close proximity to each other for maximum efficiency and less travel time to serve patients. Additionally, the development of a portion of the abandoned Country Club site would bring tax revenues to the City. Typically, commercial tax revenues support the cost of public services, including maintenance services, provided to those developments.

The location along N. Main Street, a Principal Arterial roadway, and within the City-designated Infill District makes the property suitable for high intensity C-3 commercial use. However, the current rezoning application would limit the types of commercial activities that could take place within the 30-acre rezoning area. The uses would be limited to medical offices, a hospital, a heliport (requires a separate SUP) for the hospital emergency room and ancillary/accessory uses in the 23.4-acre C-3C zone. A residential care/assisted living/ rehabilitation facility would be permitted in a 7.3-acre R-4C zone. Pages 7 and 8 of Attachment 5 lists the uses which would be permitted within the C-3C and R-4C zones.

The C-3 and R-4 land uses are limited to those appropriate and necessary for a medical center and higher intensity residential uses, such as apartments or condominiums, would not be permitted within the R-4C zone. These proposed uses are compatible with the C-3 high intensity commercial uses north of Main Street. Allowing a heliport as a Special Use for the hospital may also be deemed by the Planning and Zoning Commission as a compatible use since the existing hospitals in the City and located in C-3 districts have heliport facilities. The assisted living center permitted in the R-4C zone would also be an appropriate use in the neighborhood. The limitation of uses in the C-3C and R-4C are intended to address the Zoning Code Purpose and Intent Statements, particularly:

1. Mitigate congestion in the streets and public ways;
2. Prevent overcrowding of the land;
3. Avoid undue concentration of population;
4. Encourage development of vacant properties within established areas;
5. Ensure that development proposals are sensitive to the character of existing neighborhoods;
6. Conserve the value of buildings and land;
7. Reduce noise, glare and odor; and mitigate conflicts among neighbors.

Similarly, the limitation of land uses to those appropriate and necessary to the medical center would positively address the Planning and Zoning Commission Criteria for Decisions, particularly:

1. To not impair an adequate supply of light and air to adjacent property or otherwise adversely adjoining properties;
2. To prevent an unreasonable increase in traffic on nearby public streets;

3. To prevent unreasonable impairment of established property values within the surrounding area; and
4. In any respect to not impair the public health, safety or general welfare of the City.

The recommended conditions of approval are designed to positively address those criteria as well as applicable Comprehensive Plan goals and policies by mitigating potential adverse impacts of the development such as (1) traffic congestion on nearby streets (Condition No. 2); and (2) avoiding higher intensity commercial and residential land uses that could cause additional traffic congestion and noise (Condition No. 1).

Adjacent Property Owner Input:

The adjacent single-family neighborhood has voiced several concerns regarding the proposal. In an effort to accommodate the needs of the neighborhood, the Applicant has held several meetings with the neighbors and made significant modifications to the proposal. The meetings were held to principally to discuss the larger PUD proposal, of which the medical center was a central feature. Neighbors and representatives of the Country Club Neighborhood Association, a City registered Neighborhood Association representing the single-family homes to the northeast of the Country Club site, have also met with Community Development staff to discuss the rezoning application. To date, the comments from neighbors on the proposed rezoning for the medical center include the following (see Attachment 9):

1. There is concern that the medical office buildings are located too close to the townhomes on Camino del Rex and will block views to the south and also can have the effect of lowering the property values of the homes;
2. Neighbors suggest that the Applicant provide a 2.5-acre landscaped open space area between the townhomes and developed areas of the Site;
3. It was suggested that the casitas or single-story, single-occupant dwelling units of the assisted living facility be built next to the recommended open space located between the Camino del Rex townhomes and the rezoning area;
4. There is concern with the proximity of the heliport to homes in that the flyover route will be noisy and the landing of the helicopter will be noisy and will disturb and transport dust and debris to residential neighbors;
5. There is concern that the emergency vehicles will be driven through the residential neighborhoods to the east of the rezoning Site which will cause noise and could create safety hazards with children playing in the yards and with resident motorists;
6. There is concern that a new hospital, although located in an area that needs a hospital, can cause greater vacancies in the hospital beds of the two existing hospitals in the City; and
7. There is concern that the medical services to be provided at the Park Ridge Medical Center will duplicate existing such services in the City and may reduce the patient loads of those existing medical professionals to a level that is unsustainable or uneconomic and those medical professionals will leave the City.

In response to the concerns, the Applicants amended their application to commit to placing a 40-foot landscaped buffer between the proposed commercial development (medical offices) and the townhomes on Camino del Rex. In addition, the first buildings adjacent to the townhomes would be set back a minimum of 80-feet from the property line abutting the townhomes and buildings located directly behind the existing townhomes would be no higher than 2 stories. The Applicants have also committed to researching the placement of the heliport in order to minimize the noise, wind, dust and glare impact of helicopter activity on surrounding neighborhoods.

Conclusion:

The 110-acre Country Club property is one parcel which, under the current R-1a zoning, allows only one single-family dwelling and accessory structures on this parcel. This is an unreasonable limitation on development for this underutilized property located in the central area of the City. A reasonable and desirable development for such an asset or resource within the central part of the City would be for a mixed use development that minimizes or mitigates adverse traffic impacts and that maximizes multi-modal transport options, particularly public transit.

The proposed rezoning for C-3C and limited R-4C land uses serving a new hospital would provide an initial development that may spur additional investment for the remaining 80-acre Site to achieve a balanced, mixed residential and commercial development in a part of town that is well-served by public transit. Bus route 10 could well serve medical center employees, visitors and some patients and some patients are expected to qualify for the City's dial-a-ride Roadrunner public transport service to and from the medical center.

The assisted living/rehabilitation facility of the R-4C zone would be a relatively low-volume traffic generator since residents therein would generate fewer trips than single-family or typical multi-family development. The traffic generated by that facility would be expected to be generated mostly by visitors of patients and employees of the facility. Likewise, the 42-bed hospital is expected to be a low-volume traffic generator, compared to retail or other commercial land use. The traffic for the hospital and medical offices would be expected to be from visitors to the hospital, patients or the drivers of patients, or the doctors and employees of those facilities. Rezoning applications do not generally require a Traffic Impact Analysis (TIA) submittal because the land uses permitted within the zones are too broad and the analysis of all the potential land uses and densities permitted therein could not be sufficiently detailed to provide useful information for decision-makers. However, staff recommends a condition of approval requiring a TIA to be submitted with the first building permit or subdivision application. Based on the TIA, the City's Traffic Engineer and the State's Traffic Engineers would insure that improvements to the roadway system serving the development would be designed and built to adequately serve the project and its surroundings. The "master developer" (the Applicant to this rezoning) would be required to build the requisite improvements both on- or off-site.

The rezoning of the 30-acre portion of the 110-acre abandoned Country Club Site to a limited commercial and assisted living residential use would positively address relevant State case law in that the Site clearly has changed since the R-1a zoning was placed on the property. R-1a was not a suitable zoning for a Country Club and golf course. The Site and surrounding uses have changed over time and a different use category, such as the limited C-3 and R-4 are a suitable zoning designation for a vacant Site located within a transportation corridor of the central part of the City.

With the staff-recommended Conditions of Approval noted below, staff has determined that the proposed rezoning would positively address (1) relevant City Comprehensive Plan goals and policies; (2) the Transport 2040 goals, principles and strategies; (3) relevant Purpose and Intent Statements of the City's Zoning Code;(4) the Planning and Zoning Commission Criteria for Decisions pursuant to Section 2-382 of the Las Cruces Municipal Code (5) and relevant State case law regarding rezonings.

It is noted that any specific proposal for a heliport within the C-3C rezoning area associated with the hospital ER will require a separate application for a Special Use Permit which would be considered by the Planning and Zoning Commission at a duly noticed public hearing. It is also noted that a heliport is not included as an Allowable, Conditional or Special Use in the R-4C rezoning area. As such, a specific recommended condition of approval to address or mitigate potential adverse impacts of a hospital heliport is not included herein; it would be addressed in the Special Use Permit conditions of approval.

STAFF RECOMMENDATION

Staff recommends **CONDITIONAL-APPROVAL** of the proposed rezoning to C-3C and R-4C, based on the following findings with the conditions:

FINDINGS FOR APPROVAL

1. Based upon the review of all applicable regulations and plans, the rezoning to C-3C and R-4C, with the limitations noted on pages 7 and 8 of Attachment 5 and as conditioned below, would meet the Purpose and Intent of the 2001 Zoning Code as specified in Section 38-2, would positively address the Planning and Zoning Commission's Decision Criteria, pursuant to Section 2-382 of the Las Cruces Municipal Code, and would positively address rezoning criteria of relevant New Mexico case law;
2. Based upon the review of all applicable regulations and plans, the rezoning to C-3C and R-4C, with the limitations noted on pages 7 and 8 of Attachment 5 and as conditioned below, would be consistent with the applicable goals and objectives of the 1999 Comprehensive Plan and the applicable goals, principles and strategies of Transport 2040; and
3. City agencies and the New Mexico Department of Transportation District 1 staff have reviewed the rezoning request against all applicable regulations and plans and have recommend conditional approval.

RECOMMENDED CONDITIONS OF APPROVAL

1. As stipulated in the rezoning application, the C-3C and R-4C zoning designations allowable uses shall be limited to those listed on pages 7 and 8 of Attachment 5 to this report
2. A Traffic Impact Analysis, in accordance with the requirements of applicable permitting agency (i.e. City of Las Cruces Traffic Engineer, NMDOT, etc...), shall be submitted with the first building permit or subdivision application for land within the rezoning area and shall be approved by the City's Traffic Engineer.
3. Prior to issuance of a certificate of occupancy for the first building within the rezoning area, the developer shall provide a second road access per the specification of the 2009 International Fire Code and approved by the City's Fire Marshal and Traffic Engineer.

ATTACHMENTS

1. Location Map
2. Zoning Map
3. Aerial Location Map
4. Site Plan/Rezoning Area for C-3C and R-4C
5. Application/Development Statement/Land Use limitations
6. Reviewing Department/Agency Comments and/or Conditions
7. Applicant's Neighborhood Meeting and Outreach Dates
8. Public Comments
9. Park Ridge Medical Center Economic Impact Statement

ZONING: R-1a
OWNER: Las Cruces Country Club Inc.

Location Vicinity Map

PARCEL: 02-03647
DATE: 05/06/13

Z2860; Rezoning from R-1a to C-3c and R-4c

Feet

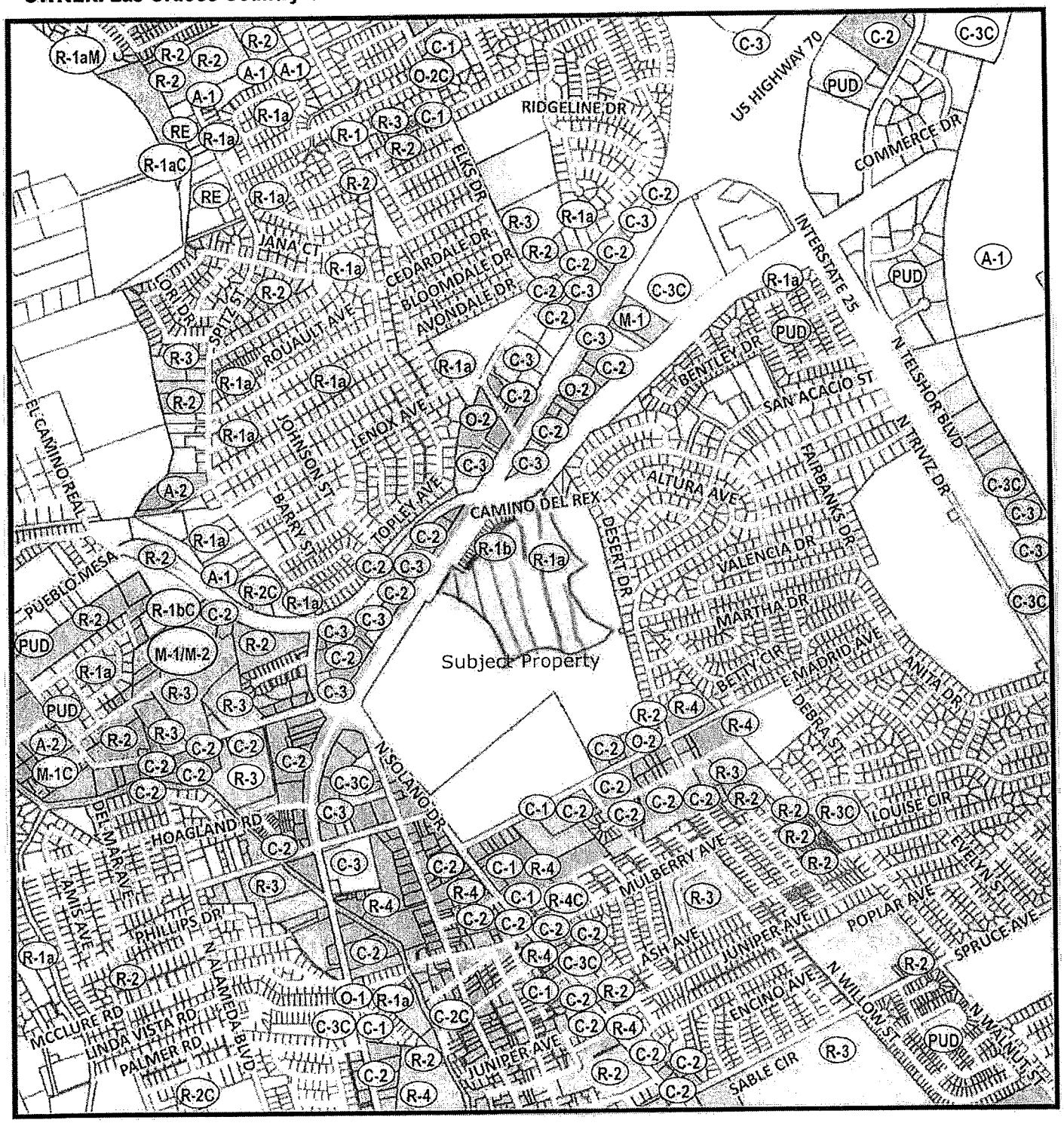
Community Development Department
700 N Main St
Las Cruces, NM 88001
(575) 528-3222

This map was created by Community Development to assist in the administration of local zoning regulations. Neither the City of Las Cruces or the Community Development Department assumes any legal responsibilities for the information contained in this map. Users noting errors or omissions are encouraged to contact the City (575) 528-3043.

ZONING: R-1a
OWNER: Las Cruces Country Club Inc.

Zone Map

PARCEL: 02-03647 2
DATE: 05/06/13



Z2860; Rezoning from R-1a to C-3c and R-4c

Feet

Community Development Department
700 N Main St
Las Cruces, NM 88001
(575) 528-3222

Legend
City Parcel

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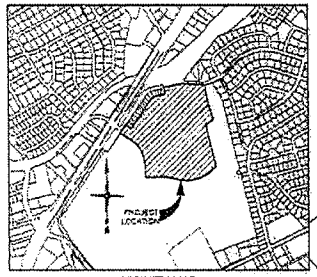
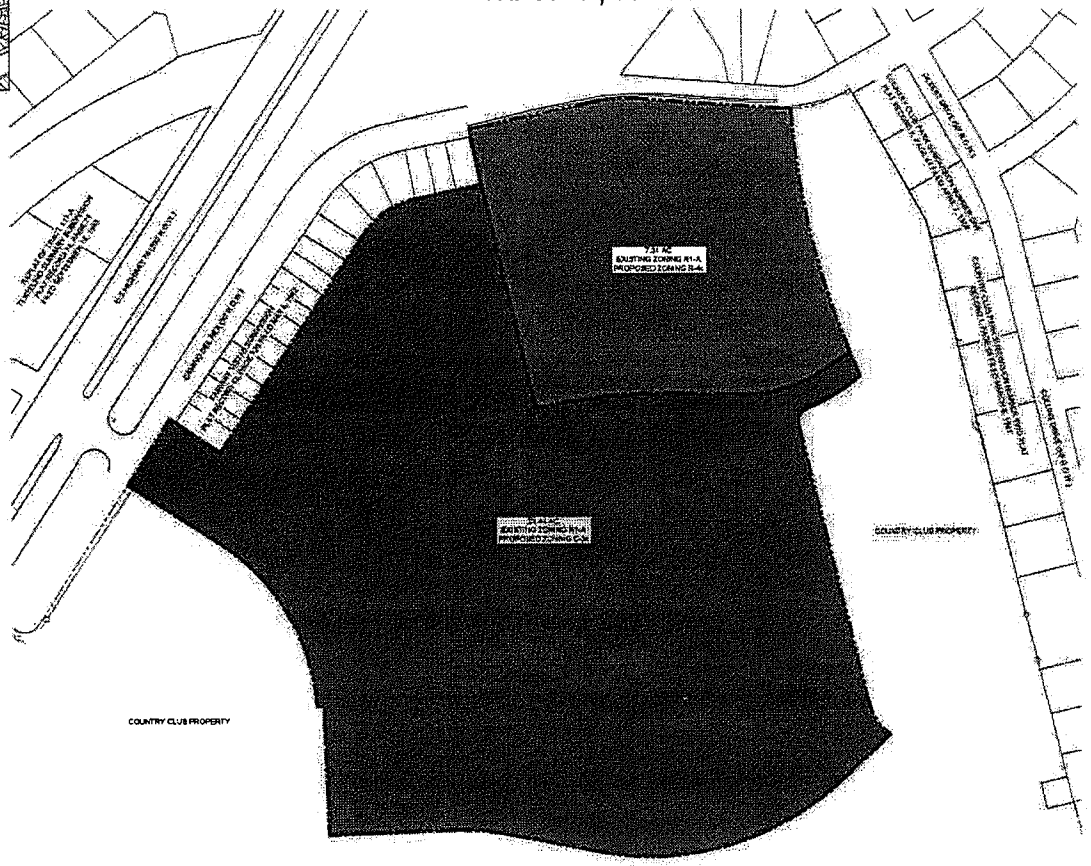
Z2860, Park Ridge Medical Center Rezoning Application Aerial Location Map

3

PARK RIDGE MEDICAL CENTER
ZONING PLAN
30.75 ACRES
MAY 7, 2013



VICINITY MAP
NOT TO SCALE



SCALE: 1" = 100'
0 50 100 200

LEGEND
C-3r
R-Ac

SURVEYOR
PRECISION LAND SURVEYORS
10441 VALLE DE ORO DRIVE
EL PASO, TEXAS 79927
575.640.0474 PHONE

DEVELOPER :
PARK RIDGE PROPERTIES LLLP
1340 PICACHO HILL DRIVE
LAS CRUCES, NEW MEXICO 88007

NEW MEXICO 811 CALL BEFORE YOU DIG

STIPULATION FOR REUSE OR ALTERATION

THESE DRAWINGS ARE THE INSTRUMENT OF SERVICE OF ZIA ENGINEERING AND SHALL NOT BE USED FOR ANY PURPOSE OTHER THAN THE REFERENCED PROJECT FOR WHICH THESE DRAWINGS WERE CREATED.

CITY OF LAS CRUCES ZONING ADMINISTRATOR APPROVAL

THIS ZONING PLAN HAS BEEN APPROVED BY THE ZONING ADMINISTRATOR OF THE CITY OF LAS CRUCES, AND ALL THE REQUIREMENTS FOR APPROVAL IN THE ABOVE ZONING PLAN HAVE BEEN COMPLIED WITH TO THE SATISFACTION OF THE CITY OF LAS CRUCES SUBJECT TO ANY AND ALL CONDITIONS REQUIRED BY THE PLANNING AUTHORITY FOR APPROVAL OF THIS ZONING PLAN

ZONING ADMINISTRATOR DATE

REVISIONS

Designed By	CIV		
Drawn By	KIO	Initials	Comment
Approved By	TFM		
Date	05/07/13		

Call 48 hours before you dig

REVIEW ONLY NOT FOR CONSTRUCTION

Sheet Title: ZONING PLAN
Project Name: PARK RIDGE MEDICAL CENTER
Client: PARK RIDGE PROPERTIES LLLP

Zia Engineering & Environmental Consultants, LLC
755 S. Telshor Blvd., Suite F-201
Las Cruces, New Mexico 88011
Phone: (575) 523-4533 Fax: (575) 522-1587

DRAWING NO. C-1.0
SHEET 1 OF 1

329

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5

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CITY OF LAS CRUCES
DEVELOPMENT SERVICES

PARK RIDGE MEDICAL CENTER DESCRIPTION

- **Medical Campus C-3c**

The Park Ridge Medical Campus delivery system is flexible in design to serve the unique needs of the community. The actual variety of services available is determined by the physician mix, consumer demands and market demographics. Park Ridge Medical Center is designed to offer a wide variety of inpatient and outpatient services to the community. Due to the range of services and proximity to the hospital, physicians can work more efficiently and provide care to more patients.

- Mix of Medical and Physician Based Services
- Rehabilitation, Wellness and Fitness Center
- Continuum of Care Retirement Center

The office buildings will provide single and multi-tenant office space. Office space may be designed with flexibility to allow for the specific needs including medical, corporate and educational users.

- **Regional Hospital C-3c**

The growing cost and demand for Healthcare Services today requires a more efficient model for delivering health and wellness services to the consumer. Park Ridge Medical Center has assembled a diverse team of professionals representing many disciplines to introduce the next generation for delivering healthcare and wellness in a community-based setting. The Medical Center surrounding a Full Service Hospital is envisioned to become a healthcare hub for the City of Las Cruces and the Region.

A 42-bed, full-service hospital will be located in the heart of the Park Ridge Medical Center and will provide a full range of services with state-of-the-art equipment including:

- Emergency Room
- Surgical Suites
- Cardiac Catheterization
- Radiology Services including x-ray, Fluoroscopy, CT, Nuclear Medicine and Stress Testing
- Laboratory and Pharmacy

- **Assisted Living R-4c**

The Assisted Living facilities are located adjacent to the hospital and other ancillary medical services giving physicians access to outpatient services and senior care in one central location. Services at Park Ridge Assisted Living will range from assisted living to memory care and include rehabilitation. The Center is focused on the resident and family offering smaller, home-like dwellings. Each residential unit will have 24-hour staffing providing individual, caring attention.

PROPOSED BUFFER/SETBACKS FROM EXISTING RESIDENTIAL AREAS

A 40' landscaped buffer will be provided between the proposed commercial development (C-3c) and the existing townhomes on Camino del Rex (R1-a). Building setbacks will be a minimum of 80' along the property line abutting the townhomes. Buildings located directly behind the existing townhomes will be no higher than 2 stories.

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MAY 2 1 2013
CITY OF LAS CRUCES
DEVELOPMENT SERVICES

PARK RIDGE MEDICAL CENTER-ZONE CHANGE APPLICATION
30.745 ACRES

Zia Engineering is requesting a Zone Change from R1-a to C-3c and R-4c to develop a 30.745 acres Medical Center primarily consisting of a Hospital, Medical Offices and Assisted Living Facilities. The specific land uses being requested under this application are listed below:

Residential–Related Land Uses
- Accessory uses and Structures
- Recreational Court, Tennis, etc., Private
- *Assisted Living or Retirement Facility** (R-4c zone)

Institutional Land Uses
- Hospital
- *Heliport as accessory to Hospital* (C-3c zone)

Recreational Land Uses
- Health/Exercise Club/Gymnasium/Sports Instruction

Service Land Uses
- Business Offices
- Consulting
- Counseling Services
- Institutional Office: Public, Private, Educational, Religious & Philanthropic
- Laboratory
- Medical/Dental Office
-

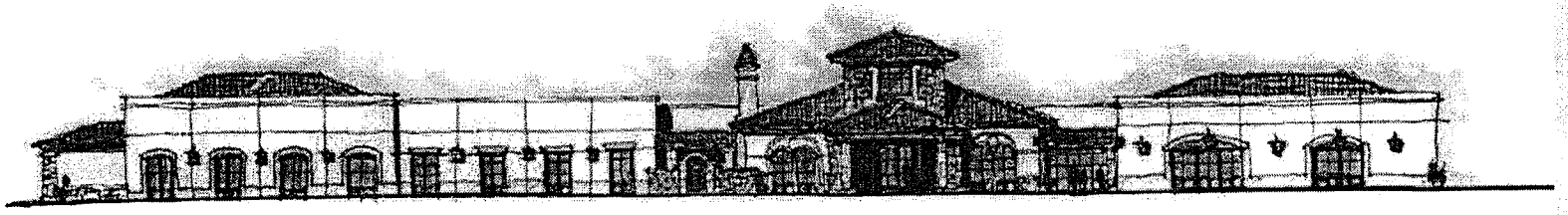
Retail Land Uses
- Café, Cafeteria, Coffee Shop, Restaurant, etc.
- Health Care Clinic (Non-Hospital)

* Item marked with an asterisk is being requested as allowable (as-of-right) land uses. The goal of the proposed Medical Center is to encompass various related medical uses in close proximity. The Residents of the Assisted Living Facility will benefit from the adjacent medical offices and have easy access to the hospital for ongoing treatment and/or emergency care. The Heliport will be used to serve the hospital transportation needs and is anticipated to be located on the roof of the Hospital.

PARK RIDGE MEDICAL CENTER

PARK RIDGE MEDICAL CENTER

PARK RIDGE MEDICAL CENTER



June 2013

To Whom It May Concern:

The Park Ridge Medical Center is a 30-acre campus anchored by a continuum of care facilities which will include independent and assisted living, memory care, rehabilitation, sports medicine and other long term health and wellness services; served by a small 42 bed privately-owned general hospital and delivered in a resort campus setting. The hospital will be operated by Galichia Hospital Group of Wichita, Kansas.

This project is being driven by the same qualities that drove John Hummer, a long-time family friend of Dr. Galichia, to develop the Mountain View Regional Medical Center in Las Cruces years ago. A number of people in the community voiced a desire for a new faculty in the community to provide services, create jobs and help retain patients in the community that had migrated to other cities for care.

Galichia Hospital Group was approached to help fulfill the desires of a number of local doctors for a new model for health care delivery, like the Cleveland Clinic and other hospitals, that allows a high degree of physician input into the quality and delivery of health care. The thought also is that a new facility may also help prevent the outward migration of patients from Las Cruces to El Paso, Albuquerque and other locations.

Dr. Galichia is the founder of Galichia Medical Group, P.A., the Galichia Heart Hospital in Wichita, Kansas, the Lubbock Heart Hospital and the Galichia Hospital Group. He is a nationally and internationally recognized pioneer in the field of interventional cardiology. He has been published in the New England Journal of Medicine, the Journal of American College of Cardiology and many other scientific publications. He was the first cardiologist in the USA to perform carotid stenting under government guidelines. His credentials are vast are very notable. See www.Galichia.com.

Dr. Galichia no longer owns the Lubbock hospital or Galichia Heart Hospital, both of which he developed, and successfully ran for a number of years. Dr. Galichia sold the hospital operations and still retains ownership of the real estate. During the time that Dr. Galichia operated these facilities, they were consistently rated very high in patient satisfaction. Healthgrades, America's most trusted, independent source of physician information and hospital quality outcomes, consistently rated Galichia's hospitals 80-86% for patient satisfaction out of a potential 100%. The national hospital average for patient satisfaction is 69%.

We have vetted everyone associated with the Park Ridge Medical Campus, including Galichia Hospital Group, and found no impropriety. As far as 2000 and 2009 Medicare investigations, after being subjected to years' worth of intense scrutiny from Medicare, it was determined that neither Dr. Galichia nor his medical practice did anything to violate Medicare, or any other law.

We are very aware of facts and compliance issues that relate to Section 6001 of the Patient Protection and Affordable Care Act (PPACA). The penalties for not being in compliance with PPACA are so severe that anyone contemplating any type of medical enterprise must have the best legal advice. The proposed hospital project is not "illegal" nor does it violate the changes to the Stark law contained in Section 6001 of the Affordable Care Act. We have spent a vast amount of time and money to obtain the best legal counsel from healthcare and Stark specialists to ensure compliance. To that point, our original offering of real estate to investors has been modified to exclude any ownership of hospital equipment, or sharing in equipment depreciation, as it could be construed as a gray area.

The development of the hospital real estate including real estate investors (both private and physicians) follows standard industry methodology for determining the lease between a third-party operator and the real estate owners. This standard methodology can be applied to any build-to-suit project such as a Denny's Restaurant or a Walgreens Drug Store. We, as the real estate developers, are building a hospital to a third party operator's specifications in exchange for a twenty (20) year lease. We have a combination of real estate investors from all walks of life, some of whom may be physicians. Their investment is strictly in the real estate. The local investors may include physicians, however non-physician investors will provide the majority of equity financing for the real estate project. An independent Private Equity Group who will include participation of local investors will provide financing and equity for the proposed hospital. The third party operator, Galichia Hospital Group, will provide the capitalization for the hospital equipment and start-up operations.

We have taken extraordinary measures to keep everyone informed about the scope and intent of the rezoning and development of the subject parcel as a mixed-use development. We have had numerous individual and community meetings with the surrounding neighbors and have disclosed our intent for the project including attendance and documentation of each meeting. We've spoken to City planning and officials as well as other community groups. Hundreds, perhaps thousands of hours have been spent to address concerns of stakeholders to ensure that everyone is informed on the proposed development. We continue to revise our plans and layouts to respond to input from surrounding residents and City staff.

Our intent has never been to injure Memorial Medical Center or any other medical facility. Las Cruces is a growing community and has substantial leakage of medical services to other communities. Many in the medical community desire a hospital that will afford physicians another opportunity to deliver the best quality care to the citizens of Las Cruces.

Galichia Medical Center Las Cruces will be a small, 42-bed general hospital and will build its reputation as a "Center for Excellence" providing specialized care currently not available in the Las Cruces community. Las Cruces is a vibrant city deserving the best in medical services and should welcome the opportunity to deliver to its citizens a choice in the delivery of health care. Las Cruces continues to be in the top ten locations for retirees and will have growing health care needs for many years in the future. This hospital is a small part of meeting the local demand both now and into the future.

Thank you for the opportunity to present the Park Ridge Medical Campus and Galichia Medical Center Las Cruces proposed to be built on the former Las Cruces Country Club site.

Yours truly,

Bob Pofahl, Partner
Park Ridge Properties LLLP

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SM

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City of Las Cruces®

PEOPLE HELPING PEOPLE

CITY OF LAS CRUCES DEVELOPMENT APPLICATION

700 N. Main Street, Suite 1100 or PO Box 20000, Las Cruces, New Mexico 88004
(575) 528-3043 (Voice) (575) 528-3155 (FAX) 1-800-659-8331 (TTY)

A preapplication meeting is required prior to the filing of an application at which the subdivider shall submit a concept plan of the proposed development to the community development staff for review. **Community Development staff will not accept incomplete applications.**

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The City of Las Cruces does not discriminate on the basis of race, religion, sex, sexual orientation, gender identity, color, ancestry, serious medical condition, national origin, age, or disability in the provision of services. **The City of Las Cruces will make reasonable accommodation for a qualified individual who wishes to attend this meeting. Please notify the City Community Development Department at least 48 hours before the meeting by calling (575) 528-3043 (voice) or 1-800-659-8331 (TTY) if accommodation is necessary.** This document can be made available in alternative formats by calling the same numbers listed above.

(Case # Z2860)

SUBJECT PROPERTY ADDRESS: 2700 N. Main Street

PROPERTY TAX ID# 4-007-133-269-387 **PARCEL ID#** 02-03647

PROPERTY OWNER(S) of record: Las Cruces Country Club Inc. (Chuck Rohr) golfpretire@live.com

Address: 2370 Cheyenne Dr. City Las Cruces State NM Zip 88011

Phone: Home(575) 522-5246 Work( ) Mobile( ) Fax( )

APPLICANT/CONTACT PERSON: If different from owner, additional space provided on the back.

Name: Griselda A. Vélez Title/Company: Zia Engineering & Environmental Consultants,LLC

Address: 755 S. Telshor Blvd. Suite F-201 City Las Cruces State NM Zip 88011

Phone: Home(n/a) Work(575) 532-1526 Mobile( ) Fax(575) 532-1587

email address: gvelez@ziaeec.com

Check and complete all boxes that apply:

	PLANNING AND ZONING COMMISSION			
X	Zoning	From R1-a to C-3		Master Plan
	Variance	From to		Preliminary Plat
	Special Use Permit (SUP)			Final Plat
	New / Renewal/Time Ext.	/ Amendment		Replat
	Planned Unit Development (PUD)			Alternate Summary
	1. Concept Approval			Infill Sub. Conceptual Plan
	2. Final Site Plan Approval			Vacation Subdivision
	3. Amendment			Annexation Petition/Plat/Initial Zoning Req.
	4. Renewal / Time Extension			
	West Mesa Ind. Park			University District
	Infill Development Requests(s):			South Mesquite
APPEAL TO:		PLANNING & ZONING COMMISSION		CITY COUNCIL

SIGNATURE(S): By signing the application, you hereby acknowledge that **ALL** the information submitted on and with this application is true and correct to the best of your knowledge. No application will be accepted without the original signature of the owner(s) of record of the described property. If more than one owner, **ALL** owners must sign the application.

Owner(s):

Would the property owner like to receive a copy of all correspondence sent to the applicant?

Property Owner Please Initial: Yes ✓ No ____

Charles E. [signature] Date 4-19-13

Property Owner 1

[signature] Date 4-19-13

Property Owner 2

Date ____

Applicant/Representatives(s), if different from owner:

NOTE: The Owner, Applicant or legal representative must attend all public hearings.

ADDITIONAL APPLICANTS / CONTACT PERSONS, if different from owner:

Property Owner 1:

Name: Bob Pofahl Title/Company: ~~Park Ridge, LLC~~ Park Ridge Properties LLLP

Address: 1340 Picacho Hills Drive City Las Cruces State NM Zip 88007

Phone-Home ( ) ____ Work(575)523-2500 Mobile(575)680-8812 Fax(575)993-5342

Property Owner 2:

Name: ____ Title/Company: ____

Address: ____ City ____ State NM Zip ____

Phone-Home ( ) ____ Work( ) ____ Mobile( ) ____ Fax( ) ____

Applicant/Representative:

Name: Francisco Urueta, P.E. Title/Company: Zia Engineering & Environmental Consultants, LLC

Address: 755 S. Telshor Blvd. Suite F-201 City Las Cruces State NM Zip 88011

Phone-Home ( ) ____ Work(575) 532-1526 Mobile( ) ____ Fax(575) 532-1587

**********STAFF USE ONLY**********

Accepted by:	SM	Fee Paid:	$ 600.-	Date Fee Paid	4/22/13
Receipt No.	#4728306	Check Number	# 1001	Case Number	Z2860
Submittal Date	4/22/13	Submittal Complete		Assigned to:	SM

AFFIDAVIT

PLANNING AND ZONING COMMISSION

COMES NOW the undersigned and states under oath as follows:

1. That the undersigned an applicant for a zone change, initial zoning, Zoning Code amendment, Special Use Permit, Planned Unit Development, Subdivision or site plan approval.
2. That in connection with said application, the undersigned has submitted various information, including but not limited to, a legal description of the property.
3. That information submitted is true and accurate as of the date of signing of this Affidavit.

Robert Pofahl
Name (Print)

Signature

STATE OF NEW MEXICO)
) ss
COUNTY OF DONA ANA)

The foregoing instrument was acknowledged before me this 19 day of April, 2013, by ROBERT POFAHL

NOTARY PUBLIC

My Commission Expires:
8/29/2014

OFFICIAL SEAL
TARA PARRA
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires

SUPPLEMENTAL SUBDIVISION APPLICATION INFORMATION

To be placed on an agenda for a Planning and Zoning Commission meeting, all review comments must be addressed. THE APPLICANT(S) OR THEIR REPRESENTATIVE MUST ATTEND THE PLANNING AND ZONING COMMISSION MEETING.

Submitted herewith is the following material for: Park Ridge Medical Center
Name of Subdivision

Gross Area of Subdivision 30.745 Acres Acres Property located within R1-a Zone(s)

Number of Lots 5 Parcels (if Replat list existing and proposed number of lots)

Dwelling Units / Acre 20 DU/acre Acres for Residential 6.87 Acres

Acres for Streets 5.04 Acres Acres for Other 18.835 Acres

Request for Waiver(s) (Written justification is required): _____

The legal description for the total area in this plat is as shown in Deed Book 89, Page(s) 261-263, filed on the 23 day of June, 1935.

Applicant's Surveyor: Precision Land Surveyors | 10441 Valle De Oro Dr. El Paso, Texas 79927 | (975) 222-5227
Name | Address | Phone No.

Applicant's Engineer: Zia Engineering/755 S Telshor Blvd. Las Cruces,NM 88011/(575)532-1526
Name | Address | Phone No.

DEVELOPMENT STATEMENT for **City Subdivision/Zoning Applications**

Please note: The following information is provided by the applicant for information purposes only. The applicant is not bound to the details contained in the development statement, nor is the City responsible for requiring the applicant to abide by the statement. The Planning and Zoning Commission may condition approval of the proposal at a public hearing where the public will be provided an opportunity to comment.

Applicant Information

Name of Applicant: Zia Engineering & Environmental Consultants, LLC

Contact Person: Griselda A. Velez

Contact Phone Number: (575) 532-1526

Contact e-mail Address: gvelez@ziaeec.com

Web site address (if applicable): www.ziaeec.com

Proposal Information

Name of Proposal: Park Ridge Medical Center

Type of Proposal (single-family subdivision, townhouse, apartments, commercial/industrial)

Commercial Development (Hospital/Medical Offices/Assisted Living)

Location of Subject Property 2700 N. Main Street

(In addition to description, attach map. Map must be at least 8 ½" x 11" in size and clearly show the relation of the subject property to the surrounding area)

Acreage of Subject Property: 30.745 Acres

Detailed description of **current** use of property. Include type and number of buildings:

The property is located within Las Cruces Country Club grounds. Existing buildings in the area include a Clubhouse, pool, maintenance and restroom facilities. Golf course and buildings are no longer in use.

Detailed description of **intended** use of property. (Use separate sheet if necessary):

See detailed description on attached sheet.

Zoning of Subject Property: R1-a

Proposed Zoning (If applicable): C-3c and R-4c

Proposed number of lots 5 Parcels, to be developed in 3 phase (s).

Proposed square footage range of homes to be built from N/A to N/A

Proposed square footage and height of structures to be built (if applicable):
Square footage of non-residential uses range: from 20,000 sf to 80,000 sf/Max height: 45'

Anticipated hours of operation (if proposal involves non-residential uses):
24 hours

Anticipated traffic generation Approx. 6950 trips per day.

Anticipated development schedule: work will commence on or about September 2013

and will take 24 months to complete.

How will stormwater runoff be addressed (on-lot ponding, detention facility, etc.)?
Stormwater runoff will be addressed through a combination of on lot ponding, conveyance structures and regional detention/retention facilities.

Will any special landscaping, architectural or site design features be implemented into the proposal (for example, rock walls, landscaped medians or entryways, entrance signage, architectural themes, decorative lighting)? If so, please describe and attach rendering (rendering optional). Park Ridge Medical Center is envisioned as an inviting, aesthetically pleasing development. Attractive entrance features will set the tone for architectural continuity throughout this proposed up-scale development. Landscape will be used to enhance roads and open space. Landscape and architectural guidelines will be in place to be enforced by an owners association.

Is the developer/owner proposing the construction of any new bus stops or bus shelters? Yes ___ No X Explain: Existing bus stops will be preserved and possibly enhanced.

Is there existing landscaping on the property? Yes

Are there existing buffers on the property? No

Is there existing parking on the property? Yes X No ___

If yes, is it paved? Yes X No ___

How many spaces? Approx. 75 How many accessible? n/a (parking not in use)

Attachments

Please attach the following: (* *indicates optional item*)

Location map

Subdivision Plat (If applicable)

Proposed building elevations

*renderings of architectural or site design features

*other pertinent information

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PARK RIDGE MEDICAL CENTER DESCRIPTION

- **Medical Campus C-3c**

The Park Ridge Medical Campus delivery system is flexible in design to serve the unique needs of the community. The actual variety of services available is determined by the physician mix, consumer demands and market demographics. Park Ridge Medical Center is designed to offer a wide variety of inpatient and outpatient services to the community. Due to the range of services and proximity to the hospital, physicians can work more efficiently and provide care to more patients.

- Mix of Medical and Physician Based Services
- Rehabilitation, Wellness and Fitness Center
- Continuum of Care Retirement Center

The office buildings will provide single and multi-tenant office space. Office space may be designed with flexibility to allow for the specific needs including medical, corporate and educational users.

- **Regional Hospital C-3c**

The growing cost and demand for Healthcare Services today requires a more efficient model for delivering health and wellness services to the consumer. Park Ridge Medical Center has assembled a diverse team of professionals representing many disciplines to introduce the next generation for delivering healthcare and wellness in a community-based setting. The Medical Center surrounding a Full Service Hospital is envisioned to become a healthcare hub for the City of Las Cruces and the Region.

A 42-bed, full-service hospital will be located in the heart of the Park Ridge Medical Center and will provide a full range of services with state-of-the-art equipment including:

- Emergency Room
- Surgical Suites
- Cardiac Catheterization
- Radiology Services including x-ray, Fluoroscopy, CT, Nuclear Medicine and Stress Testing
- Laboratory and Pharmacy

- **Assisted Living R-4c**

The Assisted Living facilities are located adjacent to the hospital and other ancillary medical services giving physicians access to outpatient services and senior care in one central location. Services at Park Ridge Assisted Living will range from assisted living to memory care and include rehabilitation. The Center is focused on the resident and family offering smaller, home-like dwellings. Each residential unit will have 24-hour staffing providing individual, caring attention.

PROPOSED BUFFER/SETBACKS FROM EXISTING RESIDENTIAL AREAS

A 40' landscaped buffer will be provided between the proposed commercial development (C-3c) and the existing townhomes on Camino del Rex (R1-a). Building setbacks will be a minimum of 80' along the property line abutting the townhomes. Buildings located directly behind the existing townhomes will be no higher than 2 stories.

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PARK RIDGE MEDICAL CENTER-ZONE CHANGE APPLICATION
30.745 ACRES

Zia Engineering is requesting a Zone Change from R1-a to C-3c and R-4c to develop a 30.745 acres Medical Center primarily consisting of a Hospital, Medical Offices and Assisted Living Facilities. The specific land uses being requested under this application are listed below:

Residential–Related Land Uses
- Accessory uses and Structures
- Recreational Court, Tennis, etc., Private
- *Assisted Living or Retirement Facility** (R-4c zone)

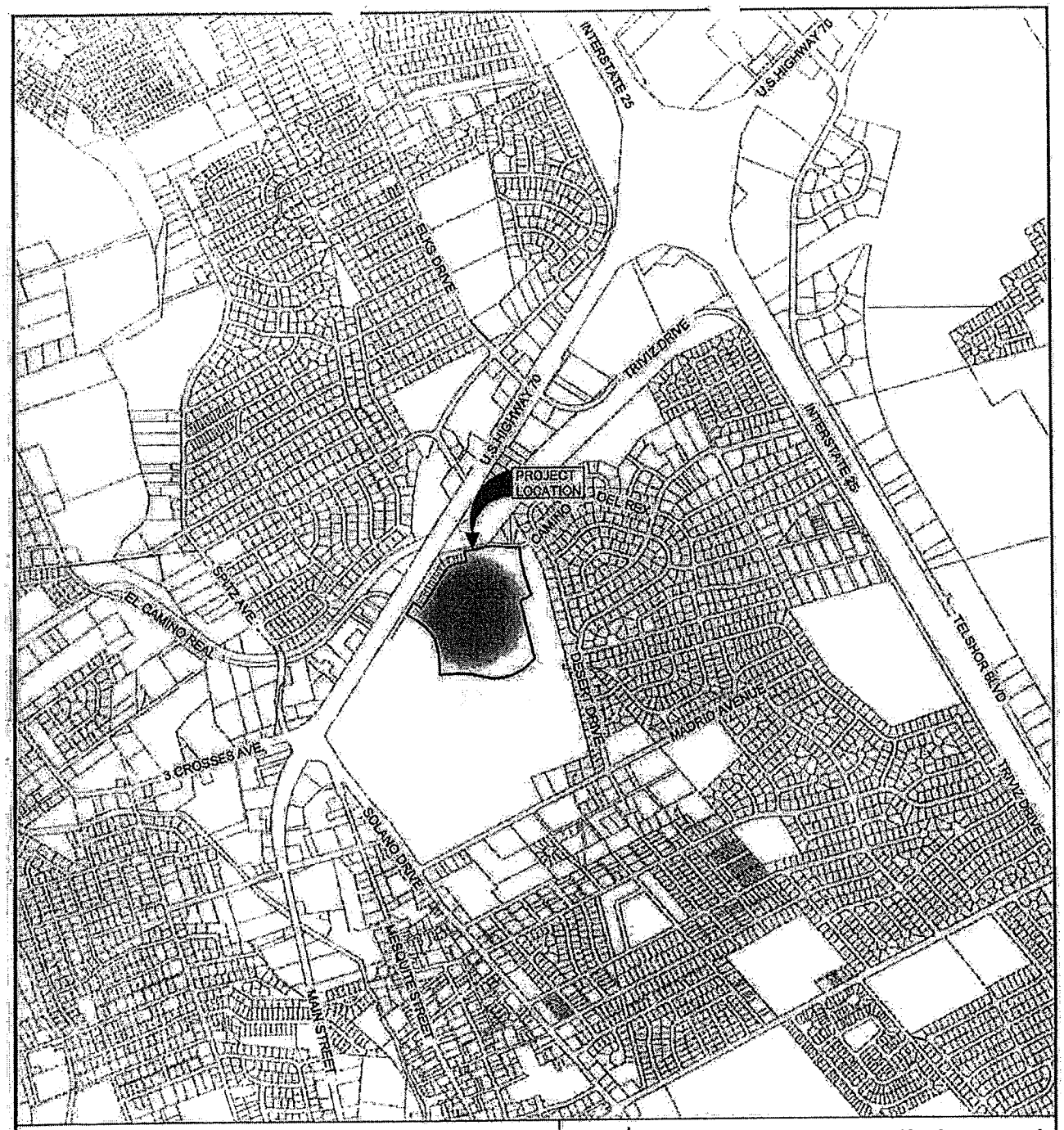
Institutional Land Uses
- Hospital
- *Heliport as accessory to Hospital* (C-3c zone)

Recreational Land Uses
- Health/Exercise Club/Gymnasium/Sports Instruction

Service Land Uses
- Business Offices
- Consulting
- Counseling Services
- Institutional Office: Public, Private, Educational, Religious & Philanthropic
- Laboratory
- Medical/Dental Office

Retail Land Uses
- Café, Cafeteria, Coffee Shop, Restaurant, etc.
- Health Care Clinic (Non-Hospital)

* Item marked with an asterisk is being requested as allowable (as-of-right) land uses. The goal of the proposed Medical Center is to encompass various related medical uses in close proximity. The Residents of the Assisted Living Facility will benefit from the adjacent medical offices and have easy access to the hospital for ongoing treatment and/or emergency care. The Heliport will be used to serve the hospital transportation needs and is anticipated to be located on the roof of the Hospital.



Zia Engineering & Environmental Consultants, LLC.
755 S. Telshor Blvd., Suite F-201
Las Cruces, New Mexico 88011
Phone: (575) 532-1526
Fax: (575) 532-1587

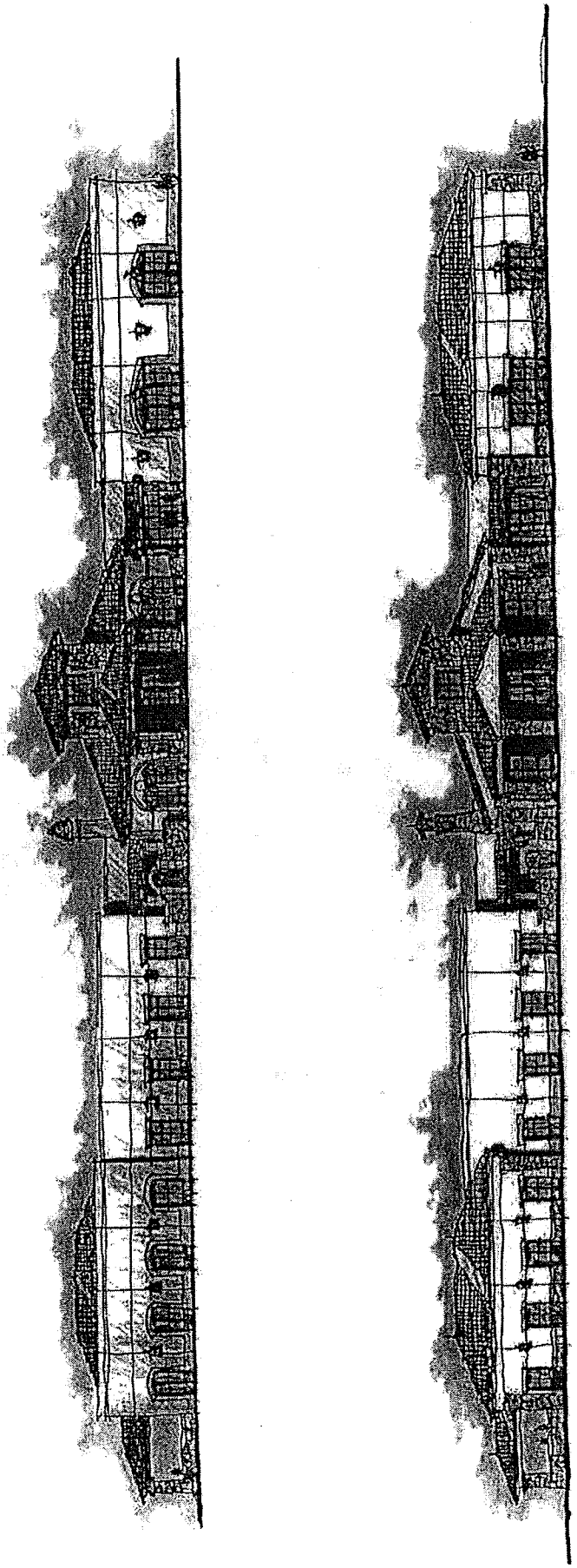
LCC-12-020

VICINITY MAP

PARK RIDGE
MEDICAL CENTER
LAS CRUCES, NEW MEXICO

Location N:\Project Files\2012 Las Cruces\LCC-2012\N-LCC-12-020 PARK RIDGE PUD\104 CAD FILES\104 12 Park Ridge Medical Center\N-LCC-12-020_Park Ridge Medical Center-Vicinity Map.dwg
Layout: Layout1 Printed: Fri 19-Apr-2013 - 01:13PM

9



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PARK RIDGE MEDICAL CENTER
ZONING PLAN
30.75 ACRES
MAY 7, 2013

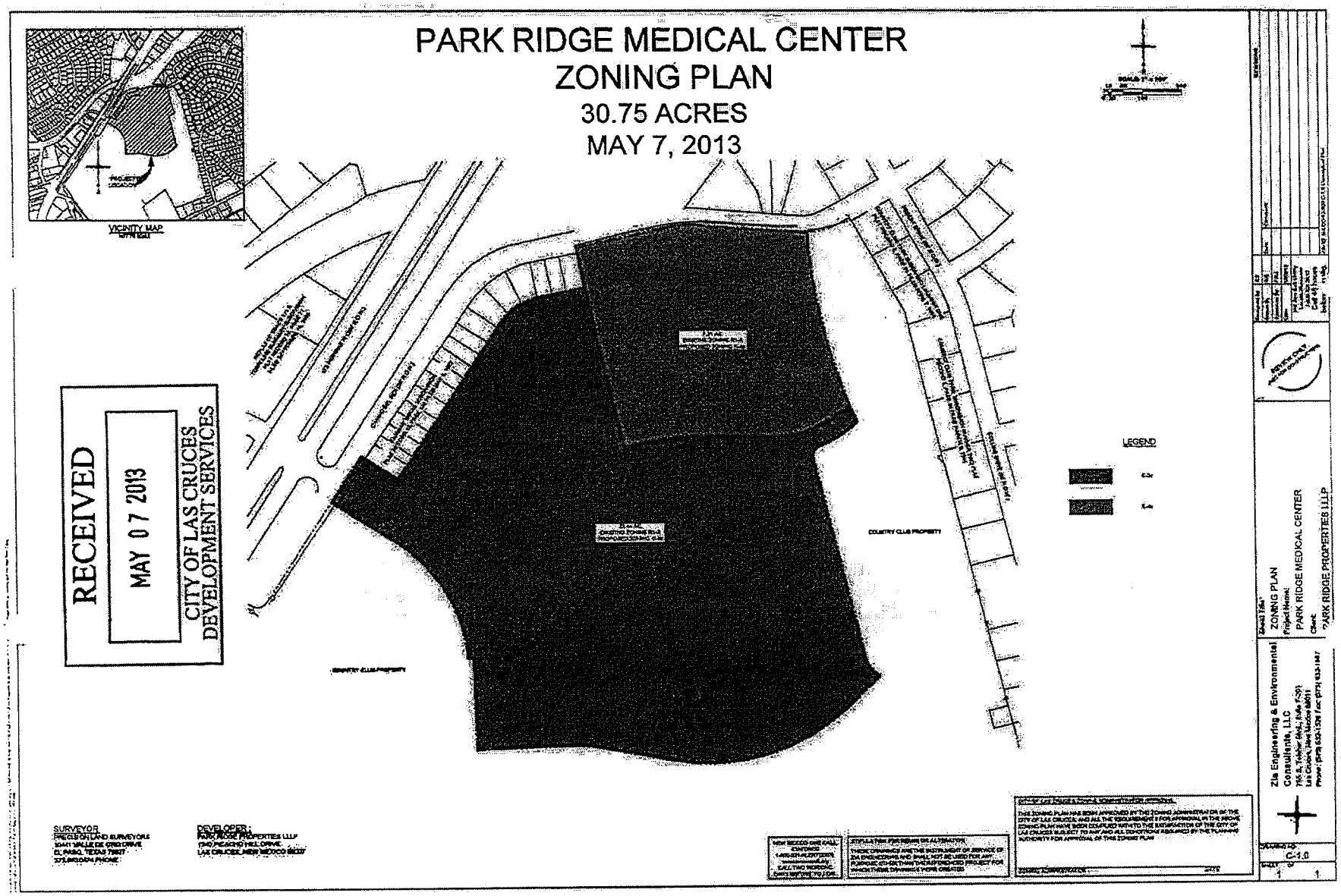

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EXHIBIT OF A 23.448 ACRE TRACT
BEING PART OF TRACTS IDENTIFY AS THE
COUNTRY CLUB TRACTS No. 1 AND No. 2,
AS DESCRIBED ON QUIT CLAIM DEED RECORD JUNE 23, 1935,
IN DEED BOOK 89, PAGES 261-263,
OF THE DONA ANA COUNTY RECORDS,
LOCATED WITHIN SECTION 6, T. 23 S., R. 2 E., N.M.P.M.
WITHIN THE CORPORATE LIMITS OF THE CITY OF LAS CRUCES,
DONA ANA COUNTY, NEW MEXICO
SCALE 1"=400' MAY 8, 2013

CURVE TABLE

CURVE	RADIUS	LENGTH	TANGENT	CHORD	BEARING	DELTA
C22	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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C24	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C25	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C26	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C27	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C28	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C29	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C30	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C31	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C32	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C33	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LINE TABLE

LINE	BEARING	LENGTH
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L43	[illegible]	[illegible]
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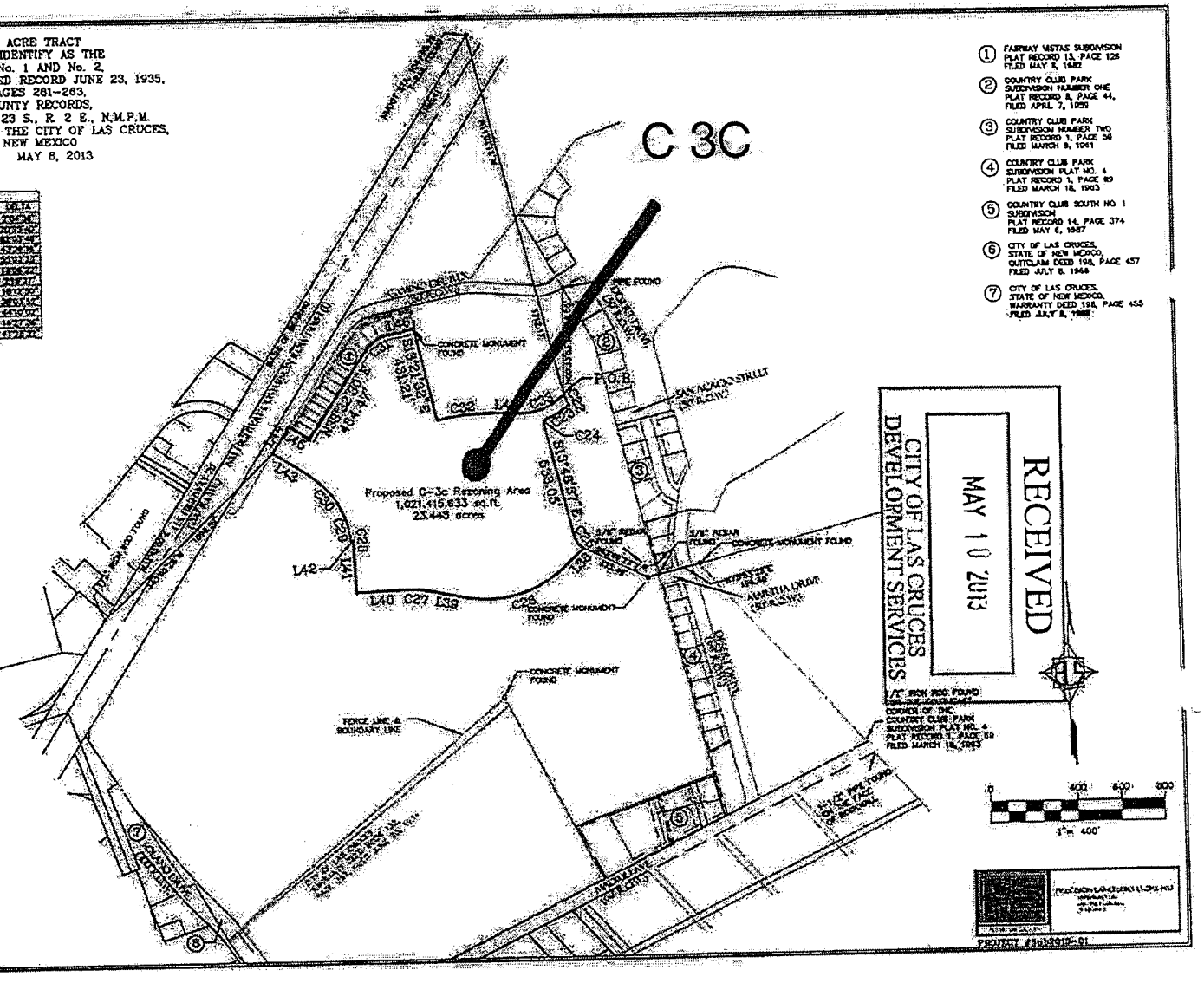
L45	[illegible]	[illegible]
L46	[illegible]	[illegible]
L47	[illegible]	[illegible]

LEGEND

- 1/2" IRON ROD SET WITH PLASTIC IDENTIFICATION CAP #16467
- PROPERTY CORNER FOUND
- BOUNDARY LINES & CORNER (IRON RODS TO BE SET)



1. FAIRWAY VISTAS SUBDIVISION PLAT RECORD 13, PAGE 126 FILED MAY 8, 1982
2. COUNTRY CLUB PARK SUBDIVISION NUMBER ONE PLAT RECORD 8, PAGE 44, FILED APRIL 7, 1959
3. COUNTRY CLUB PARK SUBDIVISION NUMBER TWO PLAT RECORD 1, PAGE 56 FILED MARCH 9, 1961
4. COUNTRY CLUB PARK SUBDIVISION PLAT NO. 4 PLAT RECORD 1, PAGE 89 FILED MARCH 18, 1963
5. COUNTRY CLUB SOUTH NO. 1 SUBDIVISION PLAT RECORD 14, PAGE 374 FILED MAY 6, 1987
6. CITY OF LAS CRUCES, STATE OF NEW MEXICO, QUITCLAIM DEED 198, PAGE 457 FILED JULY 8, 1968
7. CITY OF LAS CRUCES, STATE OF NEW MEXICO, WARRANTY DEED 198, PAGE 455 FILED JULY 8, 1968

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PROJECT #SUB2013-01

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CITY OF LAS CRUCES
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DESCRIPTION OF A 23.448 ACRE TRACT

A tract of land situated in the city of Las Cruces, Dona Ana County, New Mexico, being part of tracts identified as the Country Club Tracts No. 1 and No. 2, as described on Quit Claim Deed Record June 23, 1935, in Deed Book 89, Pages 261-263, Dona Ana county records, Situated within Section 6, T. 23 S., R. 2 E., N.M.P.M. and the corporate limits of the City of Las Cruces, Dona Ana County, New Mexico; and being more particularly described as follows:

BEGINNING at the northeast corner of this tract; whence to the northwest corner of Country Club Park Subdivision Number One, Plat Record 8, Page 44, filed April 7, 1959, bears N.00°33'03"E., 488.05 feet; whence a NMDOT STA. 104+95.28 T-rail found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears N.14°02'12"W, 1712.17 feet;

THENCE around the arc of a curve to the left having a radius of 1480.00 feet, an arc length of 53.66 feet, through a central angle of 2°04'38" and whose long chord bears S.23°09'38"E., a distance of 53.65 feet to the point of tangency;

THENCE around the arc of a curve to the right having a radius of 325.00 feet, an arc length of 118.71 feet, through a central angle of 20°55'40" and whose long chord bears S.57°49'22"W., a distance of 118.05 feet to the point of tangency;

THENCE around the arc of a curve to the left having a radius of 25.00 feet, an arc length of 35.81 feet, through a central angle of 82°03'48" and whose long chord bears S.27°15'17"W., a distance of 32.82 feet to the point of tangency;

THENCE S.13°46'37"E., 538.04 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 90.00 feet, an arc length of 68.57 feet, through a central angle of 43°39'10" and whose long chord bears S.35°36'12"E., a distance of 66.92 feet for the southeast cornet of this tract; whence a concrete monument found, bears S.63°49'27"E., 323.49 feet;

THENCE S.45°51'37"W., 117.66 feet to a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 520.00 feet, an arc length of 499.52 feet, through a central angle of 55°02'23" and whose long chord bears S.73°22'48"W., a distance of 480.54 feet to the point of tangency;

THENCE N.79°06'01"W., 170.61 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 480.00 feet, an arc length of 109.80 feet, through a central angle of 13°06'22" and whose long chord bears N.85°39'12"W., a distance of 109.56 feet to the point of tangency;

THENCE S.87°47'37"W., 228.09 feet for the southwest corner of this tract;

THENCE N.02°12'23"W., 227.17 feet to a corner of this tract;

(Description Continues)

C 3C

(Description Continued)

THENCE around the arc of a curve to the left having a radius of 409.68 feet, an arc length of 16.28 feet, through a central angle of 2°16'37" and whose long chord bears N.03°20'43"W., a distance of 16.28 feet to the point of tangency;

THENCE S.85°57'07"W., 12.00 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 366.89 feet, an arc length of 116.63 feet, through a central angle of 18°12'50" and whose long chord bears N.12°50'16"W., a distance of 116.14 feet to the point of tangency;

THENCE around the arc of a curve to the left having a radius of 400.00 feet, an arc length of 251.78 feet, through a central angle of 36°03'52" and whose long chord bears N.39°13'04"W., a distance of 247.64 feet to the point of tangency;

THENCE N.57°15'00"W., 198.99 feet to the southerly right-of-way of U.S. Highway 70 (AKA) Main Street for the northwest corner of this tract; whence a ½" iron rod found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears S.45°55'28"W., 1096.89 feet;

THENCE along the said right-of-way, N.32°45'00"E., 146.28 feet to a ½" iron rod set with cap marked NM 16467 at the northwest corner of Fairway Vistas Subdivision, Plat Record 13, Page 126, filed May 5, 1982 for a corner of this tract;

THENCE along the said subdivision the following four courses and distances;

S.56°27'30"E., 112.33 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE N.33°32'30"E., 484.47 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 161.44 feet, an arc length of 124.45 feet, through a central angle of 44°10'02" and whose long chord bears N.55°37'31"E., a distance of 121.39 feet to the point of tangency;

THENCE N.77°42'30"E., 125.30 feet to a concrete monument found at the southeast corner of said subdivision for a corner of this tract;

THENCE leaving the said subdivision, S.13°21'32"E., 431.21 feet to a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 1025.00 feet, an arc length of 258.68 feet, through a central angle of 14°27'36" and whose long chord bears N.83°52'16"E., a distance of 258.00 feet to the point of tangency;

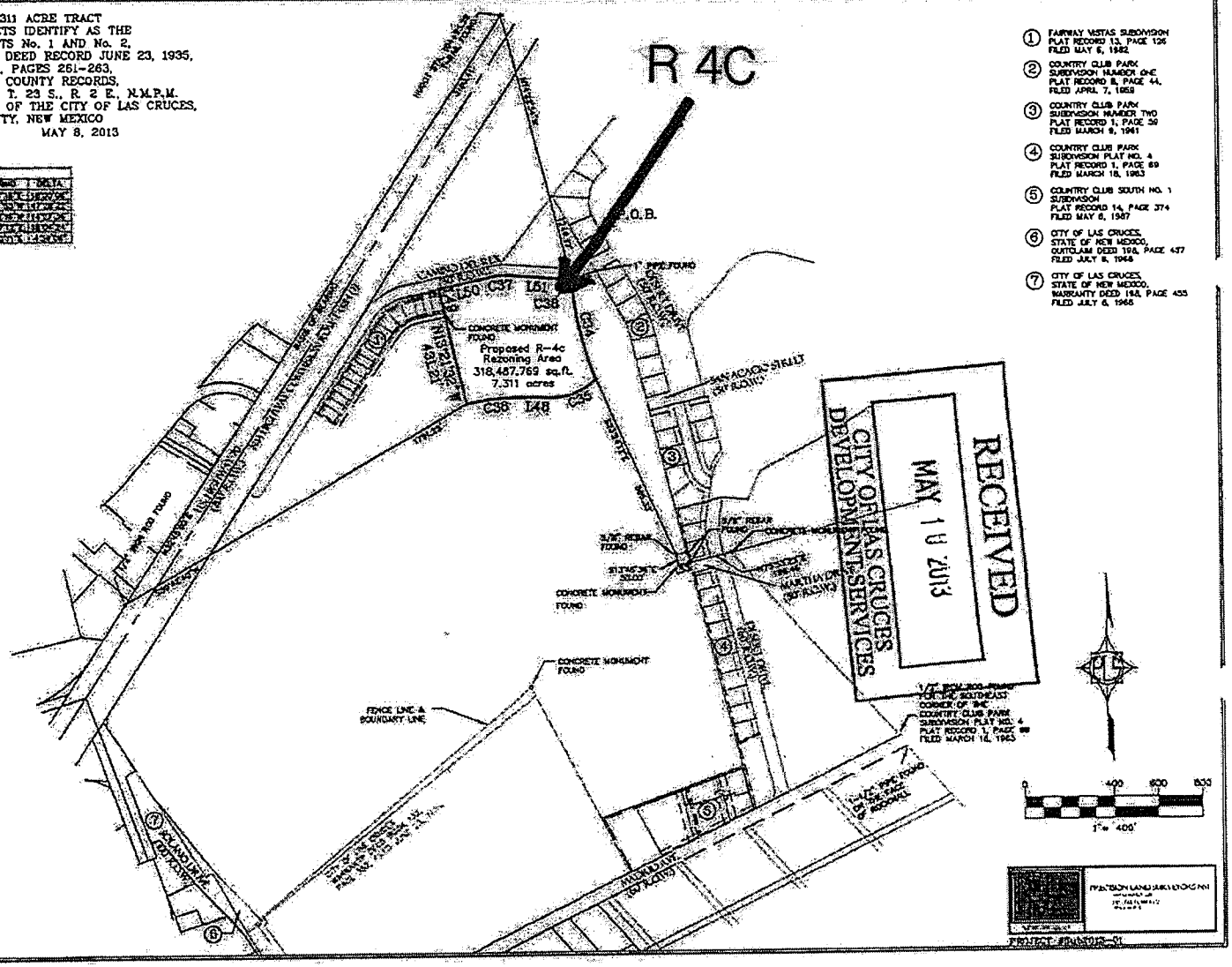
THENCE S.88°53'56"E., 124.23 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 275.00 feet, an arc length of 227.85 feet, through a central angle of 47°28'22" and whose long chord bears N.67°21'53"E., a distance of 221.39 feet to the Point of Beginning, containing 23.448 acres of land, more or less.

EXHIBIT OF A 7.311 ACRE TRACT
BEING PART OF TRACTS IDENTIFY AS THE
COUNTRY CLUB TRACTS No. 1 AND No. 2,
AS DESCRIBED ON QUIT CLAIM DEED RECORD JUNE 23, 1935,
IN DEED BOOK 89, PAGES 261-263,
OF THE DONA ANA COUNTY RECORDS,
LOCATED WITHIN SECTION 6, T. 23 S., R. 2 E., N.M.P.M.
WITHIN THE CORPORATE LIMITS OF THE CITY OF LAS CRUCES,
DONA ANA COUNTY, NEW MEXICO
SCALE 1"=400' MAY 8, 2013

CURVE TABLE						
CURVE	ARC LENGTH	LENGTH	RADIUS	CHORD	BEARING	DELTA
C34	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C35	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C36	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C37	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C38	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LINE TABLE		
LINE	BEARING	LENGTH
L48	[illegible]	[illegible]
L49	[illegible]	[illegible]
L50	[illegible]	[illegible]
L51	[illegible]	[illegible]
L52	[illegible]	[illegible]
L53	[illegible]	[illegible]



LEGEND

- = 1/2" IRON ROD SET WITH PLASTIC IDENTIFICATION CAP #16467
- = PROPERTY CORNER FOUND
- = BOUNDARY LINES & CORNER (IRON RODS TO BE SET)

① FAIRWAY VISTAS SUBDIVISION PLAT RECORD 13, PAGE 126 FILED MAY 6, 1982
② COUNTRY CLUB PARK SUBDIVISION NUMBER ONE PLAT RECORD 8, PAGE 44, FILED APRIL 7, 1959
③ COUNTRY CLUB PARK SUBDIVISION NUMBER TWO PLAT RECORD 1, PAGE 39 FILED MARCH 9, 1941
④ COUNTRY CLUB PARK SUBDIVISION PLAT NO. 4 PLAT RECORD 1, PAGE 89 FILED MARCH 18, 1963
⑤ COUNTRY CLUB SOUTH NO. 1 SUBDIVISION PLAT RECORD 14, PAGE 374 FILED MAY 6, 1987
⑥ CITY OF LAS CRUCES, STATE OF NEW MEXICO, QUITCLAIM DEED 198, PAGE 437 FILED JULY 9, 1948
⑦ CITY OF LAS CRUCES, STATE OF NEW MEXICO, WARRANTY DEED 198, PAGE 455 FILED JULY 6, 1948

PROJECT #JN2013-01

351

15

R 4C

DESCRIPTION OF A 7.311 ACRE TRACT

A tract of land situated in the city of Las Cruces, Dona Ana County, New Mexico, being part of tracts identified as the Country Club Tracts No. 1 and No. 2, as described on Quit Claim Deed Record June 23, 1935, in Deed Book 89, Pages 261-263, Dona Ana county records, Situated within Section 6, T. 23 S., R. 2 E., N.M.P.M. and the corporate limits of the City of Las Cruces, Dona Ana County, New Mexico; and being more particularly described as follows:

BEGINNING at the northeast corner of this tract and being on the south right-of-way of Camino Del Rex; whence to the northwest corner of Country Club Park Subdivision Number One, Plat Record 8, Page 44, filed April 7, 1959, bears N.71°21'54"E., 115.89 feet; whence a NMDOT STA. 104+95.28 T-rail found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears N.14°22'34"W, 1249.17 feet;

THENCE around the arc of a curve to the left having a radius of 1480.00 feet, an arc length of 465.00feet, through a central angle of 18°00'06" and whose long chord bears S.13°07'16"E., a distance of 463.09 feet for the southeast corner of this tract; whence a concrete monument found, bears S.23°24'12"E., 885.33 feet; and S.13°46'36"E., 50.00 feet;

THENCE around the arc of a curve to the right having a radius of 275.00 feet, an arc length of 227.85feet, through a central angle of 47°28'22" and whose long chord bears S.67°21'53"W., a distance of 221.39 feet to the point of tangency;

THENCE N.88°53'56"W., 124.23 feet to a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 1025.00 feet, an arc length of 258.68feet, through a central angle of 14°27'36" and whose long chord bears S.83°52'16"W., a distance of 258.00 feet for the northwest corner of this tract; whence a ½" iron rod found for the north right-of-way of U.S. Highway 70 (AKA) Main Street, bears S.59°42'40"W., 1791.25 feet;

THENCE N.13°21'32"W., 431.21 feet to a concrete monument found at the southeast corner of Fairway Vistas Subdivision, Plat Record 13, Page 126, filed May 5, 1982 for a corner of this tract;

THENCE leaving the said subdivision, N.12°17'30"W., 105.74 feet to a ½" iron rod set with cap marked NM 16467 at the south right-of-way of Camino Del Rex for the southwest corner of this tract;

THENCE along the said right-of-way the following four courses and distances;

N.77°45'00"E., 249.99 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE around the arc of a curve to the right having a radius of 221.59 feet, an arc length of 62.16 feet, through a central angle of 16°04'24" and whose long chord bears N.85°47'12"E., a distance of 61.96 feet to the point of tangency;

(Description Continues)

R 4C

(Description Continued)

THENCE S.86°10'36"E., 280.72 feet to a ½" iron rod set with cap marked NM 16467 for a corner of this tract;

THENCE around the arc of a curve to the left having a radius of 182.79 feet, an arc length of 15.90 feet, through a central angle of 4°59'06" and whose long chord bears S.88°40'11"E., a distance of 15.90 feet to the Point of Beginning, containing 7.311 acres of land, more or less.

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City of Las Cruces®
PEOPLE HELPING PEOPLE

Rezoning Case Review Sheet

CURRENT PLANNING:

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

COMMENTS: (1) nursing homes/Assisted Living/skilled nursing care not permitted in C-3 zone; should seek R-4c zoning for that area.
(2) heliport is a special use in C-3; cannot make that an allowable use in C-3c zone.

- Susana 5/7/13

RECOMMENDATION: X APPROVAL w/ conditions noted above _____ DENIAL

Z2860 R-1a to C-3C **April 23, 2013**
2700 N Main
Long Range Planning Comments

Conclusions

This is a proposal for a zone change from R-1a to C-3C to accommodate a development which is to include a hospital, medical offices and assisted care facility. The conditional zoning would allow by right a heliport, ordinarily allowable with a special use permit, and the assisted living facility, which is currently allowed only in R-2, R-3 and R-4 zones. As an infill development, the proposal would make use of abandoned acreage that is in severe disrepair due to the closing of the Las Cruces Country Club. This would be a tremendous benefit to the surrounding neighborhood and the community in general. In addition, the Comprehensive Plan encourages infill development in this area of the City so the applicant is allowed to deviate from planning related requirements, with some limitations. Allowing the aforementioned uses by right in a C-3 zone would be appropriate in this case.

The Comprehensive Plan policies that are listed support the project and therefore, staff supports the zone change.

Land Use

(S) The location along a Principal/Minor Arterial and within the City-designated Infill District makes the property suitable for high intensity commercial;
(S) Generally, the proposed uses are compatible with surrounding uses that also include high intensity commercial; allowing a heliport and assisted living center by right is also appropriate;
(S) Office and commercial with nearby residential has the potential to reduce the need for commuting.

The following polices from the 1999 Comprehensive Plan are relevant to the current proposal:

Land Use Element, Goal 1 (Land Uses)

Policy 1.5.3 High intensity commercial use shall be defined as those commercial uses which generate retail, service, and wholesale activities within a specific sector within the City. High intensity commercial use and centers shall generally serve a population of 15,000 to 85,000 people and shall be established according to the following criteria:

a. Generally 5,000 but not to exceed 75,000 gross square feet shall be permitted for a high intensity commercial use, with generally 200,000 square feet permitted for a high intensity commercial center. A high intensity commercial center becomes a regional commercial use when the center contains one anchor store greater than 75,000 gross square feet.

b. High intensity commercial uses and centers shall be located at the intersection of minor arterial streets, or any intersection with a major arterial

street. Mid-block locations shall be considered on a case-by-case basis: criteria shall include street capacity, distance from an intersection where appropriate, accessibility and shared vehicular access with other uses where appropriate, and consideration of the level of traffic and environmental impacts.

c. The City shall pursue multi-modal access standards (auto, bicycle, and pedestrian transit) for high intensity commercial use and centers.

d. High intensity commercial development shall address the following urban design criteria: compatibility to adjacent development in terms of architectural design, height/density, and the provision of landscaping for site screening, parking, and loading areas. Architectural and landscaping standards for high intensity commercial use shall be established in the Comprehensive Plan Urban Design Element.

e. Adequate space for functional circulation shall be provided for parking and loading areas.

f. The City shall encourage the development of high intensity commercial centers to allow for maximum shopping convenience with minimal traffic and encroachment-related conflicts to adjacent uses.

1.8.1. The infill area shall be defined as the area buffered by Interstate 25 on the east, University Avenue to the south, Valley Drive from University Avenue to Hoagland Road on the west and Hoagland Road/Three Crosses/N. Main Street as the northern boundary.

1.8.2. Infill development shall be compatible with the existing architecture, landscaping, and character of the surrounding neighborhood.

1.8.4. The City strongly encourages the developer to seek participation from adjacent landowners and neighbors of the proposed development via a neighborhood meeting where all neighborhood concerns may be addressed.

1.8.5. Incentives to create infill development will be considered for all types of development in the infill area.

1.8.6. Additional infill policies and incentives to create infill development shall be furthered defined through the development of an Infill Policy Plan.

Susana Montana

From: Paul Michaud
Sent: Tuesday, April 23, 2013 12:41 PM
To: Carol McCall; Susana Montana
Cc: Srijana Basnyat
Subject: RE: Z2860

Carol/Susana:

I agree on the support of the application with a few additional comments.

- It could be argued that the site is not technically along a Principal/Major Arterial once you subdivide the parcels and that the proposed uses are not exactly at the intersection of Main St and Solana Dr. The access is off Camino Del Rex a local road, but the current parcel in its present configuration does adjoin the intersection of Main Street and Solano. Looking at the north side of Main Street that the C-2 and C-3 runs to the arroyo, I am comfortable with saying the proposed location meets Policy 1.5.3. since it would align the commercial with the other side of the street.
- I would also note the following polices
    - Community Services, Goal 2, Provide a balance of services meeting the needs of all segments of the City's population

      Policy 2.1.2, Community Services should be located in areas which will best serve their target population (speak to the demand for services on north side of the city)

      Policy 2.1.4, Community services should locate near public transportation when feasible. (Along/within ¼ mile of transit stop)

      Policy 2.1.5, To the extent possible, community service facilities should be grouped together as a means of maximizing usage. (they are grouping hospital and care facility)

Paul

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MPO REZOINING REVIEW COMMENTS

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

MPO Thoroughfare	Dist. to Thor.	Functional Class	MTP Class	ROW Required	Dist. to Transit	AADT (year)	Current Bike Fac.	Planned Bike Fac.
US 70	Adjacent Approx. 100 ft		Principal Arterial	120 ft	Route 10 Stop 6	32550 (2011)	Yes (Somewhat Suitable)	Bike Lane
El Camino Real	Adjacent Approx. 200 ft		Minor Arterial	100 ft	None	3451 (2006)	Yes (Somewhat Suitable)	Bike Lane

Recommended Conditions of Approval

- Prior to building permit, the applicant submits a traffic plan approval for Camino Del Rex and N. Main intersection from traffic engineering department addressing considerations from existing trips and estimated trips resulting from the proposed project.
- Park Ridge Blvd will have a Bike Lane.

Additional Comments

- Existing bus stop near Golf Course on US 70 will be upgraded to a shelter facility and made attractive for bus commuters.
- Pedestrian access facility from the project to the above mentioned bus stop to be constructed. It will include but not limited to the sidewalk construction along US 70.
- Site design review required for paratransit (Dial-a-Ride) facility within the scope of the project.

City of Las Cruces®
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Rezoning Case Review Sheet

To: Engineering Services

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

FLOOD ZONE DESIGNATION:

Zone A	(Flood elevation needed)	____
Zone AE	(Flood elevation known)	____
Zone AH	(Flood 1' – 3' ponding)	____
Zone AO	(Flood 1' – 3' – steep slopes)	____
Zone A99	(100-year flood)	____
Zone X		X
Zone X(500)	(500 Yr. flood zone)	____
Zone D	(Unknown flood determination)	____

DEVELOPMENT IMPROVEMENTS:

Drainage Calculation needed	YES X	NO ____	N/A ____
Drainage Study needed	YES X	NO ____	N/A ____
Other drainage Impr. needed	YES X	NO ____	
Sidewalk extension needed	YES X	NO ____	
Curb & gutter extension needed	YES X	NO ____	
Paving extension needed	YES X	NO ____	
NMDOT permit needed	YES X	NO ____	

DEPARTMENTAL RECOMMENDATION & OTHER COMMENTS:

Recommendation: X Approval ____ Denial

Rocio Dominguez

Development Improvements are required with construction drawings.

City of Las Cruces®
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Rezoning Case Review Sheet

FIRE PREVENTION & EMERGENCY SERVICES:

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

RECEIVED
APR 22 2013
L.C. FIRE PREVENTION

ACCESSIBILITY ISSUES: *

	CONCERN		
	Low	Medium	High
Building Accessibility	X		
Secondary Site/Lot Accessibility	X		
Fireflow/Hydrant Accessibility	X		

Type of Building Occupancy: Mixed

Closest fire department that will service this property:

Name Station 1

Address/ Location 201 E. Picacho

Distance from subject property (miles) 1

Adequate capacity to accommodate proposal? Yes X No ____

Explain: ____

Any new improvements, at either the time of subdivision or building permit, will require conformance with City of Las Cruces Design Standards, Subdivision Code, Building Code, and/or Fire Code.

DEPARMENTAL RECOMMENDATION & OTHER COMMENTS:

Recommendation: X Approval ____ Denial

Comments:

City of Las Cruces®
PEOPLE HELPING PEOPLE

Rezoning Case Review Sheet

CLC Utilities Services

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

WATER AVAILABILITY & CAPACITY:*

Water Provider:

CLC ✓

Other _____

CLC Water System capable of handling increased usage:

Yes ✓

No ____

Comment _____

WASTEWATER AVAILABILITY & CAPACITY:*

Wastewater service type:

CLC Sewer: ✓

On-lot septic ____

CLC Wastewater service capable of handling increased usage:

Yes ✓

No ____

Comment _____

NATURAL GAS AVAILABILITY & CAPACITY*

Natural Gas Provider

City of Las Cruces ✓

Rio Grande ____

CLC Gas System capable of handling increased usage:

Yes ✓

No ____

Comment _____

Case #: Z2860 Date: April 22, 2013

To receive City utility service to this property, the responsible property owner/applicant/subdivider is responsible for (1) the acquisition of all necessary water, sewer, and gas easements, (2) the construction of all necessary utility lines, and (3) compliance with all applicable City of Las Cruces requirements.

DEPARTMENTAL RECOMMENDATIONS & OTHER COMMENTS:

Recommendation: ✓ Approval ____ Denial

_____ Approval with conditions:

John Reid
04/29/13

Additional comments:

The utilities for the entire 140. acre Park Ridge project should be master planned, as discussed during the April 23 meeting.

ZONE CHANGE REVIEW

DATE: April 22, 2013

REVIEW: #1
CASE NO.: Z2860

TO:

___ CURRENT PLANNING
___ ENGINEERING SERVICES
X LAND MANAGEMENT
___ SURVEYOR
___ CITY UTILITIES
___ MPO

___ COUNTY PLANNING
___ COUNTY ENGINEERING
___ COUNTY FLOOD COMMISSION
___ COUNTY FIRE
___ NM ENVIRONMENTAL
___ EBID
___ OTHER (GIS)

FROM: ~~Adam Ochoa~~, Planner Susana Montana

SUBJECT: Park Ridge Medical Center Zone Change from R-1a to C-3c

Please review and return to the Community Development Department no later than April 29, 2013

APPROVED AS IS: YES

APPROVED WITH CONDITIONS: YES, *SEE CONDITIONS AS STATED IN COMMENT SECTION*

DATE: 4/29/2013

REVIEWER NAME: Michael Q. Hernandez
REVIEWER CONTACT NO. 528-3124

COMMENTS:

****PLEASE PROVIDE ALL REDLINES FROM THE PREVIOUS REVIEW****

City of Las Cruces®
PEOPLE HELPING PEOPLE

Rezoning Case Review Sheet

PARKS:

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

Please note that the assisted living land use is deemed a commercial land use.

Are park impact fees going to be assessed for the proposed development?
Yes X No _____

If no, why?

COMMENTS:
Fees will be assessed - multi-family dwelling units if applicable.

RECOMMENDATION: X APPROVAL _____ DENIAL

City of Las Cruces®
PEOPLE HELPING PEOPLE

Rezoning Case Review Sheet

RECEIVED
APR 23 2013
TRAFFIC

TRAFFIC ENGINEERING:

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

SITE ACCESSIBILITY: *

Adequate deriving aisle	Yes ____	No ____	N/A ____
Adequate curb cut	Yes ____	No ____	N/A ____
Intersection sight problems	Yes ____	No ____	N/A ____
Off-street parking problems	Yes ____	No ____	N/A ____

UNKNOWN

ON-STREET PARKING IMPACTS:

None ____ Low ____ Medium ____ High ____

UNKNOWN

Explain: _____

FUTURE INTERSECTION IMPROVEMENTS:

Yes ✓ If yes, what intersection? SIGNAL IMPROVEMENTS
No ____ when (timeframe)? _____

Is a TIA required? Yes X No ____

If yes, please provide findings: PER TIA & REVIEW/APPROVAL

Any new improvements, at either the time of subdivision or building permit, will require conformance to either the City of Las Cruces Curb Cut Ordinance #1250, the City of Las Cruces Design Standards, or the City of Las Cruces Zoning Code (2001, as amended).

DEPARTMENTAL RECOMMENDATION & OTHER COMMENTS:

Recommendation: ✓ Approval (WITH CONDITIONS) ____ Denial

Comments:

SEE ATTACHED

Traffic Engineering Comments
Case: Z2860
5/14/13

1. The application shows an anticipated increase in traffic of approximately 7000 ADT. The current traffic generated from the site is negligible therefore a TIA will be required. The following must also be included in addition to overall traffic impacts:
    a. The signals at Camino Del Rex/El Camino Real/Main and Elks/Triviz/Main and increase in traffic along Main Street. The Camino Del Rex/El Camino Real/Main intersection will not accommodate a full 8-phase. The underground conduit system, cabinet, and electric service all need upgrades, new signals will be required. If widening the road is required then the traffic signal poles and mast arms need to be relocated and replaced. Type I placement.
    b. ADA improvements at Camino Del Rex/El Camino Real/Main
    c. How the transition to Camino Del Rex will function given its proximity to Main Street
    d. Operational impacts on Camino Del Rex
2. Due to the anticipated increase traffic street light infrastructure and ADA improvements will be required along Camino Del Rex

6

City of Las Cruces®
PEOPLE HELPING PEOPLE

Rezoning Case Review Sheet

NMDOT:

Case #: Z2860 Date: April 22, 2013

Request: Rezone 35-acres from R-1a (Medium-density Single-family Residential) to C-3c (Conditional High Intensity Commercial): See attached summary description. Please provide your comments to MUNIS and Planner Susana Montana by Monday, April 29, 2013. Thank you.

Which State highway would be impacted by the proposed rezoning? US 70 (N. Main)

How would that highway be impacted? Maybe a traffic analysis will tell me that

What conditions on the rezoning or what other mitigation would you suggest to avoid or ameliorate this potential impact?

Is a driveway permit from NMDOT required? Yes _____ No ✓

Explainations

COMMENTS:

I still need to know what impacts this development has do N. Main St.

RECOMMENDATION: _____ **APPROVAL** ✓ **DENIAL**

Reviewer: Maria Hingos **Contact information:** 544-6544

7

8

Community Meetings for Las Cruces Country Club Redevelopment

The developer, in addition, to many individual and small group meetings, held four major community information meetings. All meetings were held at the Las Cruces Homebuilders' Building due to its close proximity the Country Club neighborhoods. A fifth meeting is planned for June 18, 2013.

Meetings:

1. **November 14, 2012** – held specifically for town homeowners living on Camino del Rex.
    a. Developer felt it important to inform town homeowners of impending development first since they are directly adjacent to the country club property.
    b. Approximately 80% of the town homeowners attended.
    c. Developer presented general plan for the development including medical campus, residential and retail elements.

2. **January 28, 2012** – meeting called using John Stevens' email list for all members of the Country Club HOA.
    a. Attended by approximately 40 people.
    b. John Stephens used first five minutes to conduct annual CCNA meeting.
    c. Developer presented site plan.
    d. Presented preliminary traffic impact analysis done by Zia Engineering.
    e. Presented preliminary drainage study done by Zia.
    f. Discussed various zoning elements – medical campus, residential, assisted living and retail.

3. **February 13, 2013** – meeting for community again using CCNA contact list
    a. Attended by approximately 50 people
    b. Presented site plan with revisions based on input from January 28 meeting.
    c. Answered questions

4. **March 14, 2013** – due to limited attendance when using CCNA mailing list, developer sent out post card invitations to 460 residences surrounding the country club area. Post card invited residents to "Come meet the project team and find out about the mixed use community that will include healthcare, residential, retirement and retail".
    a. Attended by approximately 100 people
    b. Presented site plan
    c. Presented mixed-use elements – healthcare, retirement, residential and retail.
    d. Opened for questions and answers

5. **June 18, 2013 – COMMUNITY MEETING PLANNED FOR REZONING**
    a. Invitations will be sent out to 460 community members
    b. Developer will present rezoning plan that is to be presented to P&Z

Since November of 2012, NAI 1st Valley Real Estate representatives, representing Developer, have done door to door canvasing to answer questions and introduce community residents to the LCCC redevelopment plan.

In addition to the above meetings, the Developer held smaller individual and community meetings, below are a few smaller meetings:

1. **March 12, 2013** – John Stevens requested that the Developer meet with the Premier Park group and give a presentation on the project
    a. Approximately 18 people attended
    b. Developer discussed site plan and various elements including healthcare campus, retirement, residential and retail
    c. Developer also discussed current plans of City of Las Cruces for parks including development of 4 new parks totaling 1,200 acres.

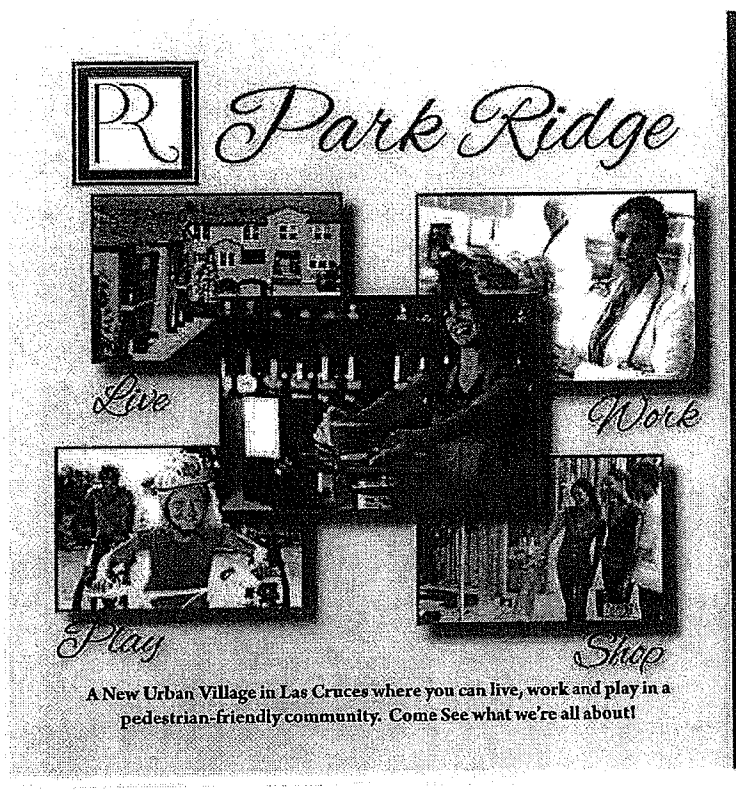
2. **March 1, 2013** – Meeting with Las Cruces MLIS Board
    a. Presented master plan
    b. Discussed elements of the plan and economic impact on area

3. **March 27, 2013** – Meeting with Las Cruces Realtor Assn. Board
    a. Presentation same as above

4. **John & Millie Stevens Meetings** (not a complete list) representative for CCNA
    a. December 5, 2012 at their home
    b. Jan. 4, 2013 at developer's office
    c. Jan. 22, 2013 at their home
    d. Jan. 25, 2013 at their home
    e. May 1, 2013 at developer's office
    f. June 12, 2013 at developer's office

5. **Meetings with Connie and Murray Potter** – representative of CCNA
    a. December 13, 2012 at their home
    b. December 28, 2012 at developer's office

RECEIVED
JUN 17 2013
CITY OF LAS CRUCES
DEVELOPMENT SERVICES



Community Meeting

You're invited to a Community Meeting for the Las Cruces Country Club redevelopment. Come see the new plan in response to all the community input!

In order to present the plan concisely, no questions or comments will be entertained until after the meeting has been formally dismissed.

Please come and learn more about this exciting project!

Tuesday, June 18, 2013 at 7 p.m.

7 – 7:45	Presentation
7:45	Meeting Dismissed
8 – 8:45	Post Meeting Q & A

Home Builders Association
2825 N. Main St.
(behind Citizens Bank)

For more more information call
Bob at 575-680-8812

NAI 1st Valley
1155 S Telshor Blvd
Las Cruces NM 88011

Presorted Standard
U.S. Postage Paid
Las Cruces NM
Permit 1071

You're Invited to a Community Meeting!

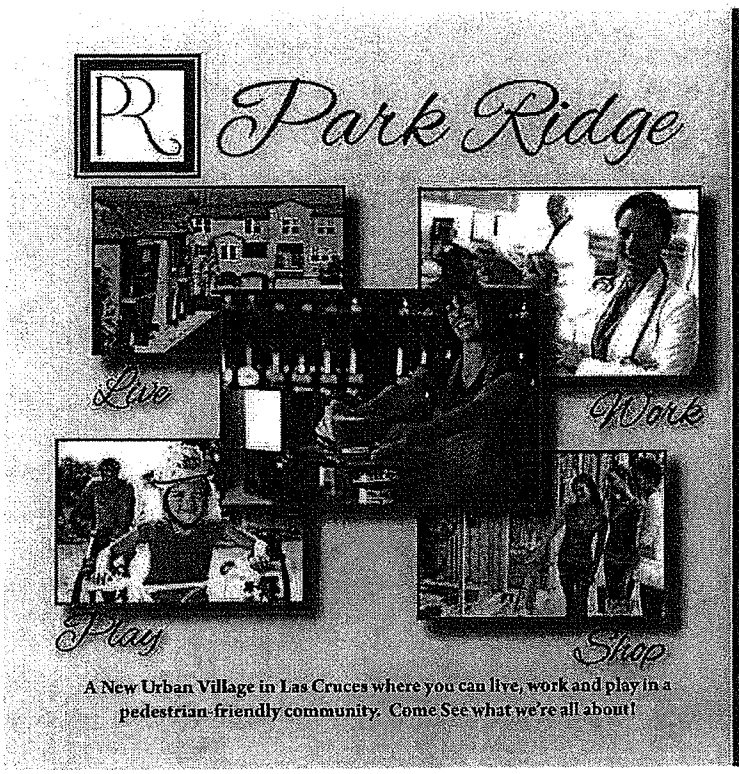
Las Cruces Country Club property redevelopment Community Meeting. Come see the exciting new changes to the project plan.

Tuesday, June 18, 2013 at 7:00 p.m.
Home Builders Association
2825 N. Main St.
(behind Citizens Bank)

See back side for more details!

Copy of post card mailed to 460 residences surrounding Las Cruces Country Club.

No attendance information due to submission date of P+Z being before meeting.



Community Meeting

You're Invited to a Community Meeting to learn more about a great plan for the Las Cruces Country Club property.

Come meet the project team and find out about this mixed-use community that will include healthcare, residential, retirement and retail.

Thursday, March 14, 2013
7:00 p.m.
Home Builders Association
2825 N. Main St.
Las Cruces, NM 88001
(behind Citizens Bank)

For more more information call Bob at 575-680-8812

NAI 1st Valley
1155 S Telshor Blvd
Las Cruces NM 88011

Presorted Standard
U.S. Postage Paid
Las Cruces NM
Permit 1071

You're Invited to a Community Meeting!

Las Cruces Country Club property redevelopment Community Meeting. Come meet the project team, and learn more about a great plan.

Thursday, March 14, 2013
at 7:00 p.m.
Home Builders Association
2825 N. Main St.
(behind Citizens Bank)

See back side for more details!

Copy of post card mailed to 460 residences surrounding Las Cruces Country Club.

Approximately 100 people attended.

9

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Monday, May 20, 2013 5:22 PM
To: Bob Pofahl
Cc: Susana Montana; David Weir
Subject: Fwd: attachments
Attachments: new zoning request incl. residential.jpg; new zoning request Red & Green.jpg

Bob,

This e-mail with attachments is meant to try and clarify what I mean about using some of your 7.31 acres as a small Park in front of the Townhouses. Please excuse the badly drawn layout, but our computer graphics expert is very busy, but you can expect a professionally drawn layout in the near future, that should be usable with Planning & Zoning.

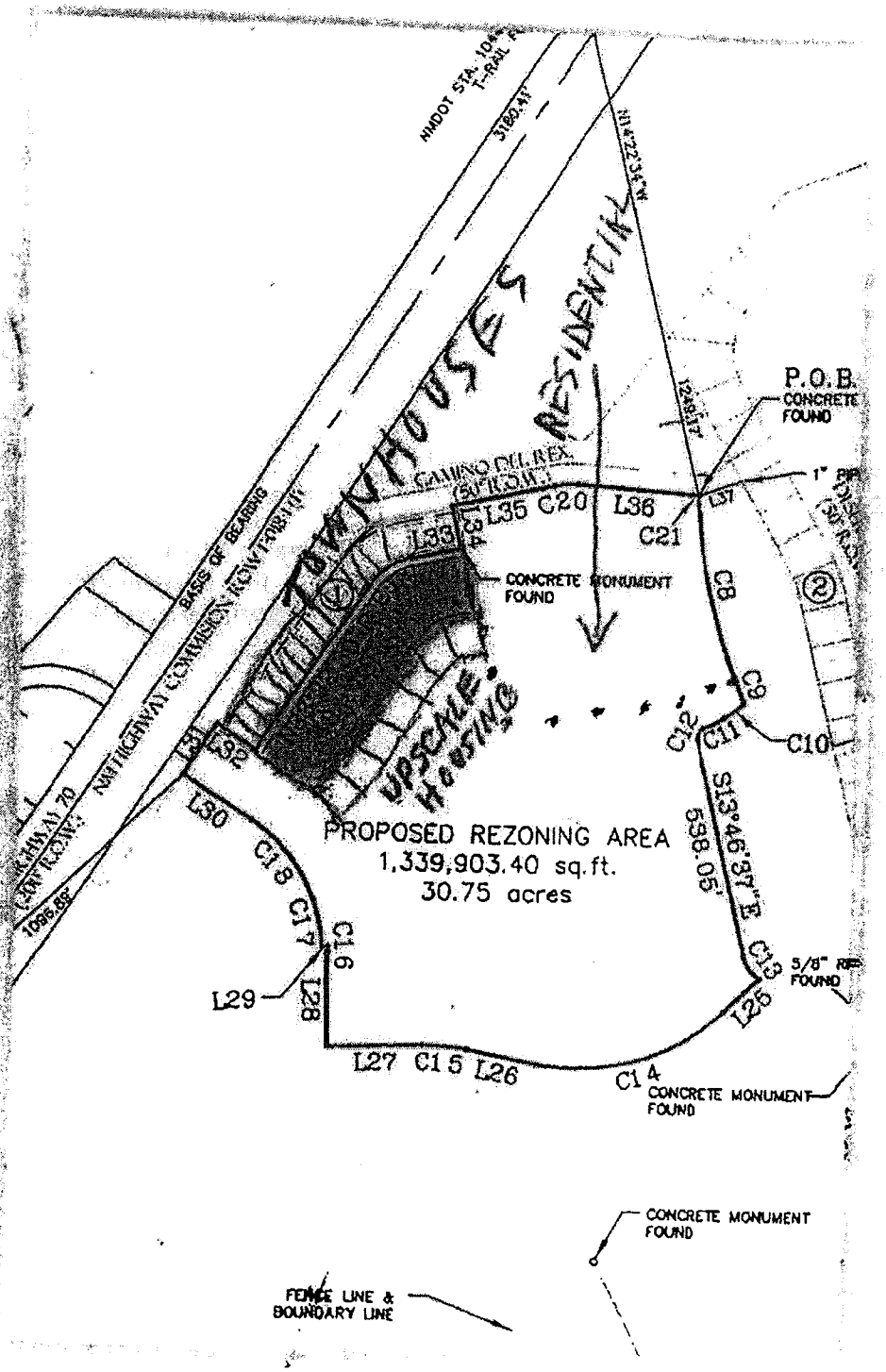
A plan like this would help keep the value of the Townhouses at their current value, provide some much-needed green space, and make the property more valuable for the upscale houses which could be built adjoining the Park. Also we'd be going from R-1 to open space, residential.

In the City comments it mentions 2 to 6 acre Parks, and encouraging a development that "considers usage, fit within the neighborhood, and environmentally friendly design". It also mentions to "preserve and respect scenic views, sites, and corridors in a manner that reasonably compensates, provides incentives, maintains similar existing property rights, or in another similar manner that balances the public and property owner interests".

I'm hoping you and your partners will give this plan serious consideration, and I'm anxiously awaiting your response.

John Stevens, Pres.

Country Club Neighborhood Association



TOWNHOUSES
RESIDENTIAL
UPSCALE HOUSING
P.O.B.
CONCRETE FOUND
CONCRETE MONUMENT FOUND
PROPOSED REZONING AREA
1,339,903.40 sq.ft.
30.75 acres
S13°46'37"E
538.05'
BASIS OF BEARING
NATIONWAY COMMISSION ROW
CAMINO DEL REX
L35 C20 L36
C21
C8
C9
C10
C11
C12
C13
C14
C15
C16
C17
C18
L25
L26
L27
L28
L29
L30
L31
L32
L33
L34
L37
5/8" RIP FOUND
CONCRETE MONUMENT FOUND
CONCRETE MONUMENT FOUND
FENCE LINE & BOUNDARY LINE

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Friday, May 17, 2013 11:22 AM
To: Susana Montana
Subject: Fwd: re-zoning application

Susana,

I thought you might like a copy of this letter.

John Stevens

---------- Forwarded message ----------
From: **John Stevens** <johnmill9@toast.net>
Date: Fri, May 17, 2013 at 11:17 AM
Subject: re-zoning application
To: Bob Pofahl <bob@picachomountain.com>

Bob,

I've been told that you're going to re-file your application for a zoning change to the 30 acres to include some residential. I'm suggesting to you that some of that residential could be put east of the townhouses so we'd be going from R1 to another form of residential, which makes more sense than R1 to commercial. Also a larger area of green space than 40 feet would make this situation a lot more palatable. There should be some areas set aside for open space-green space as in Parks, and this would be a good area in which to do it.

Thank you for your anticipated prompt reply.

John Stevens, Pres.

CCNA

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Friday, May 17, 2013 9:06 PM
To: Susana Montana
Cc: Bob Pofahl
Subject: Re: re-zoning application

Susana,

I proposed R-1 to some of the residential he's now proposing for the north end of the development. That way we go to residential, not commercial. By more green space I mean as in "Parks" like those mentioned by Carol McCall in her comments on the original application. I think she mentioned like 2-3 acres, or was it 5 acres? Will have to re-read document. Any way we're thinking acres, not feet, as in 40'.

John Stevens

On Fri, May 17, 2013 at 11:28 AM, Susana Montana <smontana@las-cruces.org> wrote:

Can you give him a better idea or range of "more open space" between the townhomes and a commercial building. I think he needs more guidance there. Thanks.

Susana Montana, Planner

City of Las Cruces Community Development Department

Building & Development Services Division

Physical Location: City Hall at 700 North Main Street, Suite 1100

Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002

smontana@las-cruces.org

Main Line: (575) 528-3043

Direct Line: (575) 528-3207

Fax Line: (575) 528-3155

www.las-cruces.org

INTRANET EDITION
City of Las Cruces
People Helping People

Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Monday, June 10, 2013 2:51 PM
To: John Stevens
Cc: Susana Montana; David Weir
Subject: Re: meeting

John,
In response to your email, we checked the survey and the current easement of record for the drain field is 40 feet. If we obtain the property and rezoning, we will bring the sanitary sewer line and stub outs behind all the town homes. This will allow each town home owner to connect to that line.

The sewer line will be done when we commence construction on the parcels behind the town homes. We've already been in discussions with City staff for several months regarding the sanitary sewer line.

Thank you.

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Drive
Las Cruces, NM 88007
http://www.cbiholdings.com <http://www.cbiholdings.com/> http://www.picachomountain.com <http://www.picachomountain.com/> blog.picachomountain.com <applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.c
om>

On 6/9/13 11:20 AM, "John Stevens" <johnmill9@toast.net> wrote:

>On Thu, Jun 6, 2013 at 5:33 PM, John Stevens <johnmill9@toast.net> wrote:
>> On Thu, May 30, 2013 at 4:35 PM, John Stevens <johnmill9@toast.net>
>>wrote:
>>> ---------- Forwarded message ----------
>>> From: John Stevens <johnmill9@toast.net>
>>> Date: Tue, May 28, 2013 at 2:19 PM
>>> Subject: Re: meeting
>>> To: Bob Pofahl <bob@picachomountain.com>
>>> Cc: Susana Montana <smontana@las-cruces.org>, David Weir
>>><dweir@las-cruces.org>

Susana Montana

From:	John Stevens <johnmill9@toast.net>
Sent:	Wednesday, May 15, 2013 5:02 PM
To:	Bob Pofahl
Cc:	Patsy Greene; Sylvia Boudreau; Connie and Murray Potter; David Weir; Susana Montana; Katherine H. Rogers
Subject:	meeting

Bob,

The officers of CCNA met with City planning today, and the subject of drain field easements came up. It was stated that our drain field easements were for 50 feet, and you were offering a 40 foot open space-green space barrier behind our townhouses. One member said that you had stated verbally that if you're successful in obtaining the property, City sewer would have to be installed, and your company would do that at your expense. All of us heard you make that statement, but we would like something in writing to that effect. We're hoping an answer to this e-mail can settle this small matter, so we won't have to visit it again.

Best regards,

John Stevens, Pres.

Country Club Neighborhood Association

Susana Montana

From: David Weir
Sent: Monday, June 03, 2013 1:00 PM
To: Susana Montana
Cc: Robert Kyle; Katherine H. Rogers
Subject: FW: PPACA Physician Owned/Investor Hospitals prohibited Section 6001

FYI

From: cjmpotter@comcast.net [mailto:cjmpotter@comcast.net]
Sent: Monday, June 03, 2013 12:00 PM
To: David Weir; Mayor
Cc: John & Millie CCNA Stevens; Carl Baca; PALMER S CLARK; Eva Booker
Subject: PPACA Physician Owned/Investor Hospitals prohibited Section 6001

Dear Mayor and Mr. Weir,

I am bringing to your attention resources and information about the illegality of building physician owned/indirect invested hospitals under the Patient Protection and Affordable Care Act (PPACA) Section 6001 (statute is first link). I am adding some links that are from legal firms that clarify and give practical examples of that ownership. The only way such a hospital can be built (including medical offices) is if they do not accept Medicare or Medicaid payment, i.e., apply for a medicare provider number. Medicare also has a dim view of indirect ownership and schemes to hide ownership through purchase agreements for equipment etc. This is all under Medicare Self Referral. There are fewer than 240 physician owned hospitals in the US out of over 7000 other hospitals. More than 40 have been sold recently because the regulations for disclosure and ownership are very onerous and will affect patients choosing care at that facility.

Such a hospital typically cherry picks patients by financial prescreening for elective care (procedures), thereby driving low pay (government or self pay) patients to safety net hospitals to the detriment of access to care throughout the community. This type of hospital would, in my and other informed healthcare executives opinion, lead to the failure of at least one facility, Memorial Medical Center. Should that occur, the lease arrangement remaining for 31 years would be gone, leaving a $26M shortfall to the city and $!2-14M shortfall in lease payments to the County. If this is for any public good, I can't imagine what would be.

http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf See page 566 of 906

http://www.bakerdonelson.com/files/Uploads/Documents/Thirteen-Things-Providers-Should-Know-About-Stark-Law-and-Physician-Ownership-Changes-Under-Health-Reform.pdf

http://www.americanlegislator.org/5th-circuit-upholds-ppacas-limits-on-physician-owned-hospitals/

Re the Gallichia group: There are three links, one confirming that they sold the Wichita KS Galichia Heart Hospital to Wesley Medical Center, and two that they have twice been convicted and fined for Medicare fraud for overbilling and double-billing, in 2000 and as recently as 2009.

http://www.thestreet.com/story/11394326/1/hca-completes-purchase-of-galichia-heart-hospital-in-wichita.html

http://m.bizjournals.com/wichita/stories/2000/05/22/weekinbiz.html?page=all&r=full

http://www.justice.gov/opa/pr/2009/March/09-civ-184.html

I wish that this information be made known to Mr. Garza and the City's legal council as he was apparently mislead in interviews with the Medical Group's CEO and COO about their ownership(s) of hospitals and their ability to build a new hospital here according to his statements to the Sun News.

I believe that this hospital complex actually is a Trojan horse which cannot be built, will be abandoned conceptually once commercial high intensity zoning is attained, after which the city and neighboring residents will have NO ability to control what development is done on that site.

Please feel free to call me for clarification or more information. I have verified this information with the Senate Finance Committee chaired by Senator Max Baucus (MT) who I know personally through my lobbying activities for trauma care.

In addition, I have verified that two of the lead physicians locally who are planning to invest in this development have serious issues in their backgrounds. One is a felon convicted and imprisoned for embezzling over $1.2M in research funds (public information). The other has no privileges at either local hospital but allows healthgrades.com etc to claim he does. I will offer that public information at a future time if this issue cannot be resolved in the publics interest.

These are serious issues related to what we consider to be a flawed application for rezoning based on claims to the local residents, media and public officials that this rezoning is for the public good, a third hospital in Las Cruces and Medical Offices. It would be in the City's interest to review and reject this application before it goes to public hearing at which time all this information will be made public. The city could then appear to have not done its due diligence in sending this application forward. I am aware that under the letter of the zoning regulations you can only respond to the zoning application; however, statements made to the public, media, city administration that misrepresent these facts should be a strong consideration in determining whether this application should go forward.

Sincerely,

Connie Potter, RN, MBA; HCA

Healthcare Economist

Chair, Country Club Neighborhood Association Infrastructure Committee

524-2443

Susana Montana

From: David Weir
Sent: Thursday, June 13, 2013 8:38 AM
To: Susana Montana
Subject: FW: Impact of Physician-owned Limited-service Hospitals: Lincoln Case ...

FYI

-----Original Message-----
From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Wednesday, June 12, 2013 9:31 PM
To: Mayor; Robert Garza; David Weir; Bill McCamley; Jeff Steinborn
Cc: Rick Pangborn; John Stevens; Carl Baca; Palmer Clark; Eva Booker
Subject: Impact of Physician-owned Limited-service Hospitals: Lincoln Case ...

Dear Mr. Mayor, city staff and elected Representatives,

Another study for your education. Note in the previous study I sent you that Wesley and via Christi in wichita are also safety net hospitals and trauma centers. Bryan LGH in Lincoln NE is the only LI trauma center in the eastern half of that state. These are safety net hospitals that, like Motel 6 "Keep the lights on", whereas physician owned specialty hospitals such as the proposed Park Ridge "Ritz Carlton" cherry pick and exacerbate the personnel (particularly), ie, nursing shortages and leave high acuity, poor payor mix to the general hospitals.

Is this the "public benefit" that we the people receive in exchange for rezoning to high intensity commercial per our City's zoning laws? I think this proposal is counter to the public interest. It's your duty as elected officials and public servants to consider these facts and these actual cases.

This public information may be disseminated.

Connie Potter, RN, BSN, MBA;HCA
2505 Desert Drive
Las Cruces NM. 88001
575-524-2443

My Credentials:
Registered Nurse for 45 years; open heart, ER, critical care, Airmedical/ALS ground ambulance, neurology, cardiopulmonary technology, interventional cardiology, trauma care, neonatal stabilization and transport.

FORMER; Trauma system manager state of Oregon; administrator ED and Trauma Services, R.E. Thomason Hospital, El Paso and UCI Medical Center, Orange CA; SVP Bishop & Associates, national trauma consulting firm, Irvine CA; Immediate past CEO and co founder Trauma Center Association of America formerly National Foundation. For Trauma Care

Author, grantee (CDC and HRSA)
Author and advocate Trauma center Stabilization Act 2007 now in PPACA for $224 (Sen Patty Murray/Johnny Isakson)

http://www.slideshare.net/cardiacinfo/impact-of-physicianowned-limitedservice-hospitals-lincoln-case

Sent from my iPhone
Connie J. Potter

So please note I am not speaking as a "resident "on record" (where and when, Mr. Garza?) as opposed to any development or a "healthcare economist".

In addition:
Author, grantee (CDC and HRSA)
Author and advocate Trauma center Stabilization Act 2007 now in PPACA for $224 (Sen Patty Murray/Johnny Issakson)

Please Take the time to view this information and its application to our city.

http://www.slideshare.net/cardiacinfo/impact-of-physicianowned-limitedservice-hospitals-lincoln-case

Sent from my iPhone
Connie J. Potter

Impact Summary

The Impact Summary report shows for each fiscal year the estimated total Economic and Real Estate Impacts and Revenue Impacts that might result from Galichia Medical Center. These impacts are shown in greater detail in the subsequent tables. This summary includes impacts from Galichia Medical Center itself (the direct impact), as well as the estimated multiplier effects of Galichia Medical Center on other businesses within Las Cruces (based on the supplier and consumer impact).

The Economic Impact includes:

· Employment - those working for Galichia Medical Center plus the number of jobs created at its suppliers and companies/organizations that make the goods and services used by the workers at Galichia Medical Center and its suppliers

· Payroll Impact - payroll for that group of workers

· Economic Impact - defined in terms of output, a measure of the increased value of production or demand generated by the project

· Population - an estimate of the number of individuals that share a direct benefit from the personal income figures

· Households - estimated number of households directly or indirectly supported by Galichia Medical Center

The Real Estate Impact shows the amount of Non-Residential Square Footage that is supported locally by the company and its suppliers.

Lastly, Revenue Impacts summarize the estimated amount of state and local tax revenues generated annually by Galichia Medical Center itself (direct impact), its employees and other supported local businesses (supplier and consumer impact).

10

Mesilla Valley EDA Regional Project Assessment System - Impact Summary

	Economic and Real Estate Impacts							Revenue Impacts	
Year	Employmen	Personal Income	Output	Non-Residential Square Footage	Supported Population	Enrollment	Supported Households	Local Tax Revenues	State Tax Revenues
Operation of Galichia Medical Center on Las Cruces									
2013	456	$20,484,767	$45,504,063	210,201	780	541	306	$2,953,704	$2,919,965
2014	456	$20,484,767	$45,504,063	210,201	780	541	306	$1,757,113	$970,871
2015	456	$20,484,767	$45,504,063	210,201	780	541	306	$1,748,628	$970,500
Total:		$61,454,300	$136,512,190					$6,459,444	$4,861,336
Operation of Parkridge Medical Office on Las Cruces									
2013	54	$2,389,889	$5,308,807	65,120	91	63	36	$620,093	$655,008
2014	54	$2,389,889	$5,308,807	65,120	91	63	36	$301,407	$134,740
2015	54	$2,389,889	$5,308,807	65,120	91	63	36	$299,892	$134,674
Total:		$7,169,668	$15,926,422					$1,221,392	$924,423
Operation of Assisted Living Center on Las Cruces									
2013	61	$2,731,302	$6,067,208	46,200	104	72	41	$718,156	$806,508
2014	61	$2,731,302	$6,067,208	46,200	104	72	41	$299,912	$121,426
2015	61	$2,731,302	$6,067,208	46,200	104	72	41	$299,379	$121,403
Total:		$8,193,907	$18,201,625					$1,317,447	$1,049,337
Operation of Transitional Rehab Center on Las Cruces									
2013	45	$2,048,477	$4,550,406	19,335	78	54	31	$279,463	$317,351
2014	45	$2,048,477	$4,550,406	19,335	78	54	31	$123,917	$63,397
2015	45	$2,048,477	$4,550,406	19,335	78	54	31	$123,189	$63,365
Total:		$6,145,430	$13,651,219					$526,569	$444,113

Mesilla Valley EDA Regional Project Assessment System - Impact Summary

	Economic and Real Estate Impacts							Revenue Impacts	
Year	Employmen	Personal Income	Output	Non-Residential Square Footage	Supported Population	Enrollment	Supported Households	Local Tax Revenues	State Tax Revenues
Operation of Medical "Build to Suit" 1 on Las Cruces									
2013	20	$887,673	$1,971,843	11,934	34	23	13	$99,961	$100,677
2014	20	$887,673	$1,971,843	11,934	34	23	13	$59,722	$34,984
2015	20	$887,673	$1,971,843	11,934	34	23	13	$59,531	$34,976
Total:		$2,663,020	$5,915,528					$219,213	$170,637
Operation of Medical "Build to Suit" 2 on Las Cruces									
2013	44	$1,980,194	$4,398,726	26,266	75	52	30	$304,625	$327,956
2014	44	$1,980,194	$4,398,726	26,266	75	52	30	$150,854	$78,403
2015	44	$1,980,194	$4,398,726	26,266	75	52	30	$149,178	$78,330
Total:		$5,940,582	$13,196,178					$604,657	$484,689
Operation of Medical "Build to Suit" 3 on Las Cruces									
2013	175	$7,852,494	$17,443,224	78,485	299	207	117	$578,478	$567,319
2014	175	$7,852,494	$17,443,224	78,485	299	207	117	$394,894	$267,612
2015	175	$7,852,494	$17,443,224	78,485	299	207	117	$394,022	$267,574
Total:		$23,557,482	$52,329,673					$1,367,394	$1,102,505
Operation of Medical "Build to Suit" 4 on Las Cruces									
2013	20	$887,673	$1,971,843	9,848	34	23	13	$77,284	$76,214
2014	20	$887,673	$1,971,843	9,848	34	23	13	$50,311	$32,180
2015	20	$887,673	$1,971,843	9,848	34	23	13	$50,183	$32,174
Total:		$2,663,020	$5,915,528					$177,779	$140,567

Summary for Parkridge Development

The economic and revenue impact model was created using software developed for the Mesilla Valley EDA by Applied Economics. It is important to remember that inputs to the model are estimates and do not represent exact and precise measurements. The output of the model, like any modeling tool, reflects the assumptions that are used in the formulation. Accordingly, if some of the assumptions change (e.g., employment numbers), then the model results will also change. The model is expected to give the community a general idea of the impact of the project.

The model includes the following sections:

1) **Project Description** - The summary page describes the inputs into the model.

2) **Impact Summary** - The impact summary shows all annual impacts of the project. These impacts are described below

- **Employment** - The project directly and indirectly supports 1,327 jobs in the local economy.
- **Personal Income** - The project directly and indirectly supports a payroll of $50,781,253 in the local economy.
- **Output** - This figure represents total sales or Gross Local Product (similar to Gross National Product). Accordingly, the project has an annual impact on the local economy in terms of total output (for all companies) of $120,442,002.
- **Non-Residential Square Footage** - The project supports commercial building space of 714,593 square feet in the local economy.
- **Population** - The project supports a population of 2,847 people in the local community.
- **Enrollment** - The project supports student enrollment of 1,570 children in the school system of the local community.
- **Households** - The project supports 889 households in the local community.
- **Local Tax Revenues** - The project supports $4,713,068 in property, sales and utility taxes to the local community each year.
- **State Tax Revenues** - The project supports $2,309,882 in sales and income taxes to the state each year.

Staff Presentation at the June 25, 2013 Planning and Zoning Commission Meeting

Z2860
Park Ridge Medical Center

Rezoning 30-acres from R-1a (Medium-density Single-family Residential) to both C-3C (limited High Intensity Commercial) and R-4C (limited High Density Multi-family Residential) to accommodate a medical center within the 110-acre, vacant Las Cruces County Club property

City of Las Cruces
People Helping People

Proposed Rezoning Project

- Rezone 23.44 acres to C-3C to allow a hospital and medical offices; and

- Rezone 7.31 acres to R-4C to allow a residential rehabilitation/assisted living facility.

City of Las Cruces
People Helping People

Proposed C-3 Limited Rezoning Land Uses

Hospital

Heliport as a Special Use

Health/Exercise Club/Gymnasium/Sports Instruction

Business Offices

Consulting

Institutional Office: public, private, educational, religious & philanthropic

Laboratory

Medical/Dental Office

Café, cafeteria, coffee shop, restaurant, etc.

Health care clinic (non-hospital)

City of Las Cruces
People Helping People

Proposed R-4 Limited Rezoning Land Uses

Assisted living/Retirement facility

Recreational court, tennis, etc.—private

City of Las Cruces
People Helping People

Developer Proposed Development Standards

- In the C-3C zone, there would be a 40 foot landscaped buffer along the Camino del Rex townhomes rear property lines instead of a typical 25 foot landscaped buffer;
- In both the C-3C and R-4C zones, buildings closest to the Camino del Rex townhomes would be limited to 2 stories in height rather than the typical allowable 60-foot height; and
- In the C-3C zone adjacent to the townhomes, buildings would be set back 80 feet from the townhomes' rear property lines instead of the typical 25-foot buffer zone/ setback.

City of Las Cruces
People Helping People

Revocation of a Conditional Zoning Designation

A conditional zoning designation shall be revoked and revert to the previous zoning district designation if the designated property is not used or developed in accordance with the conditions and all other applicable regulations within two (2) years from the date of City Council approval [Article II, Section 38-10.H.9 of the CLC Zoning Code].

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Vicinity & Zoning Map

City of Las Cruces
People Helping People

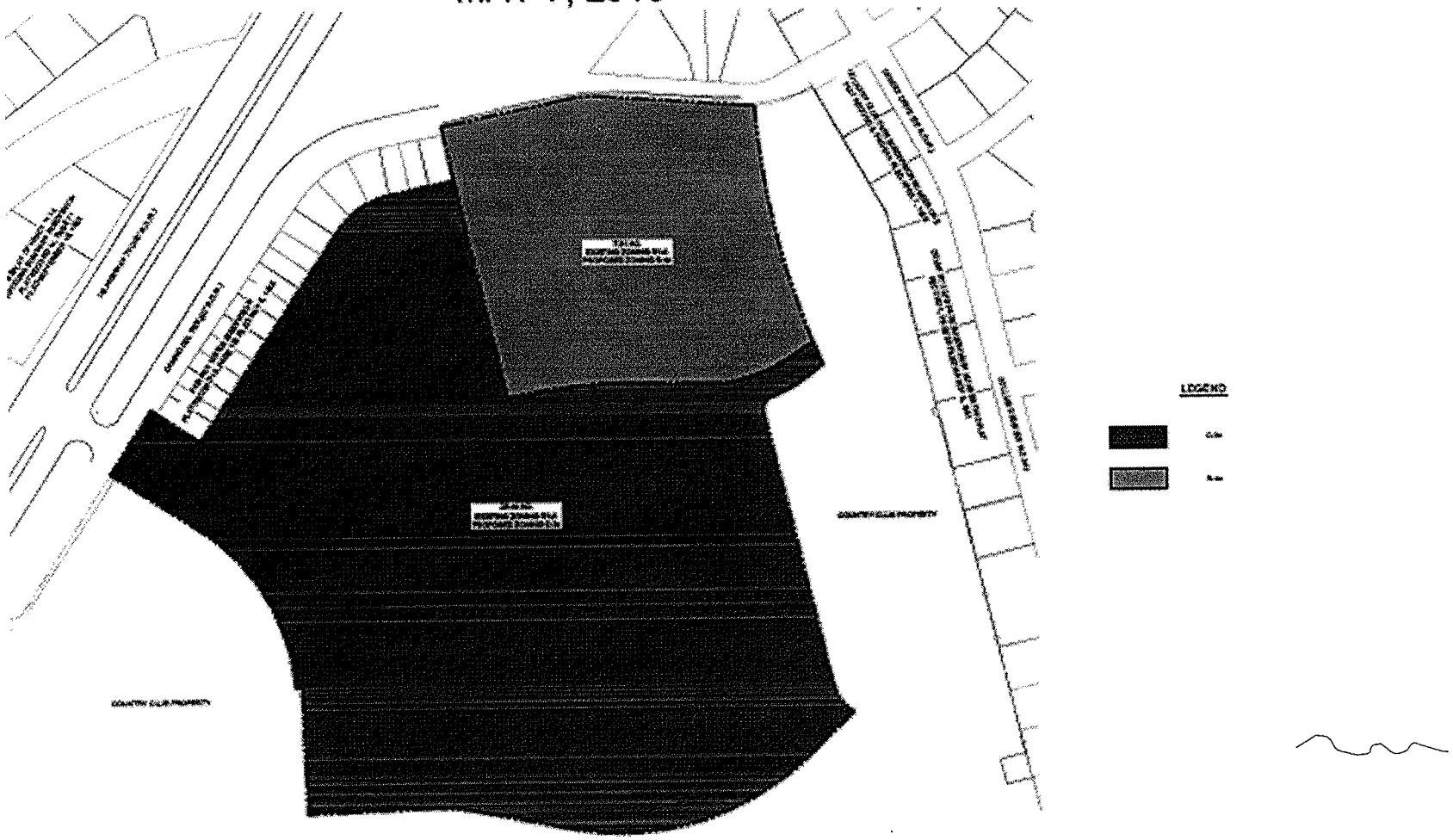
Infill Development Overlay District

City of Las Cruces
People Helping People

Rezoning Vicinity Map

City of Las Cruces
People Helping People

PARK RIDGE MEDICAL CENTER
ZONING PLAN
30.75 ACRES
MAY 7, 2013



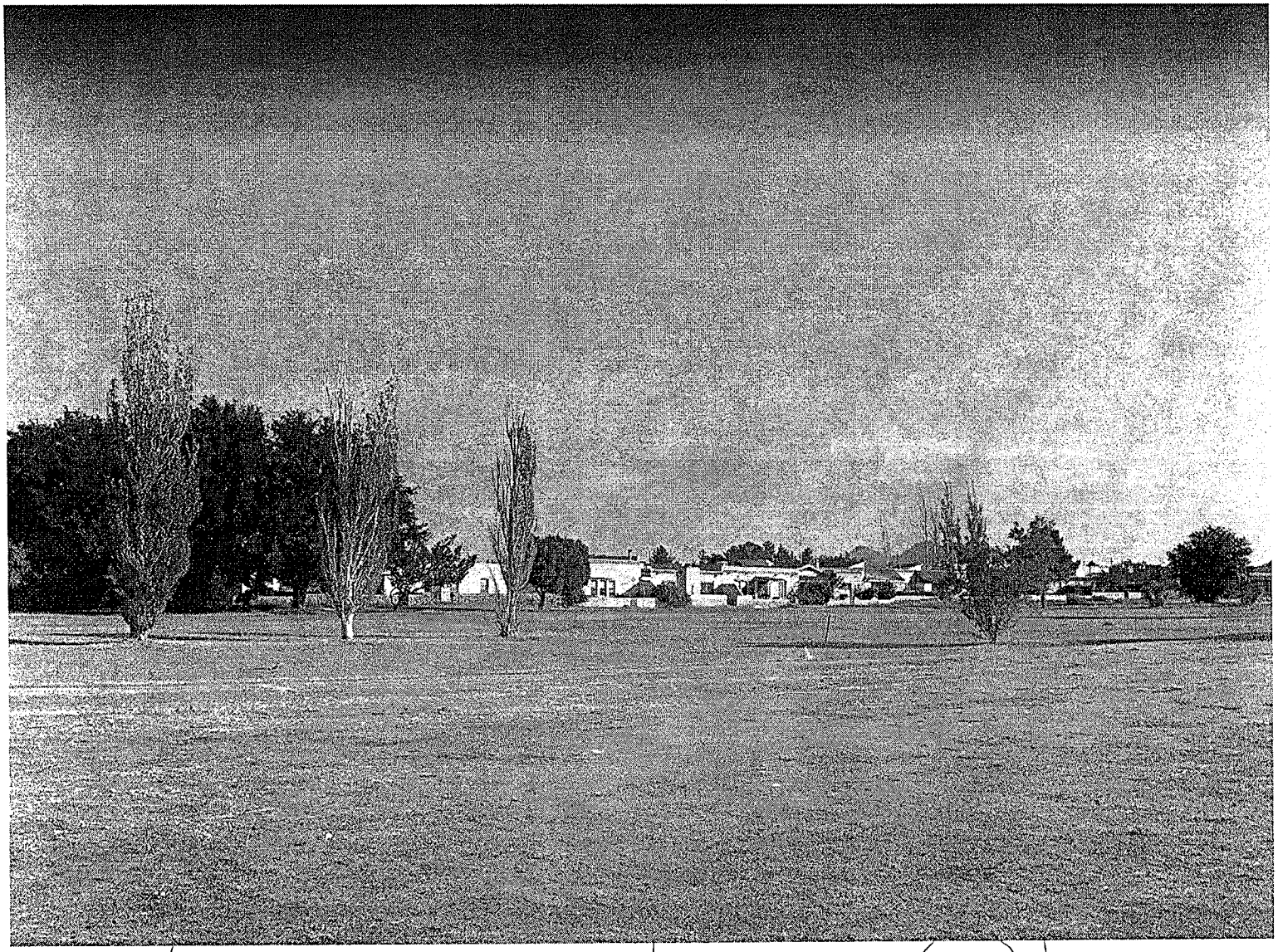
City of Las Cruces
People Helping People

Generalized Land Use Locations

City of Las Cruces
People Helping People

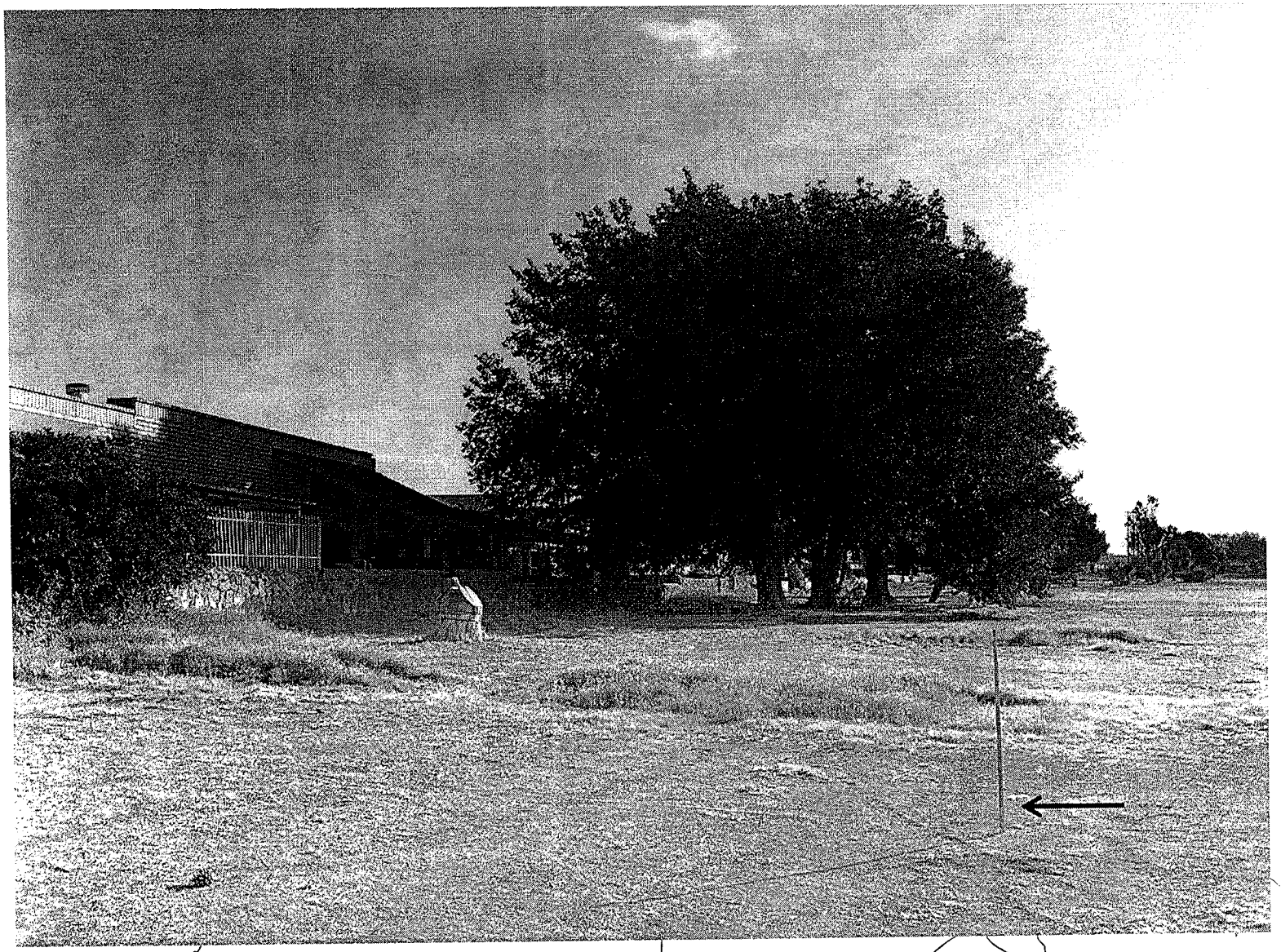
Emergency Vehicle access & MPO Thoroughfare Designations

City of Las Cruces
People Helping People



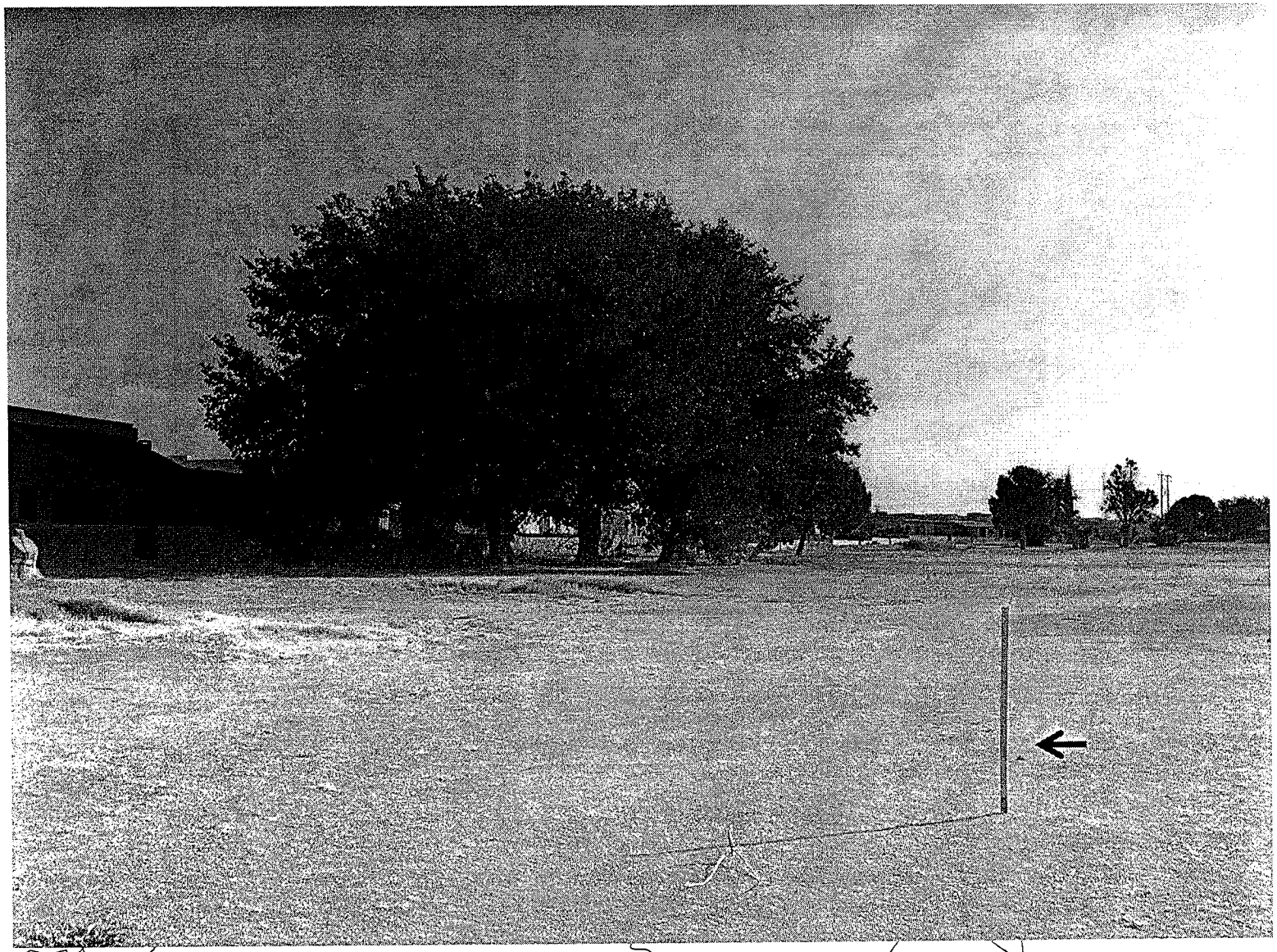
Rezoning Site looking north toward townhomes

City of Las Cruces
People Helping People



Proposed 40' landscaped buffer

City of Las Cruces
People Helping People



Proposed 80' building setback

City of Las Cruces
People Helping People

Project Evaluation

- Medical center would reuse 30-acres of the 110-acre vacant property located within the City's Infill Development District;
- Rezoning would facilitate the development of the medical center, yet would limit the C-3 and R-4 land uses to those associated with the medical center;
- Project would provide a hospital which would provide an Emergency Room that would serve the central area of the City;
- Site is well-served by roads and transit;
- Site is near existing C-3 commercial centers;

City of Las Cruces
People Helping People

Project Evaluation continued

- Staff recommended 3 conditions of approval would mitigate potentially adverse impacts of the development; and
- The Site is vacant and rezoning the property for limited commercial and residential uses would satisfy City Comprehensive Plan policies; purposes and intent statements of the Zoning Code; decision criteria of the Planning & Zoning Commission; and relevant N.M. case law.

City of Las Cruces
People Helping People

Staff Recommendation

City Agencies and the N.M. DOT have reviewed the rezoning request against all applicable regulations and plans and have recommended **conditional-approval** with the 3 Conditions noted below.

1. The C-3C and R-4C zoning allowable uses shall be limited to those listed on pages 7 and 8 of Attachment 5 to the staff report;

2. A Traffic Impact Analysis, shall be submitted with the first building permit or subdivision application for land within the rezoning area and shall be approved by the City's Traffic Engineer .

3. Prior to issuance of a Certificate of Occupancy for the first building within the rezoning area, the developer shall provide a second road access meeting the specifications of the 2009 International Fire Code and approved by the City's Fire Marshal and Traffic Engineer.

City of Las Cruces
People Helping People

Planning and Zoning Commission Options

1. Vote "YES" to recommend approval of the rezoning request to the City Council with the conditions of approval recommended by staff;

2. Vote "YES" to recommend approval to the City Council with new or amended conditions of approval;

3. Vote "NO" to recommend denial to the City Council; or

4. Vote to Table/postpone the request and direct staff accordingly.

City of Las Cruces
People Helping People

PLANNING AND ZONING COMMISSION
FOR THE
CITY OF LAS CRUCES
City Council Chambers
DRAFT June 25, 2013 at 6:00 p.m.

BOARD MEMBERS PRESENT:

Godfrey Crane, Chairman
William Stowe, Vice-Chair
Charles Beard, Secretary
Charles Scholz, Member
Ray Shipley, Member
Joanne Ferrary, Member

BOARD MEMBERS ABSENT:

STAFF PRESENT:

David Weir, Director Community Development Department, CLC
Robert Kyle, Building Official and Development Services Administrator, CLC
Katherine Harrison- Rogers, Senior Planner, CLC
Adam Ochoa, Planner, CLC
Susana Montana, Planner, CLC
Mark Dubbin, CLC Fire Department
Rusty Babbington, CLC Legal Staff

I. CALL TO ORDER (6:00)

Crane: We usually start by introducing the Commissioners. On my far right is Commissioner Shipley representing District 6. And Commissioner Ferrary District 5. Commissioner Scholz, he's the Mayor Appointee. Commissioner Stowe is the Vice-Chair and represents District 1. Commissioner Beard is our secretary, represents District 2. And I'm Godfrey Crane, District 4, and I'm the Chair. And we lack a Commissioner at the moment for District 3.

II. CONFLICT OF INTEREST

At the opening of each meeting, the chairperson shall ask if any member on the Commission or City staff has any known conflict of interest with any item on the agenda.

Crane: Next item is conflicts of interest and it happens tonight that there are two people, I am one of them and Commissioner Ferrary is another, who want to bring up potential conflicts of interest and I will go first because mine's a relatively simple matter. This concerns the consent agenda item Z2861. I think you all have an agenda. There's actually on it, while I think of it a

typo, which may have surprised some of you; the second line starting at the beginning it reads "application by the Mesilla Park Baptist Church to rezone a 1.84-acre parcel located at 106 E. Manso Avenue at" - it should be S. Main Street, not S. Valley Avenue, and Oak Street. The organization that wants to buy this property is called Amistad Family Services and I happen to be personally acquainted with the executive director, Scott Banister, who ... is he here tonight? No. He also happens to be the person who built the house that we are living in at the moment. Obviously I don't feel that this in any way affects my vote on this matter, particularly since it is a consent agenda item which we vote on without discussion unless a member of the Commission or city person or somebody in the audience wants to discuss the matter, in which case we move it to the new business agenda. I have not discussed this with all my fellow Commissioners, but I will ask them now and I will ask the city people: does anybody have a problem with my continuing to chair the meeting and to participate in the discussion if there is one, on the Z2861? Any member of the public? In that case we'll continue that in a moment. And now I'll let Commissioner Ferrary tell you what's on her mind.

Ferrary: Mr. Chair, I've been a member of the Las Cruces Country Club for quite a few years and I've been advised that I should recuse myself from the point of the sale and approval of that rezoning.

Crane: Thank you, Commissioner. So when the time comes for that particular item Commissioner Ferrary will leave the podium and come back when that is over.

Our next item is approval of the minutes for ... that's quite right. Commissioner Beard reminds me I haven't asked anybody else if they have a conflict. Okay. Thank you for bringing that up. That's quite right.

III. APPROVAL OF MINUTES

1. February 26, 2013 - Regular meeting
2. April 23, 2013 - Regular meeting

Crane: Now we move to approval of the minutes for the last two meetings, February 26th and April 23rd. Commissioners, anybody have any comments on February 26th minutes? Commissioner Shipley.

Shipley: Thank you Mr. Chairman. Page 42 in the hymnal there, page 42, line 26, next ... third to the last word should be ... says "given a change to come", it should be "chance", instead of "change".

Crane: Chance instead of change. Line 26.

Shipley: Line 27, after "you've got a one shot" - "a" should be stricken, it should just be "you've got one shot here".

Crane: I'll drop the word "a".

Shipley: Drop the word "a".

Crane: Okay.

Shipley: And line 37 the next to the last word, strike, instead of "out" it should be "up". A hand up as opposed to a hand out.

Crane: Thank you. Anyone else? I have one, page 41, line 2, "Ms. Montana can every house in principle, have an SUP", not and principle. So that's line 2 … correction, line 3 on page 41. I'll entertain a motion that the minutes as amended be accepted.

Shipley: So moved.

Scholz: Second.

Crane: Moved by Shipley, seconded by Scholz. All in favor.

ALL: Aye.

Crane: Against? Any abstentions? No. It passes 6:0. And now to the …

Ochoa: April 23rd.

Crane: April 23rd. Any Commissioner have a point to make about April 23rd meeting minutes? Commissioner Scholz, your light's on.

Scholz: Sorry.

Crane: Okay, I have one, page 12, line 16, I don't believe it was Commissioner Ferrary that made that statement "That's correct" there since the question doesn't seem to be directed at her, Mr. Shipley's comment. Did you say that Commissioner Ferrary?

Ferrary: I don't think I did.

Crane: Okay. Also, I noticed that Mr. Babington's name on the first page is misspelled Barrington. Sir, I cannot apologize too deeply for that. I hope you're grateful to me for pointing it out.

Shipley: Mr. Chairman.

Crane: Yes, Mr. Shipley.

Shipley: I think that was Ms. Montana that said, "That's correct".

Crane: Okay. Montana, all right. And I also noticed that in the introduction I apparently left out Mr. Shipley or our secretary left out Mr. Shipley, but he is listed as being there. He has spoken but he wasn't introduced. Did I make that booboo? I did? You're too shy, you should've said something.

Shipley: I was introduced. I just think it was left off.

Crane: Oh, okay. So, I'll entertain a motion that the minutes of April 23rd be accepted as amended.

Scholz: So moved.

Beard: Second.

Crane: Okay, who moved? Scholz moved and Beard seconded. Thank you. All in favor, aye.

ALL: Aye.

Crane: Any against? Anybody abstaining? No, thank you.

IV. POSTPONEMENTS - NONE

Crane: Any postponements, Mr. Ochoa?

Ochoa: No sir, none tonight.

Crane: Okay.

V. CONSENT AGENDA

1. **Case Z2861:** Application by the Mesilla Park Baptist Church to rezone a 1.84-acre parcel located at 106 E. Manso Avenue at S. Valley Avenue and Oak Street, Parcel No. 02-31716, from R-1a (Medium-density, Single-family Residential) and C-2 (Medium-intensity Commercial) to O-2 (Professional Office, Limited Retail Service) District to allow the church to remain and to allow counseling services and a preschool and day care services on the property. District 2 (Councilor Smith)

Crane: So we proceed to the consent agenda item and, as I said, this is an item which there are sometimes many things on it, which is considered so uncontroversial that we simply vote on whatever's in there as a block item without discussion. However any Commissioner, any member of the

Community Development Department, or anybody of the public who wants to discuss this matter can ask for it to be put onto the regular agenda and covered later. So anybody who wants to discuss Z2861? No. All right then. I'll entertain a motion that the consent agenda be approved with the correction of the address, S. Main Street.

Scholz: So moved.

Crane: Scholz moves. Second?

Shipley: Second.

Crane: Seconded by Shipley. All in favor, aye.

ALL: Aye.

Crane: Any against? No, passes 6:0. Thank you.

VI. OLD BUSINESS - NONE

Crane: Any old business, Mr. Ochoa?

Ochoa: No, sir, none tonight.

VII. NEW BUSINESS

1. **Case A1718:** Application of Eric Fernando Lara to add one (1) additional dwelling unit to a property with the maximum permitted number of dwelling units of one (1) dwelling unit. The subject property encompasses 0.93 +/- acres, is zoned REM (Single-family Residential Estate Mobile) and is located on the south side of Central Road, 90 + feet west of its intersection with Gasline Road; a.k.a. 5610 Central Avenue; Parcel ID#: 02-19136; Proposed Use: two (2) single-family dwelling units on the subject property. Council District 5 (Councilor Sorg).

Crane: And we proceed to Case A1718, application of Eric Fernando Lara to add an additional dwelling unit to property. This is the property at Central Road and Gasline more or less and, Mr. Ochoa, you're going to present? Go ahead.

Ochoa: Yes, sir. Thank you. Adam Ochoa, Building and Development Services for the record. First case we have tonight gentlemen is Case A1718. It is a request for a variance or to vary from the maximum permitted number of dwelling units on a single lot, parcel, or tract for a property located at 5610 Central Avenue.

Shown here, highlighted with the stripes or the hash marks through

it, it is located in the East Mesa north of Highway 70, between Mesa Grande Drive and Mesa Drive on the south side of Central Road. Shown here on the zoning map, the subject property here again on the south side of Central between Mesa Grande and Mesa and a very large, overwhelmingly large cluster of rural single-family residential zoning designation.

Like I said before, the subject property is located on the south side of Central Road approximately 90 feet west of its intersection with Gasline Road which runs north and south. The subject property encompasses approximately 0.93 acres and is currently zoned REM, which is Single-Family Residential Estate Mobile. Currently there is a single-family residence on the subject property with a detached carport and some other associated accessory structures. The applicant tonight is requesting the variance to add one additional dwelling unit on the subject property to bring the grand total number of dwelling units on the property to two essentially. Again, what the maximum permitted number of dwelling units per lot, parcel, or tract in the REM zoning district of one; that is found in the 2001 Zoning Code under Article Four, Section 38-31d.

The proposed variance did go out for review with all reviewing departments in the city. No significant issues were brought up for the proposed variance. The Engineering Services did point out that the property is within a special flood hazard area, which simply means they will have to go through an engineering process in order to put any additional home or even any addition to the existing single family home on the property if anything gets approved or if anything in the future comes up. The Las Cruces Fire Department also brought up that if the second home was allowed on the property that there'd be a minimum 20-foot cleared area of a driving aisle to the new structure for fire to reach that new structure.

Just to highlight just a little bit on the history on the property itself: the property was originally annexed into the city with two residences on it. Those two residences remained on the property until ... well, basically, the property was a legal nonconforming property since it is zoned for Single-Family but had actually two residences on it. One of those residences was removed over a year ago and was never replaced within a year. Following the nonconforming section of the 2001 Zoning Code, that legal nonconforming use is now gone as shown on the property, meaning now that with the lapsed time they're only allowed to have the one single-family unit on the property. Just to point it out though, there are existing utility lines and meters on the property for two dwelling units. So essentially, the property is still set up for two homes but again now that the time has lapsed of that one-year grace period to bring in another single-family home on there that is gone so now they're only allowed the one single-family dwelling on there.

When staff took a look at this proposed variance, of course we were ... we have to look at a very narrow (inaudible) at what exactly we

recognize as a hardship, one being a physical hardship relative to the property, something topographical, right of way takes, and any type of reduction in the property or any type of physical abnormality, if you will, with the property in order for it to be allowed to continue with the variance. Second being the potential for spurring economic development, not only in a neighborhood, from a neighborhood standpoint but also citywide level. And third, lastly, is the monetary consideration, not as a whole but relative to the options available to meeting the applicant's stated objective; essentially saying that if it is way too expensive in order to make, or if it costs way too much money to make the applicant the particular part in the Code, then that's something we could definitely take a look at for possibly approving a variance.

Showing here the subject property south of Central, again there is that single-family home, the carport. The other mobile home did exist essentially around this area in the past right behind that existing home. As you can see here majority of the residences around this area are mobile homes. That is what the applicant was proposing to move onto the property, an additional mobile home. As you can see there are actually some properties adjacent to the property with more than one single-family dwelling unit on it with the same zoning designation as the subject property. Showing here some site photos: here on the far left side of the property looking south, a driveway with that carport in the back and then large open area behind the existing single-family home. Here a front view of that single-family home and of course, on the far right of that subject property looking south again. You can see the two gas meters existing there. You kind of see where the existing electrical line is there with that meter on it as well.

Taking what staff can do, is allowed to do by the 2001 Zoning Code, staff reviewed the request for the variance and found no basis for granting a variance based upon the criteria outlined in section 38-10j. Because of that staff does recommend denial for the proposed variance based on the findings found in your staff reports.

Your options tonight are 1) to approve the variance request; 2) approve the variance request with conditions determined appropriate by the Planning and Zoning Commission; 3) to deny the variance request; and 4) table and postpone and direct staff accordingly. I just wanted to point out staff did receive one phone call from an anonymous neighbor essentially supporting the proposed variance, stating that there are a large amount of properties out there with more than one single-family dwelling on it. And seeing that ... he stated that he could see why we're trying to bring him into compliance, but in an area like this he sees no point in allowing a second home on the property would be an issue in his opinion. With that the applicant is here and has a presentation ready for you all as well. And I stand for questions if you have any questions for me.

Crane: Thank you, Mr. Ochoa. I should have announced for the benefit of the

public how we run these meetings. As you see in this case, a member of the Community Development Department makes a presentation. Then the Commissioners get to ask questions of that person if they have any. Then we invite the applicant or his representative and that person makes a statement. We can ask questions of that person. Then we open to the floor and ask how many people wish to speak and if there are a lot we typically assign a three-minute limit to their presentation. In this particular instance I don't think it's going to happen. So, Commissioners, any questions for Mr. Ochoa? Commissioner Scholz.

Scholz: Yeah, I have two. Are we talking about a rezoning here?

Ochoa: No, sir, Mr. Scholz. The applicant was … when they met with staff he was … staff did work with him to see what other options he had for the property to have that second home on there. One was the zone change to a multi-family zoning designation. Of course he was trying to see something that's a little faster; that would've been a little faster to see if he could get that second home on the property, which a variance would allow since it is numerical variance. It is numerical in nature from one dwelling unit to two dwelling units. So, no. It's just a variance and nothing to do with the zoning.

Scholz: Because I was thinking the way it's structured you could do a flag lot there with a side, you know, a side drive and then a lot in the back of the original lot. I know we've done that before. But it occurred to me that if we do a rezoning then there was a sanitation issue. We ran into this on Mesa a couple of years ago. Is this mobile home connected to the sewer?

Ochoa: Mr. Chairman, Commissioner Scholz, I will leave that up to the property owner.

Scholz: Okay.

Ochoa: To answer that for you. I'm not aware of what exactly the types of utilities are available to him out there, if sewer is available for them out there. I would state, though on your comments about the flag lot, that would be from a subdivision standpoint, doing a type of flag lot to split the one existing lot into two. The property is not large enough to subdivide the property into two lots. The REM Zoning District requires a minimum half an acre in size for (inaudible).

Scholz: And it's less than an acre.

Ochoa: Correct, sir. And plus they'd also have to give up more for the right-of-way as well as Central Road is essentially a Collector roadway so more right-of-way would have to be taken as well, making the lot even smaller than

what it is now. So, the applicant has seen this as his only and quickest avenue to try to get the second home on the property.

Scholz: Thank you.

Crane: Commissioner Ferrary.

Ferrary: Yes. I was wondering ... you were mentioning if it had been one acre it could be subdivided into two lots. And is it true that the city had to take easement from their one acre to make it now less than one acre?

Ochoa: Mr. Chairman, Commissioner Ferrary, essentially that did happen in the past. Whether as to we gave just compensation for it or not, I wasn't able to get that information from our Land Management Department. But yes, essentially in the past as, if you all did a site visit, possibly you saw there is a pretty decent 50-foot wide right-of-way road with curb, gutter, sidewalk, and lighting out there. For that project to be done by the city, they'd have to go and either take or purchase property from adjacent property owners in order to build that out. That was done in the past and that did shrink down the property of the property owner.

Ferrary: So they wouldn't have to be going through this if they hadn't had to give up some of that land?

Ochoa: Mr. Chairman, Commissioner Ferrary, there is a possibility they might still have had to go through this simply because even if they did want to subdivide they would still have to provide right-of-way and do additional road improvements. So, a public process would still have to be done in order for them to obtain two individual single-family homes on that property.

Ferrary: Okay, thank you.

Ochoa: No problem.

Crane: Mr. Ochoa, what happened here was that if they had replaced that mobile home that was removed or destroyed within, what was it? One year? They could have continued to have a second home on the lot.

Ochoa: Mr. Chairman, that is correct. Since the property was annexed into the city with two homes it was nonconforming. So, one of the standards being if one is ... if an existing home or that nonconformity is removed and is removed for a period over a year, then essentially, yes, sir, the property must come into compliance with the 2001 Zoning Code, meaning you're no longer allowed to have two homes, just one now.

Crane: And how long has it been since the permission to have two has run out?

Ochoa: Mr. Chairman, the staff did do some research on ... we essentially looked at a home being removed from a property is when they cease utility connections or utility services. That was done back in April 2009. So they would have had to bring it back by April 2010 in order for it to still be a nonconforming lot, sir. So it's over three/four years that's been gone.

Crane: How did the applicant find out that he couldn't put the second home back?

Ochoa: Mr. Chairman, I'll leave that up to him. He will probably explain a little bit better his process that he went through with that, sir.

Crane: Thank you.

Ochoa: Thank you.

Crane: Anything else, Commissioners? Is the applicant present? Please come up, sir.

Lara: Good evening, Commissioners.

Crane: Speak to the mike please and identify yourself for the record.

Lara: Hi, my name is Eric Lara and I'm here applying for the zoning variance on 5610 Central. As Mr. Ochoa stated there was a mobile home previously set there and removed on the said date of 2009. The way I found out was I purchased a mobile home and was proceeding to put it on the property, pulling the permit which got denied. As you can see here the electrical meter is still there. El Paso Electric does a monthly reading on it to this day. Natural gas hook up. Actually when we first lived on the property it was set up for propane and we actually paid to have the second gas meter put on, purchased from the City of Las Cruces and had the lines installed as well. Water, utilities, and it's pretty much the same as what Mr. Ochoa was stating. We have all utilities still on site. The property, my father's on the property for over 30 years. This is the post site, the back end of the property, approximately a half an acre, not exactly. As you can see it's a fairly large piece of property, more than enough room for a second home there. And here's just another portion of the property. This would be in compliance with the Fire Department. This would give them more than enough room to have a drive if there was fire. This would be the west portion of the property. There's no drive on this end. The drive would be on the other side. Also, just another look of the back portion of the lot just showing where the mobile home would be set. And again there's utility poles. This is an adjacent neighbor to the south. Actually he has three homes on this property. I could only fit two in the picture, but there are

several lots around there that have more than one home. And just a front view of the existing home which my parents live in and I take care of them, you know, in their old age.

Crane: Thank you. Commissioners any questions for Mr. Lara? Commissioner Shipley.

Shipley: The one question was: are you on well and septic or are you on city water and city sewer?

Lara: We're on septic actually right now.

Shipley: Septic. But you have city water?

Lara: No, there's actually water we get from Mesa Development up on Jimmy Lane.

Shipley: Okay. But you are septic?

Lara: But we do get gas, trash, everything else from City of Las Cruces.

Shipley: Right.

Crane: Commissioner Scholz.

Scholz: Is there a sewer on Central Avenue?

Lara: There is ... yes, there is sewer on the street. I guess there's the option to tap into that now. I know there are some neighbors that have tapped into the sewer. There are still several on septic.

Scholz: Okay. How big is the septic field?

Lara: It is fairly large. I'm not sure exactly the size. I can get that information, but it is a large septic tank, good enough to support the two homes.

Scholz: Well, I'm thinking of the leach field. Where is the leach field? It's in back of the first house isn't it?

Lara: Yes.

Scholz: So are you going to be locating on top of the leach field?

Lara: No.

Scholz: Okay. Thank you.

Crane: Further to that, is just the one septic tank for the two houses if you get two houses, right?

Lara: Yes sir.

Crane: Okay. I think I'll ask the city if there's any means that come to the collective mind that Mr. Lara can rescue himself from this situation. Mr. Scholz brought up a couple of possibilities regarding rezoning and so on. Mr. Ochoa.

Ochoa: Yes sir, we did look at some options: one again, like we said before, zoning aspect, getting the property zoned to a multi-family zoning designation essentially making ... it'd be one property zoned for multi-family and a very large single-family and abundantly rural single-family zoning district, if you will so there's chances for spot zoning if that zone change was approved or moved forward. Not only that but also the time restraints for Mr. Lara was a zone change and would have to go all the way to City Council for final approval and he was just trying to see ... this being his quicker option coming for a variance to try to get this done.

The second option being a subdivision: the existing 0.93 acre property, if it was split in half he would have to go for a variance as well to minimum lot size since in the REM Zoning District you're required to have a minimum half an acre in lot size. So he'd have to get a variance along with that subdivision in order to have both lots; one at half an acre and the other one less than half an acre in size. As well, as I did talk to Mr. Lara about he would have to give up the additional right-of-way for Central Road and potentially do any type of road improvements. If he was not able to do that, then he would have to go for a waiver as well with the subdivision and the variance.

Crane: Thank you.

Shipley: Question, Mr. Chairman.

Crane: Mr. Shipley.

Shipley: Mr. Ochoa, what other ... the right-of-way there has been done and the road it's in so what additional right-of-way would he have to give up?

Ochoa: Mr. Chairman, Commissioner Shipley, Central Road is a Collector roadway which requires a minimum of 85-foot wide right-of-way. Currently the road out there right now, Central Road is only 50-feet wide. So he would have to dedicate an additional 17.5-feet, I believe, of right-of-way plus provide for improvements to that additional right-of-way or payment in lieu of or he would have to go for a waiver, as you've seen before different

subdivisions needing to go for a waiver to road improvements. So that would've been his other lengthier option and again the variance was seen by the applicant as the quicker way.

Crane: Anyone else? Any other Commissioner? Thank you, Mr. Lara. Thank you, Mr. Ochoa. Any member of the public wish to address this particular issue? In that case we'll close to public discussion and Commissioners. Mr. Shipley.

Shipley: I have one item that I'd like to discuss about this particular address. This is 5610 but it's in the 5200 block. Isn't there something in the city Code that requires this to have a change of address? Because right now if he called in for a fire and did like I did today and used my GPS, I ended up about three miles east of there out on a dirt road. And until I called you to find the exact location I wasn't able to find it because the house on either side is 5200 and he's 5600 in the middle of a block and I can't understand why he hasn't been required to change his address to some confirming address so that it would show up correctly.

Ochoa: Mr. Chairman, Commissioner Shipley, that could definitely be made a condition for the subject property that they get an address change for that property. As to why it's currently addressed the way it is, I really have no idea to be quite honest with you, sir. But that definitely can be taken care of relatively easily. It's just a submittal of an address request form and then the changing of that address sir.

Shipley: Wouldn't the city be responsible for making sure that if there's a nonconforming address in a block after they've put in public utilities and public streets that they would be responsible for making that happen? What my point is, it's not up to the applicant to do that. It's up to the city to do something like that.

Ochoa: Mr. Chairman, Commissioner Shipley, I'm not sure if the city has something installed in order to do that, sir. Typically we do catch things like that and get those addresses changed. I don't know what happened at this in the system, sir.

Shipley: Well, it should be to no expense to him because, you know, he was there before. If he has to change stationary or has a business or runs anything out of that, that's expense to him that he shouldn't have to forego. But right now it's a safety feature because if he calls for an ambulance or a fire truck, they're going to show up at the wrong place and that's one lot in the middle of a block and I think that that's very, very serious.

Ochoa: Yes sir.

Weir: Mr. Chair and Commissioner Shipley. That's something we can address. We can contact the property owner and start the process for changing the address. But if you do take an action on this to approve this variance, it's something that you could also make a condition of approval and provide an additional guarantee that that would be take place.

Crane: Sir, identify yourself please, we have no live recorder.

Weir: David Weir, Community Development Director.

Crane: Commissioner Beard.

Beard: Could you correct me if I'm wrong, but all of these structures here that we see including the one that has the three trailers on it, this was all put in place before the city took over that part of the town, is that correct? This was county.

Ochoa: Mr. Chairman, Commissioner Beard, that is correct sir.

Crane: Commissioner Scholz.

Scholz: Yeah, I think I would support this variance. I've been to the neighborhood. I've looked it over. I think he's right in saying that this is not going to be something that imposes a hardship on the neighborhood. This is the way the neighborhood is, it's a rural neighborhood and it was ... all of these structures were grandfathered in. I have a feeling if he had known that he had to replace this thing within a year's time perhaps they would've replaced it, you know most people don't pay attention to you know what I would consider a minor regulation like that. And the fact that there was a piece on it before, it seems to me that you know we can accommodate him here. My only concern is the sewage, I would rather that they attach to the city sewer since there is one on Central Avenue. But that's another issue and I'm not going to make that ...I wouldn't make that a condition of approval.

Crane: You're not making it a condition?

Scholz: No.

Crane: Okay. Any other Commissioner have a comment on this issue? In that case we can proceed to a vote. I will entertain a motion that Case Z2860, the application to ... correction, Case A1718 application to add a dwelling unit to this property at 5610 Central Avenue be approved. Commissioner Shipley.

Shipley: I'd just like to be clear that ...

Crane: Ms. Harrison-Rogers.

Shipley: Because this is for denial of the variance.

Crane: You're quite right. Yes.

Shipley: So if we're going to go the other way and add a condition as Mr. Weir said, then we need to do an amendment to this. And that would in my opinion be the way to go if Mr. Scholz' recommendation was to approve a variance with ... we need a recommendation that the address be changed to corresponding correct address for that block. Then that can be ...

Crane: Well there are two issues there, right?

Shipley: Pardon.

Crane: We have two issues there.

Shipley: Yes we do.

Crane: The apparent erroneous address and the format of the motion.

Shipley: Correct.

Crane: Mr. Babington can we move a different motion to the effect that the variance be granted?

Babington: Mr. Chairman, normally the motion should be in the affirmative, so if the applicant has asked for a variance then the motion would be to approve the variance.

Crane: Yes, that's what I thought. Okay.

Babington: And then after that you would then add any conditions that the Commission feels to be appropriate.

Crane: Yes. All right so we've ... you moving Commissioner Scholz?

Scholz: Yes, I would like to move the approval of A1718.

Crane: 1716 sir.

Scholz: Beg your pardon?

Crane: 1716.

Scholz: I have 1718 on my …

Ochoa: Yes, sir that is a mistake. It is 1718.

Crane: Okay, it's wrong on the agenda. A1718. Thank you.

Scholz: With the condition that the number be changed to conform to the street numbering on Central Avenue.

Crane: Okay, before we go to a second Ms. Harrison-Rogers you have a point?

H-Rogers: Just a reminder to the members of the Commission that if you are going to move forward in approving this, and making a motion to approve it and the votes will be also in the affirmative for approval, that of course findings will have to be made to support that. Because currently the findings in the staff report are supporting denial.

Crane: Yes, understood. So we cannot claim the staff findings as backup for an affirmative vote. Commissioner Shipley.

Shipley: I vote …

Scholz: Excuse me Mr. Chair, was that seconded?

Crane: Pardon?

Scholz: Was my motion seconded?

Crane: Not it wasn't. Is there a second for the motion?

Ferrary: I will second it.

Crane: Commissioner Ferrary seconds. Commissioner Shipley.

Shipley: I vote aye, discussion and site visit.

Crane: Commissioner Ferrary.

Ferrary: I vote aye according to discussion and conditions.

Crane: Commissioner Scholz.

Scholz: I vote aye discussion, site visit, and previous history.

Crane: Commissioner Stowe.

Stowe: I vote aye based on discussions this evening.

Crane: Commissioner Beard.

Beard: I vote no, discussion, site visit, and presentation.

Crane: And the Chair votes aye based on discussion and site visit. It passes 5:1. Thank you.

2. **Case Z2860:** Application by the Las Cruces Country Club Inc. to rezone 30 acres of the 110-acre former Country Club property located at 2700 N. Main Street, Parcel No. 02-03647, from R-1a (Medium-density, Single-family Residential) to 23-acres of C-3c (High Intensity Commercial Conditional) District to allow development of a medical center consisting of a hospital, a heliport, medical offices, and rehabilitation facility and a 7-acres of R-4c (High-density Multi-family Residential Conditional) District to allow an assisted living/skilled nursing facility. District 1 (Councilor Silva)

Crane: Next item on the agenda is Case Z2860, application by the Las Cruces Country Club to rezone 30 acres of the former Country Club property. And Ms. Montana you are going to speak.

Montana: Yes. Thank you Mr. Chair, Commissioners. You have before you a request for rezoning a 30-acre parcel from R-1a medium density single-family residential to two different zoning designations, one is C-3c which is a limited high intensity commercial and the other R-4c a limited high-density multi-family residential designation. This is to accommodate a medical center or a medical campus within a larger 110-acre vacant Las Cruces Country Club property.

The proposal is to rezone 23.44 acres to the C-3c. This would allow a hospital and medical offices. And in the next slide I'll show you some of the other permitted uses or allowable uses that would be permitted in that C-3c. The proposal is to rezone 7.31 acres to R-4c. Again to allow a residential rehabilitation or assisted living facility on the property. The proposed C-3 limited land uses which are identified in attachment five to your staff report on pages seven and eight would allow a hospital and this is just a generic hospital, no particular size or developer or operator. It would allow as a special use a heliport. Health exercise club, gymnasium, sport instruction, business offices, counseling, excuse me consulting, institutional offices, laboratory, medical/dental office, café, cafeteria, coffee shop to serve those uses, and a health care clinic not in the hospital. So these are uses that would be associated with the medical center. The proposed R-4c rezoning area would allow the assisted living. Assisted living or retirement facility is not permitted in the C-3 zoning. That's why a smaller area was designated for that facility.

In the C-3c zone the developer has proposed some new or different development standards than the typical C-3 zone. There would be a 40-foot landscape buffer along the rear of the townhomes along Camino del Rex; their rear property line, and then 40-feet and I'll show you in a later slide, would be a landscape buffer. This is different than the typical 25-foot landscape buffer of a C-3 zone. In both the C-3 and the R-4c zones the buildings closest to the townhomes would be limited to two stories in height, rather than the C-3 allowable 60-foot height. In the C-3 zone adjacent to the townhomes again the first building would be setback 80-feet from that rear property line rather than the typical 25-foot setback.

I wanted to bring to your attention that if this development, if any of these developments within the rezoning area were not vested or did not achieve a building permit or an approved subdivision within a two-year period, then this zoning would revert back to the R-1a.

I wanted to show you a few more slides of the area. This is a vicinity map that shows you the zoning. This is the property right here. It's just north of Apodaca Park which is a 27-acre city park, grassy area and ballpark with parking and other facilities, a public park. North of the area, across from North Main Street is a commercial area, shopping center. There is commercial to the, if this be north, to the west, south commercial areas, and then here's a very large single-family residential area called the Country Club Neighborhood Association. The Country Club Neighborhood Association is a registered city neighborhood association that represents many of the homes within this area. They will be presenting today with your permission some of their comments on this proposal. This little red circle indicates generally where the rezoning area is; these are the townhomes, zoned single-family townhomes, 12 units per acre, and these are single-family residential R-1a again, eight units per acre.

I just wanted to show you that this property is at the northern most edge of the city's infill development overlay district. The intent is to induce or facilitate the development of the underutilized or vacant parcels. You might remember in February we brought before you a proposal for a five-acre residential use within the Calcot property which lies within an industrial zone. That was an 80-acre parcel. A few months later we reported to you that there were a few more five-acre vacant parcels within the infill development area but this indeed is the largest available or vacant parcel within the infill area.

Again this is the property, R-4 area. Generally R-4 area. When I say generally I mean my boundaries aren't perfect here. I'm not that good with my PowerPoint lines yet. C-3, R-4c and the bulk of the property, about 80 acres remain R-1a, they are not the subject of this rezoning. This is a better depiction, a legal description is in your packet of the R-4c area and the C-3c area. Again these are the townhomes Camino del Rex.

Bubble diagram showing you about where the assisted living facility would be, medical offices, the hospital and medical offices associated with

the hospital. The applicant of course will show you a much more detailed description of where those facilities would be. I wanted to show you the access would be from North Main at Camino del Rex intersection. There would be about 100-foot wide or 100-foot right-of-way road developed by the master developer to the hospital site. From that point, after the hospital site the road could narrow because this would be, as part of the rezoning, an emergency vehicle access only and so I just wanted to show you where the second access would be. We believe it would be here. There still needs to be a traffic impact analysis and the fire marshall and the traffic engineer would need to approve that, but it's believed it would be in this direction to the signal at Solano and East Madrid.

This is the rezoning site looking north toward the townhomes. I wanted to show you where that landscape buffer would be from the rear property line of the townhomes out 40-feet distant, this is also the septic leach field easement for the townhomes. The townhomes are on septic and this is the leach field and it would also be the 40-foot landscape buffer. This shows you a doubling of that area, 80-feet to where the first building wall could be for the medical offices. Couldn't be closer than that, it could be further than that. The medical center would reuse 30-acres of the 110-acre vacant property, and it is located within the city's infill development overlay district. The rezoning will facilitate the development of the medical center, yet would limit the C-3 and R-4 land uses to those associated with the medical center and only those listed in pages seven and eight of attachment five to your staff report. There is a wide array of C-3 uses that would not be permitted. Project would provide a hospital which would provide an emergency room that would serve the central part of the city. The site is well served by roads and transit. The site is near existing C-3 and C-2 commercial centers.

The staff recommended three conditions of approval we believe would mitigate potentially adverse impacts of the development. And finally the site is vacant and rezoning the property for limited commercial and residential uses would satisfy the city's comprehensive plan policies, the purposes and intent of the zoning code, the decision criteria of the Planning and Zoning Commission, and relevant New Mexico case law as outlined in the staff report. The city agencies and the New Mexico Department of Transportation have reviewed the rezoning request against all their applicable regulations and plans and have recommended conditional approval with the three conditions noted below. The C-3c and R-4c zoning allowable uses shall be limited to those listed on pages seven and eight of attachment five to the staff report. Those are the uses that were submitted by the applicant. Condition number two, a traffic impact analysis shall be submitted with the first building permit or subdivision application for land within the rezoning area and it shall be approved by the city's traffic engineer. Third, prior to issuance of a certificate of occupancy for the first building within the rezoning area, the developer shall provide a second road access meeting the specifications of the 2009

International Fire Code and approved by the city's fire marshall and traffic engineer.

Your options Commission; 1) is to vote yes to recommend approval of the rezoning to the City Council with the conditions of approval recommended by staff; 2) vote yes to recommend approval to City Council with new or amended conditions of approval; 3) to vote no recommending denial to the City Council; or 4) vote to table or postpone the request and direct staff accordingly, such as the need for more information. With that I stand for questions. I would like to advise you that the applicant is here and there are also representatives of the neighborhood association that would like to speak.

Crane: Thank you Ms. Montana. Any ... see lights are lite. Okay, Mr. Beard.

Beard: Many of my maps show the R-1a, the 7.31 acres encroaching onto Camino del Rex Road. Is that going to narrow that road?

Montana: This part of the ...

Beard: Yes.

Montana: Rezoning, the R-4c would not.

Beard: I'm looking at this map right here.

Montana: It lies ... it would not. It lies within the existing Las Cruces County Club property.

Beard: Okay. But that road doesn't ... does the road narrow? I went down there but I don't remember if that road narrows there.

Montana: You know I would let the applicant's engineer answer that question.

Beard: Okay.

Montana: Thank you.

Crane: Commissioner Scholz.

Scholz: Yeah I have two questions. These seem to me to be two separate issues; the C-3 for the hospital and the R-4c for the assisted living. Why aren't they being discussed separately?

Montana: Well the applicant actually first submitted a rezoning application for the C-3, limited C-3 for the entire 30-acres. It was staff that suggested to them to separate out just the assisted living facility to R-4c because C-3 does

not allow assisted living. So it was at our suggestion that we had the two different zoning designations are part of this ...

Scholz: Okay, well is one incumbent on the other? In other words if we approve the assisted living facility do we have to approve the hospital? Or if we approve the hospital do we have to approve the other facility? Because it seems to me that's how the vote would have to go. You know we're voting on two different things on one piece. Mr. Babington maybe you can help us out here. What is our legal remedy for this sort of thing?

Babington: Mr. Scholz and members of the Commission, I think if you have questions concerning whether or not you can vote on both at the same time or split them out.

Scholz: Yes.

Babington: You could certainly table that if that becomes a major concern. I think what's occurred and I think what Ms. Montana has indicated that for the purposes of the request for the zoning change, the applicant has decided at one setting if you will introduce this proposal. I think your question is excellent and perhaps the applicant can address whether it's an up or down on both issues or one, table both, but it's the applicant that's basically requested this particular zoning change for this 32-acre piece to be split two different ways.

Scholz: Okay. My second question is about the access that you showed us. Could you go back to that slide?

Montana: Yes.

Scholz: The secondary access.

Montana: Yes. From North Main to the rezoning area and then an emergency vehicle road, not a public road through a piece of Apodaca Park's parking lot to the intersection, the signalized intersection at Solano and East Madrid.

Scholz: So how much of Apodaca Park does that take up?

Montana: I couldn't tell you in square feet right now, but it would take up a portion of the ... see if I could have a better slide. It would take up a portion of ... if you can see this is parking area.

Scholz: Yes, I've used the parking area (inaudible).

Montana: About ... because it's an emergency vehicle access only, it's not the full

width that a collector would be, so part of the parking area and maybe a couple of trees.

Scholz: So this road would use the parking area as a road as opposed to parking? Does that mean that there would be no parking on this area then? Cause it seems to me if you park there then you're blocking the road.

Montana: I can't say definitively because those negotiations are undergoing now with the City Manager's office and the applicant, but there would be a tradeoff certainly, either land, money, both, for the applicant to get the easement through that park.

Scholz: Okay. I just can't understand why the easement would have to be through the park, why can't it be on the rest of the property?

Montana: Commissioners as I understand it this is an engineer problem. You need a certain radius curve to get to the intersection and because of the design of this intersection you can't get it from here. And we wouldn't want a third ... necessarily a third signal here, so the idea is to get the proper curve and a piece of the park might have to be taken.

Scholz: Well if it's an emergency road why would you need a signal there? I mean it's just an exit isn't it?

Montana: You know these are very good questions Commissioner, I'm going to have to defer to the applicant's engineer.

Scholz: I'd be interested in hearing that.

Montana: Yes.

Scholz: Thank you.

Crane: Commissioner Shipley.

Shipley: There is a road along there as I recall outside the fence because people sit ... there's an entrance into there and people sell golf balls along the fence all the time, when I played the course there when it was operational. So it seems that's outside the boundaries of the Las Cruces Country Club, but there is an existing road which is part ... there are parking areas to the right hand side, but there's a road almost that goes back to the back of that area. So I assume that's what you're really talking about. My major concern of this is that I'm looking at this heliport option and number one I understand that requires a special use permit and a variance and all of that kind of stuff coming up, but I'm looking at ... you haven't involved the FAA, the Federal Aviation Administration to look at that at all. And number

two is I'm also a pilot, a former helicopter pilot and I know exactly how you fly into the wind most of the time when you do a landing. Helicopters are a little bit different but you still fly into the prevailing winds. And that puts every approach basically over homes that are already existing to include if everything remains R-1a to the south and those are built out as R-1a then that puts more houses underneath the flight pattern of this thing. So, I don't think I have enough information to make a real intelligent decision based upon what I've been given tonight unless somebody's got a bigger plan and knows what they're doing, it's not depicted in this pamphlet or this submittal that I have. So I think that this is a major major question about how are you going to propose to do that. And my other question is why do you need a helipad and heliport for a 42-bed hospital? You know it's not a major trauma center so you're not going to be flying people in and out night and day and weekends and so forth. So I think there's ... to me there's more here that needs to be brought forth and exposed to us so we can make an intelligent decision.

Montana: Mr. Chair, Commissioner Shipley, those are very good questions and this zoning continues to allow a heliport as a special use permit. Tonight is not a discussion of the heliport. When and if an application if this rezoning is approved by Council, when and if application for a heliport is submitted, it would be a special use permit that would come before you and certainly all of those questions would need to be answered. But at this point the heliport is only continued to be allowed as a special use, it would not be as of right as part of this rezoning.

Shipley: I understand that, but I'm just saying we're getting the cart way out in front of the horse. You know we're talking about something that affects people's lives that should be planned for in the planning process before this is ever ... so they can have analyzed where their approach lanes are, what noise impact it's going to have, what safety impact if a helicopter loses an engine, where does it put down in an emergency landing. Those things have got to be addressed well before you build a hospital. You don't do that first and then say oops we can't put a heliport in. So, I think that's important to look at as well tonight.

Crane: I too am concerned about taking any part of Apodaca Park for this emergency access. I understand the large turning radius needed by fire trucks, but it doesn't seem to me that that would require basically Madrid-Solano intersection to be made four way so that the fire trucks can make a big left sweep and then get into the country club property and go up along the line that you showed. Surely emergency vehicles could, being on Solano make a right turn up the edge of Apodaca Park, perhaps with a cut of the small quantity of the park devoted to making a better turning radius for them without wiping out the parking for Apodaca Park. I realize that this is something that does not make a go/no-go on this business but it

does seem to me that that would be a better thing to do to the city to take parking there. There is little enough parking at Apodaca Park anyway in my experience.

Dubbin: Mr. Chairman. Mark Dubbin, Las Cruces Fire Department.

Crane: Yes sir.

Dubbin: In our discussions, Parks and Rec has been involved with discussions about rearranging the parking lot of Apodaca Park so that there wouldn't be a loss of space to accommodate any additional road that went through there. There are some concerns with traffic and I know the traffic engineer's been involved with alignment of that intersection so that it does work, it functions better with its proximity to the jog in Madrid there.

Crane: You're saying it would not be necessary to run through the parking lot?

Dubbin: I'm saying that there would be parking accommodations that would be made so that there wouldn't be a loss of parking spaces in the park.

Crane: Okay. Thank you.

Dubbin: Also.

Crane: Yes sir.

Dubbin: Just to address the question about the heliport. The heliport is used not only for that specific hospital but also for immediate transport to a level one trauma center in El Paso or what would be necessary in Albuquerque, so it's a heliport that's available at a medical facility, but might not necessarily be for that facility. It might be used by the air transport that we would use.

Crane: Thank you. Commissioner Beard.

Beard: I have a big concern with that road that goes by Apodaca Park. I'd just like to see it completely left alone and find another access to this piece of property. Can we make that a condition tonight on the other two parcels?

H-Rogers: Mr. Chair, Commissioner Beard, if I could. I just do want to specify that the alignment of a new sort of emergency access road is subject to change. This is just the preliminary idea. It is not necessarily something that's going to remain in exactly that location. There are other options. It's not necessarily something that we feel is required to be tied down at this point in time. We know an emergency access has to exist, but where exactly, that's still up for some negotiation and isn't really ... that's why the

condition's left as vague as it is so that in case there are some changes that need to occur it can. Right now it's just conceptual.

Beard: Could we make it a condition?

H-Rogers: I would be reticent to do so.

Montana: We certainly will note your preference that it not go through the park.

Crane: Thank you. Any more questions for Ms. Montana? In that case let's hear from the applicants please.

Pofahl: Good evening. I'm Bob Pofahl, one of the members of the development team for the proposed mixed-use project on the old country club site. Mr. Chairman and Commissioners, we thank you for this opportunity to share our vision for this project with you. The genesis of this, the beginning of this really started when we were looking for places to select a location for this particular project and we saw this brochure from NAI real estate that very appropriately talked about a rare infill opportunity in our community and even stated that one of the premier infill projects for the whole state of New Mexico. We believe that as we've driven by this site for many years, like all of us and have seen the closing of the country club which to all of us in many cases was disappointing. And we spent a lot of time talking with the city and with the country club people to determine would it ever open again as a country club or were there other uses and even ... I know there's a lot of talk about the city wanting it to be, or residents wanting it to be a park. And it was very clear with the city that that was not one of the options right now with the number of new parks they already have on the boards. So as we looked at this kind of sad condition of this property on Main Street heading to our downtown and all the new things happening with the revitalization of downtown, we felt that this corridor and this you know significant property really deserved to be revitalized and redeveloped. We spent a lot of time studying the merits of this site and we spent time, we realized the need to meet with local stakeholders, the residents and the city staff.

We have had four to five resident meetings with all the neighborhood people. We have about 450 people on the mailing list, usually an average of 75-100 came, but we had four meetings and numerous one-on-one meetings and smaller meetings in the neighborhood to gain input. And countless meetings with city staff. And with the input we feel the majority of the people that have been supportive, we began to fashion a plan. We put together ... engaged the services of some excellent local civil engineering firms, E Engineering, and some nationally recognized planners and continue to get the input of stakeholders. Our goal is to treat the land, the city, the neighbors, and the stakeholders with great respect. We realize the value of this great

property. Our vision has evolved into the whole project being a balance of retail, residential retirement, and a medical campus. The land parcels in a dense and older section of the city just a few miles from downtown. In revitalizing this we think we'd restore and return a great property that was built in 1928, maybe not as a country club but this property could come back and bring this neighborhood back to its old glory of what it was many years ago.

The project represents an opportunity for Las Cruces to be a leader in serving the needs of the growing number of businesses and the boomers considering Las Cruces. The boomer market is very important to Las Cruces and has been an important part of our growth in recent years. Boomers have led our economy for the past three decades and impacted what housing is like, what kind of cars we buy, the kinds of hotels we stay in, the kind of retail stores, and I'm a boomer myself and I know the impact we've had and the things that we wanted to do. We see the boomers are now impacting how health care is delivered and they are driving it to a hospitality consumer oriented focus. And health care uses and campuses will now be the anchors for mixed-use developments like the Park Ridge development. With that I would begin our slides and then walk back into some other details for you, but that's kind of to lay the groundwork for you of this 30-acres. I'll make sure I'm going the right direction here.

The Park Ridge again is proposed to be an urban infill project and it's a sustainable community and would promote economic development through a mix of land uses. And we think it's important to bring back vibrancy not always just being you know add to the suburban sprawl. Tonight we're talking about 30-acres, we know the entire project is 110-acres and we're working on a PUD for that, but there are many things you touched on a little bit; access that we're still working out with the city, so we chose to do the zoning for this 30-acres that eventually would be rolled into the 110-acre PUD in the future.

We have carefully designed this project to integrate into the surrounding community, sharing open space, boulevards, bike trails, walking paths. And the goal of this project is to be a walkable pedestrian friendly community. We think it's both important to our mix of generations, our young residents that will live in there but to create an ideal retirement campus, to create a walkable pedestrian community to allow our senior retirement independent living residents to have a walkable place where they can receive healthcare, dining, restaurants, and other things as the long-term vision of the whole project. So we think having the uses we've talked about are extremely important.

The entire 110-acres would propose to have a residential multi-family parks and open space, walking trails, bike lanes, retail and dining, commercial and hospitality. And again the very important continuum with care retirement center and medical campus. The continuum of care retirement we feel is the anchor for the whole project and with that

independent living we think the small 42-bed hospital that would serve it is part of serving these retirement facilities and allowing people an independent lifestyle where they don't have to get in a car and go somewhere else for all of their services. But again these are the uses for the entire 110-acres that we envision.

Because tonight we're focused on just the 30-acres, we've outlined for you here the 30-acres and how it would fit within the whole development. And we are in the process of ... this is the main street, four lanes here, and this collector would go down to two lanes with a landscape median. The emergency exit that we're talking about temporarily could actually go through the parking lot there by the baseball field. We are in the process of working out as we speak on this other access that will not impact Apodaca Park. I think that impacts maybe 8,000 square feet through here. In the long term we're talking about trades and things with the city that will expand the size of Apodaca Park and expand its parking substantially. But again that's you know for the whole 110-acres, not the 30-acres tonight. But again this is that area we're talking about. Main Street here, Solano here, Madrid right here, and again the existing Apodaca Park baseball field. The townhomes here on Camino del Rex and then the residential area right through here.

This again is the zoning area and we really think it's significant. Everything that we're doing here is synergistic and the different uses support each other, to break one away would be tear an arm or leg off of what the vision and uses for the property are, so it'd be difficult to separate these because it's a mix of uses that support each other. You can see the entire 30.75-acres is both pieces together and then the separate pieces. The red C-3 area is approximately 23.44-acres and the residential use, assistive living area is 7.31.

Again this is the ... we look at this whole site being a continuum of care with your assisted living, rehab/fitness area, you know medical office buildings, the hospital, and another medical office building here. This is specifically the assisted living area, these are separate buildings that are connected. The trend in assisted living is to have 12-14 residents per building with their own dining room and kitchen area and business study and their own exterior courtyards. And then an onsite fitness rehab area to support it. Again these are more the medical support areas, office buildings and medical offices and medical support facilities would be in these two blue areas here. And this would be the hospital, again this is a small 42-bed hospital designed to support this whole campus. It's a very small hospital in the scope of all the number of beds within our community today. You can see this is a hospitality oriented looking facility. It's planned to be one story so that's the architectural concept for the hospital and the other buildings on the campus.

Through meeting with the residents in our huge number of meetings, not only the residents but city staff, the issues that were extremely important to all of them were traffic, drainage, open space,

buffers and setbacks, building heights, and sanitary sewer to be provided to the townhomes, and out of all those meetings we've addressed those issues. We are ... in the bigger plan the PUD in the future you'll see the significance of the park areas for this first phase. This is one of the pocket parks that we'll be you know planning to put in in the future, it'll connect on to the whole development, so that's part of the open area green space that would be part of this. The plan is connect into the outfall trail and bring it through the entire development once completed.

This is the 40-foot buffer that we talked about as a landscape buffer. We would install that landscaping and it would be maintained by our association and wouldn't be a burden on the townhomes to create a buffer for them. And that arrow shows you where we would create an 80-foot setback for the buildings, and we're not sure that these would be two floors, they could be more than likely one story, but we wanted the option if they went to two floors.

We propose to add the sewer line through the property here and we've proposed so it doesn't create a burden. We know that the city would like to see this on city sewer. We would create within that 40-feet, a 15-foot utility easement and we would handle the cost of the abandonment, decommissioning of these septic tanks and then the impact fee of putting those so that it wouldn't become a hardship on anybody other than the developer. That was our proposal to offer to the residents.

I might add that some of our residents have gone out and gotten petitions, I think you were given copies of those in the neighboring residents about 260 residents have signed affirmative and 14 of the 18 townhome owners support the development.

Our building heights, we said that we would keep these to a maximum of two floors and as we said the plan right now is to keep the hospital at one floor. You know it's a small community, we want it related the ambience of what we're doing here more of a hospitality focus, so there's no interest in taking that hospital more than one floor.

That kind of takes us back in conclusion. I just wanted to say that we ... as I've said we've tried to be very transparent and open with the neighborhood and community. The many many meetings we've had were not particularly a requirement, it's what we want to do be good people in the community and we've talked to you about the number of meetings we've had, the number of signatures that we have on that petition. You know tonight's focus is on the approval for the proposed uses, not on the proposed operators. Specific operators and details will be considered at the time that we would file a final plat and subdivision map or construction drawings that would address some of the issues you've talked about. Things like the heliport, and as the fire marshall said we've been encouraged, this 42-bed hospital doesn't need a heliport to make it work, but it's an important amenity to have as many options as possible for emergency vehicles. You know this project is a result of input from the stakeholders, professional individuals committed to make this once

preeminent site, now a blighted site, into a revitalized campus of excellence.

In the recent weeks a lot of issues that have nothing to do with zoning have been brought up. I want to briefly talk about those, that there has been much press attention focused on the proposed operator of this medical facility. Be assured that Park Ridge and Galichia and any other operator we'd have of any facility on here are most aware of the laws that regulate healthcare and there is no intention of violating any laws. These are professional people and all of the laws are being looked at and no intention of violating. The allegations regarding Galichia and physician ownership of the hospital are false and misleading and without knowledge of the facts. We have in many cases been treated as people trying to do something wrong, we're trying to do something good for the community. We believe this project is viable and important and its great uses. If you look at the uses, the mix of uses and the balance of uses that we're proposing are very important to this neighborhood. We've chosen to take the high ground. We will not engage in kind of the accusations and relating retaliation or injuring of people's reputations, that's not who we are. And we're not going to get involved in that, but we want you to know since there has been so much media about the operator rather than the uses.

We assure you that we have excellent legal advice and representation guiding us on every matter pertaining to this hospital and medical campus as well as the other uses of the project. And we ensure that there are compliance ... we will be in compliance with all rules and regulations. And you know we thank you for your time and we think this is going to be a great project for our community and for the neighborhood and we've really enjoyed working with these neighbors in getting their input and they're excited about it and bringing back value to this great neighborhood that's important to the revitalization of the whole core of our city. Thank you.

Crane: Thank you Mr. Pofahl. Commissioners. Commissioner Beard, question for Mr. Pofahl.

Beard: I know it was stated by Ms. Montana that you were going to provide emergency services and that is during the day as well as after hours and on the weekends?

Pofahl: It's going to be again such a small hospital the bulk of your emergencies are going to our existing Mountain View and Memorial hospitals and trauma type things are going to go to the El Paso trauma center. In a neighborhood setting, you're going to have people that may have a cut on their finger and needs stitching, you may have someone that you know has some other thing to be, to not be a full service. We've done enough investigation that to serve this neighborhood and the aging population in

this area you don't want to start not providing services, but this is not a trauma center and you're not going to see that kind of activity. Most of the residents around there now tell us they hear lots of ambulances already, it means they may have a shorter distance to go now.

Beard: Okay. I understand that, but you will be available 24/7?

Pofahl: Yes.

Beard: Okay. Would the doctor be on call I guess?

Pofahl: Yes.

Beard: You would have a nurse on full time?

Pofahl: There'd be a physician full time.

Beard: Okay. We were also provided with financial impacts to the city that this was going to be good for the city financially and so I'm going to go to this next question based on that. How much of the new hospital services will come from patients now going to El Paso and Albuquerque?

Pofahl: It's estimated that there could be somewhere between five, 10, and as high as 20% of our medical services, it's hard to determine that, but that consultant's not here with us tonight, but it's felt like a lot of services are leaving our community going to El Paso, Albuquerque, Dallas, Phoenix, Tucson.

Beard: That was what, 20 or 25%?

Pofahl: We've heard numbers that range anywhere from five to 20%, yes.

Beard: Okay. How much of an impact do you think you will have on the full service hospitals located in Las Cruces?

Pofahl: You know our goal is not to impact those to provide an additional service particularly in a retirement environment like we're trying to create here. You know we do not think that it's going to draw away, those are large hospitals with large facilities and this is a ...42-bed is a small impact compared to those. We're a little rowboat compared with those big battles ships.

Beard: Okay. And do you think you will create new patients by having this hospital there?

Pofahl: We think it will attract patients, whether we use Galichia or one of the

operators we've talked about. They've been very successful at creating what we call medical tourism by the proper offering of what you have. We think we'll continue to bring customers in from the outlying areas around the community as well as the level of service that we'd be providing here to bring an in-migration of patients from surrounding areas.

Beard: Thank you.

Crane: Commissioner Scholz.

Scholz: Thanks for your presentation. I'm glad you focused on the area that we're talking about, the zoning areas rather than on the PUD that you're obviously thinking about. You're allowed two stories for the hospital. You keep saying it's only going to be one story, why do you say that?

Pofahl: Cause that's what our operator ... we only want to do a one story hospital here.

Scholz: Okay.

Pofahl: The purpose of it is trying to be a much easier to find your way around, small, easy to access facility and there is no interest in being a multi-story hospital.

Scholz: Okay. Now the medical offices, could you go back to that slide where you showed the medical offices in blue?

Pofahl: Yes.

Scholz: Okay. There are two sets of medical offices, why is that? I assume one is going to be attached to the hospital.

Pofahl: One is attached to the hospital.

Scholz: Okay, which one is ...

Pofahl: And the others are future. This one is attached to the hospital.

Scholz: The one in back.

Pofahl: Right.

Scholz: Okay. So why do you need room for ... or why do you need approval for a second one right now?

Pofahl: For these right here?

Scholz: Yes.

Pofahl: It was contiguous with the whole property to have broken that piece out and not do this today. We needed to zone, you couldn't create this little island over there and so we wanted to make a continuous 30-acres you know coming off of Main Street. In the future, today that's planned, this is just an open option based on demand for you know medically related or you know office space on the campus.

Scholz: Yeah I've seen that grow at Mountain View.

Pofahl: Right.

Scholz: And of course also at Memorial. Generally though that's been off campus.

Pofahl: Right.

Scholz: You know, that's been on the side or across the street or something like that. Okay, why is there a need for institutional office for public, private, educational, religious, and philanthropic.

Pofahl: Those are just stated uses in the code, zoning code. We were told to put those on there if you build an office building here that's primarily medically related you may have an accountant that wants to be in one end or something like that so we were just ... it was recommended that we put those other uses that are allowed within this particular zoning.

Scholz: Okay. Well what about a cafeteria, a café, a coffee shop, or restaurant, why is that there?

Pofahl: Again, we're a hospitality focused model for people on this campus, particularly we have a lot of people bringing family in from outside.

Scholz: Wouldn't you have a cafeteria in the hospital?

Pofahl: The goal, the idea here is a café outside of the hospital cafeteria. Feels like it's more of the user oriented and usually serves better, that's just kind of the model of the operators that we're talking with, to give options to both the employees as well as visitors to the medical campus.

Scholz: I see. Okay, and how about the residential, let's see the assisted living or retirement facility, what's the point of recreational court, tennis, etc.?

Pofahl: Probably, that tennis is cause it's on the uses. We want to have a rehab/ fitness/sports medicine center here, but particularly the rehab/fitness area

that close with our assisted living. It's an important part of ...

Scholz: Well you have that under a separate designation, it says recreational land use, health exercise club, gymnasium, sports, and so on.

Pofahl: Right.

Scholz: Yeah but what's that doing up at the assisted living?

Pofahl: That's part of this complex. The recreational facilities are all part of this front building here and it makes it easier for people on the entire campus to use it as well as easier access from the assisted living.

Scholz: Well my concern Mr. Pofahl is that if for some reason the hospital isn't built what we're setting this up for is a C-3 zone, right, with restaurants and you know sports medicine, and all kinds of other things. And I don't know if that's what the neighbors want. Now the neighbors are looking at it because you emphasized the hospital.

Pofahl: Right.

Scholz: And you say that's going to be the anchor for this. If the hospital doesn't occur for whatever reason, you've opened the zoning to all these other uses, right?

Pofahl: That's correct.

Scholz: Yeah, and the zoning goes with it regardless of whether the property is sold or not, doesn't it?

Pofahl: That's correct.

Scholz: Yes, okay. So I wanted to establish that. So in other words what you're saying is that even if we don't build the major thing, the hospital or the assisted living facility or any of that, we're opening it up to offices and restaurants and the like.

Pofahl: No.

Scholz: No?

Pofahl: I would say right now that our goal ...

Scholz: Well that's allowed under C-3 zoning, it says right there.

Pofahl: It is. I would say our plan is on these uses as we've laid them out here.

Scholz: Well I understand that, and I think that makes sense in the, what did you call it, the synergistic way of …

Pofahl: Right.

Scholz: Putting it together. On the other hand if for some reason one of these two facilities is not built then the rest of the facilities can be built. You're opening it to that kind of zoning that's what I'm trying to say. Is that right?

Pofahl: Right. And I could say our plan is to build the assisted living, the rehab/ fitness, the hospital and the medical office buildings, if we don't do that we probably won't acquire the property.

Scholz: Okay. Well I really can't afford or can't support these other structures, you know the restaurants, that sort of thing, I don't think that fits here. I had one other question, let me find my notes here just a moment. No, I guess that's it. Thank you very much.

Pofahl: Okay.

Crane: Commissioner Beard.

Beard: Commissioner Scholz on page eight I think it's the document that they provided it says that they will put in institutional land uses, as it says hospital.

Scholz: Yes, yes, I see that Commissioner Beard. Yes. Thank you.

Beard: Okay, and it would be the primary … it says also the primary consisting of hospital.

Scholz: Yes.

Beard: I think the other stuff is just secondary.

Scholz: Well it's secondary but it's an allowed usage you know.

Beard: Yes.

Scholz: And so if we don't see a hospital what we're doing is you know allowing other development under C-3. You remember what C-3 allows, in total it allows you know amusement parks and junk yards and all kinds of things, that's obviously not allowed here, at least as I understand it. We're using a different form I think …

Beard: I'm interpreting it differently.

Scholz: Okay.

Crane: Commissioner Shipley.

Shipley: Thank you for your presentation it did help a great deal. And on page eight I did see at the bottom that the heliport will be used to serve the hospital transportation needs and is anticipated to be located on the roof of the hospital.

Pofahl: Right.

Shipley: But again you're talking about a one story building with two story buildings surrounding it on its approach or take off access to the west of that, so you know I'm not sure that that's ... again I think that's why I suggested when you propose something you should have looked at it through the FAA and let them give you some guidance because that may not be allowable, an allowable use for that and that's one of your marketing points that you're putting out to the community for them to buy into. So, that still is a concern with me.

Pofahl: Yes, and we have ... once we get to that point, we wanted to get the zoning first before we started getting into final building plans. Our architectural firm and our planners have talked with professional heliport consultants. The two operators locally have come out and looked at the site and we would take you know all that into consideration to make sure the location of that is done properly and protects the neighborhood. They've looked at all those landing patterns that you've talked about.

Shipley: But to put a helipad on top of a building, there is a lot more consideration about noise and other things that affect the people that are in the building and that if they ... you know that's generally why you don't generally see in any of the helipads that are in this area are adjacent to the area, on the ground. Because of the fact that if they happen to have a malfunction it's on the ground outside. You haven't endangered anybody in the building per se other than flying debris, so it's something that you know ...

Pofahl: Exactly. And I think those options are open. It was one of the proposals because of sound they felt ... the consultants said that there is less sound created higher up than down between buildings.

Shipley: It's the same all around. The DBs are the same.

Pofahl: Yeah.

Shipley: Carry. But it's also the fact that you know ... I'm also concerned about the neighborhoods, the safety of the neighborhoods ...

Pofahl: Certainly.

Shipley: That are adjacent to this property and I think that's what you've got to look at as well.

Pofahl: I agree. Thank you.

Crane: Any other Commissioner? I have a question Mr. Pofahl. Does your organization own the 110-acres yet?

Pofahl: No. We have a contract with the country club that is subject to obtaining zoning for the full 110-acres before we close on it.

Crane: So what impact does the decision today have on your purchase? The R-1a you're happy with, correct?

Pofahl: Yes.

Crane: Yeah.

Pofahl: And the C-3 is necessary and you know ...

Crane: Okay.

Pofahl: I mean this would have ... this whole project would have to go to an optional site without zoning approval.

Crane: Thank you. Commissioner Beard.

Beard: Maybe Ms. Montana can clarify this. I want to make sure that Commissioner Scholz' concerns are not a big concern. If there is no hospital then there's no ... the project reverts back to its original designation?

Montana: No Commissioner. If the rezoning were approved by Council to C-3c, the array or the menu of uses that you see on page seven and eight of the attachment five would be permitted. If the hospital did not go forward and this particular applicant went away, the property owner in Las Cruces County Club, LLC could still submit applications for building permits or subdivision plats for any of the other uses that are permitted in this limited C-3 zoning designation within two years. So a building permit by this applicant or another one within the two-year period could vest the zoning and any of the other uses that you see on that page seven or eight, would

be permitted.

Beard: In short though, there has to be a hospital within two years?

Montana: No, a hospital does not have to be developed.

Beard: Does not.

Montana: Does not have to be developed. It's one of the uses that would be allowed, but it does not have to be developed, nor does an assisted living facility have to be developed. If none is built though in the R-4 since that's the only use that is being requested, then within a two year period if an assisted living facility is not developed there or tennis court, then that zoning would revert back to R-1a. But in the C-3c there are a lot more choices. You don't have to build a hospital to vest the C-3c zoning.

Beard: Thank you.

Crane: Any other questions for Mr. Pofahl. Commissioner Beard.

Beard: I think the applicant was going to make a comment.

Crane: You have a comment Mr. Pofahl?

Pofahl: I probably should confer with my partners and a lot of them aren't here right now but I would say as long as we can have these cafes we're not looking to build bars and restaurants like that, but we're looking to get this campus built like this. If we ... I don't care if it's conditional for this hospital, we're not interested in the property if we can't build the campus. And I don't want some other use, you know we're not trying to get it for some other use and hope that this doesn't happen we put something else there. The balance of the 110-acres has plenty of places in its design for other commercial uses up on the front of Main Street and so that's the use we're looking for. Commissioner does that help answer your question for both you and Mr. Scholz?

Crane: You satisfied gentlemen? Thank you. Thank you Mr. Pofahl.

Pofahl: Thank you.

Crane: Ladies and gentleman it's time for public comments, but I'm thinking that probably you'd like to take a five minute break so I'm going to call one right now and we'll reconvene at 7:50. Thank you.

RESPITE PERIOD.

Crane: Okay, thank you ladies and gentlemen. Ms. Montana has asked to have a moment to clarify something about the permitted land uses, go ahead Ms. Montana.

Montana: Thank you Mr. Chair, Commissioners. I said earlier that the R-4c zone would have the assisted living facility and the tennis courts only, that's not the case. As the applicant described it would also have the rehabilitation facilities, the gymnasium, health, exercise, sports instructions as part of the R-4c as well. Thank you for that.

Crane: Thank you. All right I'd like Mr. Stevens and Ms. Potter to come up and have a chat for a minute just to the podium please. I understand you both want to make a ... over there so you get on the record. I understand you both want to make 10-minute presentations.

Stevens: I'm asking for 10 minutes for me, 10 for Eva Booker, and 10 for Connie Potter due to the size and scope of this whole thing.

Crane: I've also been told that Ms. Potter's presentation is going to telescope two of the 10-minute ones.

Stevens: No, 10 minutes for each.

Crane: Ms. Montana.

Montana: You're not sharing yours with Ms. Eva?

Stevens: I want her to push the buttons for me, yes, but I want her to present 10-minutes too.

Montana: Oh, I'm sorry.

Crane: Okay. Who is the third person?

Stevens: Eva Booker.

Crane: Is she here?

Stevens: Yes.

Crane: I'm sorry. Ma'am would you please get on mike.

Potter: Mr. Stevens, Eva Booker, myself.

Crane: Okay.

Potter: In that order.

Crane: All right, now you three represent what organization?

Stevens: Country Club Neighborhood Association.

Crane: The three of you.

Stevens: I'm the president.

Crane: Have you all got different presentations?

Stevens: Yes we do.

Crane: And how many people do you represent? Do you officially represent your membership?

Stevens: The membership is 50 members, mostly dual membership, about 80 people.

Crane: You say dual membership, you mean (inaudible).

Stevens: Well a man and wife or whatever.

Crane: Okay. And you speak officially for them?

Stevens: Yes I do.

Crane: All right, just hold it there a minute please. May I see a show of hands for other members of the public who would like to address the Commission? Please hold them up and the secretary and I will count. What've you got?

Beard: Fourteen.

Crane: Fourteen, I got 15. Okay. It could be a long evening. Are you quite convinced you three that you have to have 10 minutes each? What convinces you of that?

Stevens: Yes we are.

Crane: You've got a speech written out you've performed before the mirror.

Stevens: We have a slide show.

Crane: I'm sorry.

Stevens: We have a slide show. And you know ...

Crane: Very well, I'm going to let you do it. But please 10 minutes only and please bear in mind that the Planning and Zoning Commission only passes on matters of appropriate land use. We are not here to judge whether this is going to be a viable commercial enterprise or what the ethics of the people who are proposing this set up are. It's strictly a land use matter, so please expunge from your presentation and the same goes for members of the public anything that doesn't address this land use issue. We've already heard a few things like that. I'd also say if you find yourself repeating other people's work say it's already been covered by somebody, that again goes for members of the public. It's okay to come up and say I completely agree with the person who just spoke, that is your right and privilege to do it and we're glad to hear from you, but please don't spend your time repeating that person's arguments. Our secretary will time the public three minutes apiece and I will ask him also to time these folks 10 minutes apiece. Okay, so you have 10 minutes each and please keep it to 10 minutes.

Shipley: Mr. Chairman.

Crane: Mr. Shipley.

Shipley: I have a question. Could you ask them to tell us what the difference in the three presentations? In other words what ...

Crane: I'll ask Mr. Stevens, what's your topic?

Stevens: It's ... I'd like to get the slides up here first of all but I need help for that. There we go. Okay. Are you going to hang in here?

Crane: Just give me your topic.

Stevens: Could I have Eva push the buttons for me to get these slides moving?

Crane: Your topic is what?

Stevens: The Country Club Neighborhood Association number one and our position is we want smart development, smart growth, sensible development.

Crane: Okay, and ...

Stevens: Next picture.

Crane: This lady, your, what your topic is?

Stevens: She's pushing the buttons for me.

Crane: I understand. When you speak what are you going to be speaking about?

Booker: I'll be speaking about how we believe the zoning code requires more complete analysis of the entire 110-acre development primarily.

Crane: Ms. Potter, what do you plan to speak about?

Stevens: Does this count against my 10 minutes now?

Crane: No sir.

Potter: Thank you. I, Connie Potter, am going to speak about particularly the hospital, the medical complex, and I'm going to speak about the helipad a little bit, one slide. I am going to speak about the economic impact of this facility based on data that has been presented by the hospital association and some other sources which you already have.

Crane: It sounds to me Ms. Potter if you're going to get into that area that we're not really qualified to pass on, but let's face that when we come to it. Does that answer your question Mr. Shipley?

Shipley: Yes sir.

Crane: Okay, sir the floor is yours, Mr Stevens.

Stevens: Thank you very much. Susana Montana told you about our organization so I don't have to explain who we are. We're all around the neighborhood. So slide number two please. This I want to point out ... is there a mouse? There we go ... the townhouses, I want to point out the townhouses. We got that out of there, too bad. My point here is that we're going from R-1 residential to C-3 commercial, that's a big jump. And 80-foot setbacks, let's go to the next picture. There. This is kind of personal, the view out my back door. To give you an example of what 40-feet is, the top picture, the tree on the left is 40-feet from my property line. So 40-feet is not very far. Mr. Pofahl has been in my house several times. He has always commented on what a lovely view we have and that's the view we have now and in the future we're going to have 80-feet, 40-feet barrier, 80-feet buildings. I proposed, or we proposed to the developer breaking this up into something from the townhouses that's approximately ... the green space is approximately 2.75-acres. They could put a small park in there and upscale houses bordering that. And he said his developers or his partners said no to that proposal because they couldn't afford that much green space and it might lower the property values of the properties around us. I don't quite agree with that. I want to quote from the city's

comments (inaudible), they would like two to six acre parks and they would encourage a development that "considers usage, fit within the neighborhood and environmentally friendly design". It also mentions to "preserve and respect scenic views, sights, and corridors in a manner that reasonably compensates, provides incentives, maintains similar existing property rights, or in another similar manner that balances the public and property owner interests".

We've worked with two developers before this, we've done this for six years now people. And the first developer was Mr. Philippou, second one Mr. Moscato, and Mr. Philippou would propose for this whole 110-acres and I know we're talking about 30-acres here but Mr. Pofahl did mention the 110-acres. Mr. Philippou wanted to put in two-thirds of it in green space. Mr. Moscato, 50% green space. This is wall-to-wall infill. So, we tried to give the developer suggestions on how to add some amenities to this property such as from the Centennial Park in Minnesota, paddle wheel boats, 18-hole miniature golf course, and those figures on that, I didn't look them up again, the paddle wheel boats did $50,000 last year. The miniature golf course did $198,000 and those are five months seasons. Down here you have a 12-month season.

I have a connection up in Albuquerque, Leonard Berg, runs five golf courses and two driving ranges and I suggested that Mr. Pofahl contact him about what a driving range could do here and Mr. Berg said it would $200,000 a year. Mr. Pofahl didn't contact him. So, in closing Mr. Pofahl said in his last meeting if he doesn't get his 30-acres rezoned he'll probably build the complex someplace else and I would suggest that the city has lots of land for sale, so maybe they can make some kind of a deal. Thank you for your time. And if I have some time left I'll (inaudible) to Eva and Connie.

Crane: Okay sir you just went five minutes, so you have a little more slack ma'am. Please introduce yourself.

Booker: My name's Eva Booker. I'm a resident of the country club neighborhood and a member of the Country Club Neighborhood Association. First of all I want to make it clear that CCNA does not want an abandoned golf course as the gateway to the country club neighborhood, that's not our objective. At our most recent meeting on June 10th, the members voted unanimously in favor of sustainable development of the country club property that is safe and consistent with the neighborhood character. And as John mentioned they have been working with developers since 2006, so we are trying to work to achieve a development that is compatible with the neighborhood.

Our main concerns, it kind of groups into five categories; the primary concern is that the entire 110-acres should be considered as planned unit development as it was originally filed. The second point is that 30-acre zoning application is incomplete. Third that C-3 and R-4

zoning is too high for the entire site. And then we also have some concerns about the feasibility of the proposed hospital which Connie will discuss in her remarks. We do have some concerns about the developer and an investor that has been recruiting other investors but we are not going to discuss that in this presentation. We do have some information on that in our written comments. Sorry, I've got to grab my water.

The developers filed a planned unit development concept plan on March 4th with the city and the city raised numerous concerns related to that. First was that there were no waiver requests for the design deviations that were being asked for and the city requested a development schedule for the phases of the project and the total build out as well as a number of different drawings and plans including open space plan, flood plan, noise impacts, and ADA compliance. There were also a number of issues related to the traffic as has been previously discussed, the need for a second entrance. The original drawing or layout that was presented with the PUD concept plan included relocation of Apodaca Park and realignment of Madrid Avenue for that purpose. The city let them know that that wasn't an option because they didn't own that property and so as you see the current version includes taking a corner of Apodaca Park and coming out on Madrid and Solano at the north intersection there. Also driving lanes and sidewalks were too narrow, bike lanes were insufficient, parkways inadequate for the promised trees. There are no vehicular, bicycle and pedestrian circulation plans, no street illustrations, and no traffic mitigation plan to keep nonresidents off country club minor residential streets.

Instead of responding to the city's comments on its PUD application a zoning application was submitted on April 22nd for the 30-acres which represents phases one and two of the PUD. The developer as you know just went over that layout and showed it to everyone so as you can see they're still planning on developing the entire 110-acres. Our position is that we should be looking at the entire 110-acre development for a thorough assessment of economic, environmental, social, and traffic impacts. The zoning code seems to support that position. Section 38.49 of the zoning code states that "the PUD process shall be required for those proposed developments that are to be subdivided and multi-phased and that request three or more deviations to planning related minimum development standards". This is definitely a project that is subdivided and multi-phased and is requesting three or more deviations to planning related minimum development standards based on the concept plan that they submitted. The code also states "all contiguous property owned or legally controlled by the developer shall be included within the PUD".

Also concerned that the current zoning application is incomplete. Again referring to the zoning section 38.10 requires applicants appearing before the Planning and Zoning Commission for zoning district changes, special use permits, planned unit developments, and variances to include within their site plan with an adequate scale with improvements and

setbacks, architectural renderings, and dimensions of buildings, vehicular, pedestrian, and bicycle circulation, landscaping, open space, and drainage facilities plans, site lighting and signage, and an environmental impact statement. None of that has been submitted with this application.

Surprisingly the city's planning staff has recommended conditional approval but references the need for construction drawings and a traffic study as was mentioned earlier that would be required before permits are issued, but after zoning has already been approved. And utility master plan for the entire 110-acres before certificates of occupancy could be issued. It's our position that the above should be provided before approval of a zoning change not after.

Another concern is that C-3 and R-4 zoning is too high density for the entire property. Susana went through this existing zoning chart so you can see again clearly it's primarily residential in the country club neighborhood. The existing golf course which is ... and the park is to the south and the west. The only other zoning along the Madrid and Solano, I'm sorry I don't know how to use the pointer there, is C-1 and C-2, the only other C-3 is interspersed with C-2 along Main Street. So we feel that C-2 development would be sufficient for the one story hospital that the developer says it intends to build. We had a slide ...

Okay traffic issues, in the zoning application itself the developer estimates 6,950 trips per day into the site. An existing traffic study shows the streets in the country club neighborhood are already used frequently by nonresidents to get to school in east Las Cruces. The residents are concerned about ambulances and other traffic using neighborhood streets and posing a safety hazard to children and elderly. The country club neighborhood is primarily made up of retired people and young families that are moving in as retired people transition.

We also have concerns about drainage issues; Madrid to Mesquite is a flood plain zone. This highly concentrated, intense development will alter this land from 10% retention to plus 30% runoff, a 40% increase. And Madrid and Solano are already inadequate for runoff.

And finally as one of the Commissioners brought up, our biggest fear is that this is a Trojan horse, if the hospital isn't built but the land continues to carry the C-3 and R-4 high intensity zoning. We prefer to look at the entire project, entire zoning and address it as one project as it is. We don't want to be in the same position as for example the recent Indian Hollow which was zoned for a mini Trader Joe's, C-3, that developer decided to build elsewhere and now it's going to be a liquor store. So now I will turn it over to Connie.

Crane: Thank you Ms. Booker. One moment please. You raised a number of points which the city in the form of Ms. Montana may be prepared to rebut or comment on. Do you have anything you want to say about the, for example the city's views of the PUD?

Montana: What you have before you is the rezoning application, the PUD is moving along in its review process. A lot of the comments that were shown in the slide were City comments on the PUD. The applicant has not submitted a response to comments and a second submittal. We expect that they would address all those comments with a second submittal. For the rezoning we believe that the applicant did not submit his site plan with the rezoning application, so it's just a gross rezoning within which there are no property lines, there are no building pads, none of that, and we could not do an analysis of the traffic impacts on that kind of gross rezoning/foot print so to speak and we didn't find it necessary to do it at the rezoning stage. We are requiring those studies with the first either building application or subdivision application which we do feel is adequate.

Crane: So that all comes later. If the zoning change goes through.

Montana: If the zoning is approved.

Crane: Thank you. Thank you Ms. Booker.

Booker: Thank you.

Crane: Ms. Potter. And you have your 10-minutes.

Potter: She didn't go under, so I don't have any left over from John.

Crane: Actually she did so you've also got a little slack.

Potter: A little slack would be helpful. I have had three strokes. I've had heart surgery. I'm having heart surgery again July 15th. The more pressure I have on me the more my speech is affected, the more I stutter and the more trouble I have finding words. So let's make it easy on all of us.

Montana: Would you like to have a seat?

Potter: No, I'm fine. I can stand.

Crane: The chair will be gentle.

Potter: I appreciate the time and the thought that you're giving to this application and to the CCNA's issues with this application. I'm a resident. My husband and I own two homes in Las Cruces. We've been taxpayers here since 1993. I've been a nurse for 45 years. It's really hard to separate all that. My background's open heart, critical care, flight nursing. I founded a flight service. Bell on rancher 421 Cessna. I've been the trauma system manager for the state of Oregon. I was the ER and trauma director for R.E. Thomason when there was only one hospital here and I lived here. I

have stood before the City Council and asked for a trauma center for six years. So when we talk trauma talk to me. I'm senior vice-president of a healthcare consulting national company. I'd done CDC studies, I've done HICFA studies, and I'm CEO and founder of a national nonprofit that I brought to this city that's brought in over tens of millions of dollars since 2005. I'm now retired. I'm speaking as a CCNA founder, co-founder with John. I was its first president and I'm now chair of the infrastructure committee. I'm also patient. I got out of the hospital coronary care unit less than a month ago and I'm going for surgery again, so I beg your ... whoops, oh my gosh. Okay, wrong button.

Okay, first of all I want to emphasize this is an application for a hospital. This is a zoning application for a hospital. There is no need for another hospital in Las Cruces. I have data for you, 2011 data, the most recent data shows total out migration since Mountain View was built has dropped from 25% to less than 7%. El Paso 5%, excluding OB which Galichia Medical Center, this new boutique medical center will not provide, nor trauma care. Much of this out migration is at the convenience of extended families, that's why I'm going to Portland, Oregon again, besides the fact that's where my heart surgeon is. Albuquerque 1.8%. Much of it trauma although most of it goes to Thomason UMC. You see these, 13 trauma, burns trauma, TBI trauma. The source of this is the American Hospital Association dot Commissioner, Solucient, and the Texas Healthcare Information Council. This is in your packet. Well studied impact on safety net hospitals and the two existing hospitals I am going to tell you are safety net hospitals. They qualify. Okay. The increase of cost to care when speciality limited service hospitals enter the market is well researched. The McManus Consulting Group and American Hospital Association etc. have all looked at these and I'm going to focus on only two. I'm not going to insult your intelligence or anybody in this audience by dumbing down these slides. I think that everybody here can understand what this is about and what physician investor speciality hospitals do. Physician investor, I'm using that term, not owned, and we're going to get into that, direct or indirect, opened in '95 to 2005 in four communities, three of whom had two safety net hospitals just like us. Never mind Oklahoma City, thank God they were there for the tornados. Key factors in physician speciality investor hospitals are this, they select patients by redirecting the physicians practice and this is an IPO, you all know what that is, for investors for a certain surgery center in the Black Hills. The ability to schedule consecutive cases without preemption by emergency procedures. So you don't have trauma coming in, you don't have you know messes, train wrecks that we used to get from you guys and gunshot wounds from Juarez. Patient selection tactics yield high profits. This is documented, this is out there. You don't even have to hardly look for it. They focus on well reimbursed procedures; cardiology, neurology, spine. Focus on patients with good reimbursement, private, Medi/Medi okay, Medicare/Medicaid, and Medicare supplemental. They

avoid emergency cases. They are allowed because of EMTALA, the emergency medical transfer and labor act, requires that receiving hospitals, safety net hospitals must accept or undergo huge fines, $50,000 a case, for refusing a referring hospitals transfer of a patient that they can't care for 24/7. Now they say they've got 24/7 coverage, does that mean ... I'm going to get into that. OB, peds, all these other specialities, likely not. So they avoid emergency cases and they focus on patients in overall good health. This is the business model. Physician investors move patients at will to their hospital. The Galichia hospital prospectus that was given to the city manager that's out there for your perusal talks about physicians working at their hospital. At Bryan LGH in Lincoln they started out in '99 with over 1,500 cardiac procedures. They were an excellent heart hospital, so a level one trauma center, the only one in eastern Nebraska. By '04 after the Nebraska Heart Institute opened its new heart hospital, they only had 60 cases. One great cardiac program became two good programs according to the faculty at that hospital. Focus on well reimbursed procedures is also very well researched. Four heart hospitals, three neurosurgery hospitals, four general surgery hospitals, look at the net income per case. I will tell you that most of the cases we got at R.E. Thomason and UC Irvine where I ran the ER medical center and the trauma program, they were a minus.

Physician investor speciality hospitals serve more commercial and few Medicaid patients. They leave the safety net hospitals at risk with a predominance of Medicare, Medicaid, and self-pay. Documented, fact. They offer limited emergency services. They especially don't like OB, peds, complex medical, so they transfer them and the other hospitals have to accept them under EMTALA. Ready or not. Specialty hospital entry point is through physician offices that can prescreen for complexity, core morbidity, and do a thorough wallet biopsy. Refer complex cases to tertiary safety net hospitals at their financial risk. They have a higher profit margin 3-7%. Community hospitals profit margin is zero. When I was in the hospital recently I was told my ... the hospital I was a guest in was losing a million dollars a month here. Focus on profits not patients. I would like you to listen carefully to this quote from Larry Teuber, founding partner of Black Hills Surgery Center at a medical surgeon's annual meeting. "And the last thing and the easiest thing is money. There will be a lot of money out there ... Why go to a surgical facility? Profit, profit, profit." Impact is declining finances and resources at safety net hospitals. The physicians at Bryan LGH said "The Nebraska Heart Hospital doesn't provide anything we don't already have in the community". Ask these other hospitals. Is this bringing something new here? The answer is no. Fragmentation occurs out of business, erodes margins, and puts quality at risk. Net incomes at safety net hospitals dropped drastically. Wesley Medical Center in Wichita, the net income fell $16 million dollars the year after the opening of Galichia Heart Hospital. Rapid City, net income fell $18 million after opening Black Hills. Interestingly enough Black Hills

surgery centers income group grew by the exact same amount. Now I'm going to tell why. Safety net hospitals cut staff and patients have access problems. The key physician investors owners opt out of emergency call. You have to pay them lots and lots and lots of money. In Oklahoma the trauma system nearly fell apart and the Bishop and Associates, a company I was senior vice-president of engineered a six million dollar Medicaid taxpayer bailout to keep then open. Critical unprofitable services are cut at the safety nets. Behavioral health, trauma, subsidized services for low income, read them, medical education. More borrowing occurs at the safety nets and their bonds are downgraded. Now Wesley at Wichita laid off a 120 FTEs in '01, the year after Galichia opened, 54 more in 2003. Galichia's hospital was 55 beds. Most of these speciality hospitals are eight to 60 beds. They are not huge. They're one story, they're boutique. They sold occupational health. They closed two research programs. They closed the outpatient pharmacy. They downsized anything else that they couldn't make money on, but they still had to increase salaries because they were competing for staff. I'm going to tell you about New Mexico staff. We've got trouble here. Speciality hospitals decrease utilization at safety net facilities and increase overall cost of care. And I'm going to tell you why this part of your zoning requirements here; this now doubles or more the capital investment in the community to provide the same services. That a senior manager at Blue Cross. Specialty hospitals raise issues of over utilization. Outpatient surgeries in Black Hills went up 120%, inpatient by 50, there are benchmarks that show you that this happens every time these folks move in. Rapid City hit the 99th percentile for back surgery.

I want to speak to the helipad issue because I'm a flight nurse and I'm still here cause I'm not stupid. Air medical crashes are 14 times that of general aviation. I draw your attention to an issue of Flying Magazine that came out two days ago, take a look. Research shows no better outcomes from air versus ground, none. It doesn't help. Cost is $25,000 a flight. It costs $30,000 to come from Alamogordo to here. Data shows that hearing damage occurs at 80 decibels. A jackhammer is 90, a landing is a 120. Structural damage occurs to neighboring building because of the shaking. Loss of property values has been documented the closer you get to the source of the noise. Now, trees and high-tension lines make this an inherently unsafe landing site. My Bell long ranger Vietnam Vet pilot and I would no more landed on that facility with trees and high tension power lines than we'd landed on the moon. Other hospitals in this city are only averaging 30 flights a month. Flights over residential neighborhoods, parks, and schools are inherently unsafe. Need I say more? Thank you.

The MVEDA revenue forecast, you can throw it out. MVEDA didn't consider that few or none of these patients, visits, procedures would be new to the community, five percent to six to 7.7 percent out migration. Staff and physicians that were in that study are already in practice here and paying taxes. The income and revenue stream is going to come from

existing practices and patients already being treated here. Now so I put this all in red ink because all you need to read is based on flawed data, monies will be scavenged, the other term we use in healthcare economics is cannibalized but that's not proper, from safety net hospitals which will have equal or greater net losses. These are facts. Here again, red ink, red ink. So rather than a net gain or even a zero sum effect based on household incomes and physician practice collections, the developer has utilized in a misleading fashion the MVEDA estimates regarding new jobs, new state and local taxes, and could be considered intellectually dishonest because they do not subtract the losses at the two existing viable hospitals. Memorial running at 50% occupancy. Close. My nurse was sent home at midnight, middle of her shift because there weren't enough patients. From whence physicians, staff, and patients will be selectively transferred within the city to a new physician investor specialty hospital. MVEDA has clarified this for your public record. It's in there.

So in summary, there's no need. The cost of labor is going to be extreme. We already have a severe nursing shortage. New Mexico's short 3,000 nurses. We compete with El Paso already and the closure of Dona Ana Community College has exacerbated this program. The physician community is short 2,000 physicians for the upcoming affordable care act. And this is a very divisive situation once these healthcare situations occur. So here is the question that I have to leave, economic development element to zoning, goal number one, to provide strong development, policies, allow the retention, expansion and attraction of existing and new businesses, and industries to Las Cruces. So the fundamental zoning question is how does a third hospital with no new healthcare services, utilizing and shifting the same physicians and hospital work force in a community with significant excess capacity and only seven percent outmigration meet this important criteria for approval? Does it retain and expand Memorial Medical Center and its vital services? Thank you.

Crane: Thank you. That was an interesting presentation. Not quite relevant to what we're doing here, but this goes further as you know to City Council and I think they will be very interested to hear that presentation as well. Will that be possible? Depends on your ...

Potter: Will it be possible what?

Crane: For you to make that presentation later to the City Council?

Potter: The City Council's meeting is actually scheduled for when I am recovering from my heart surgery. And I don't know of frankly anybody else that can explain this, but perhaps one of you would like to take it on or someone from the city. I would also invite one of the CEOs of the hospitals to do this same talk.

Crane: Well it's not quite for me to say, but I think it would be better coming from one of your neighbors on the Country Club Neighborhood Association.

Potter: If I can do it remote, I have done that. I have interviewed with the Wall Street Journal's health editor while I was in coronary care recovering from my last surgery.

Crane: Well ma'am in that case the City Council should be a push over. Thank you. Okay, members of the public. Do you have something to say Ms. Montana?

Montana: Oh no, I'm just changing the slide.

Crane: You can line up if you like or you can just rely on me to pick one of you when your hand goes up, and trust ... yes Mr. Beard.

Beard: I'd like to explain how this timing is going to go. You'll see a green light, that means you have one minute left. You're going to have three minutes to talk. Green light comes on with one minute, the orange light comes on at 30 seconds, the red light is 3 minutes.

Crane: Then Guido comes in. Please identify yourself.

King: Richard King. With the presentation that's has been sited and the previous presentation but talking about the traffic study I would disagree with Ms. Montana and the proposed, probably for the infill there's proper infrastructure around the hospital, but the construction of it, my concern is on North Main Street/Highway 70, Camino del Rex on which I live on and Country Club Circle the corner, and then Madrid extension up there the school and everything. I am ... the zoning, if the zoning is changed ... I think it needs to be tabled till the traffic impact study comes in. Traffic right now on Highway 70 is congested at best, but with the construction of the hospital and the nursing facility I think it's going to complicate Highway 70 and certainly people right now from Triviz are coming down to Camino del Rex to avoid Elks Club and North Main Street and so my recommendation to the Commission is that at best table this until the traffic impact study comes back, cause once again supposedly the state is supposed to start on Main Street/Highway 70 from Juniper to Three Crosses, signs went up and signs went down. That has nothing to do with this proposal, but once again I think the traffic impact study is vital for this project to go forward. The drawings certainly showed what the boulevard affect. In the infill there are enough streets and stuff but Highway 70, Camino del Rex, Madrid, and stuff like that I'm very concerned about the traffic impact from this particular development. Thank you.

Crane: Thank you sir. Another person, lady coming up here right now.

Haynie: Good evening. My name is Billie Haynie. I'm a townhome owner. My husband and I own a home at 880 Camino del Rex. I'm a member of the County Club Neighborhood Association and I strongly support the rezoning request put forth in front of you today. I strongly disagree with the opposition presented by our president John Stevens. I feel that he is out of touch with the members of his association, the Country Club Neighborhood Association. He has not sent out a survey to ask us how we feel or how we want him to represent us. He does not know what we want and does not speak for my husband, myself, and a lot of my neighbors. Today you received petitions in support of the Park Ridge project. My townhome neighbors will be greatly impacted by the project and we have collected 14 out of 18 homeowners signatures in support of the rezoning and of this project. In addition ... I'm sorry, we have collected 260 signatures in total from our neighbors, our association members, and the Las Cruces residents as a whole supporting this rezoning and the Park Ridge project. John Stevens has presented his own plans to the developer and today on the overhead projector and has not shown them to us for our approval. By his own bylaws, by the bylaws of the CCNA it states that this association mission has been developed to support the development of premiere park. Those bylaws are not being followed. Our bylaws do not direct the opposition of development of the Las Cruces Country Club property. Tonight Mr. Stevens has stated that he has 80 members, yet his slide shows that he represents 700 homes. That's very misleading. I ask you to please look over the petitions. My neighbors association members, there are a lot of us here that are in support. Thank you.

Crane: Thank you ma'am.

Hanson: Good evening my name is Harry Hanson. I'm a property owner on Camino del Rex 870. As an owner of a home adjacent to the proposed medical center I am excited about the plans to transform the deteriorating golf course property into a moderate medical facility. The neighborhood will be much enhanced with a new hospital, rehabilitation, and assisted living facilities. It will provide a positive economic impact for the area creating jobs and increased demand for housing in our neighborhood. I believe this is a good thing and will have a positive impact on my property's value. This will also be a significant city infill project providing millions of dollars in new property and gross receipts taxes to support city, county, and schools. As a real estate appraiser for over 40 years I know that large vacant land tracts are best developed under the concept of highest and best use. For a property like the golf course this usually means developing the frontage areas that have the most exposure for commercial, retail, office uses, and the rear portions to less density such

as multi-family and single-family residential. The concept being put forward at Park Ridge includes developing some of the interior area also for commercial uses including the hospital and medical facilities and offices. This is an excellent plan. And the diverse uses within the development together with the plan; walking trails, bike lanes, and open space should prove to be a welcome change to a declining neighborhood. We need more medication facilities in Las Cruces in my opinion. They attract retirees, half of the people I know over 50 go to Tucson or Phoenix to get medical help. We need more special care facilities in Las Cruces. I am very much in support of the zone change and the Park Ridge development. Thank you for the opportunity to speak.

Crane: Thank you sir. Gentleman in the white shirt.

Jaramillo: Mr. Chairman, members of the committee. I'll introduce myself in just a moment but I first want to thank you for giving me the opportunity to speak to you in regards to the proposed Park Ridge development plan and I promise to be brief. My name is Ray Jaramillo and I'm the director of Alpha School for young children. Alpha School is a five star nationally accredited childcare center who has been caring and educating young children in Las Cruces for over 30 years. I have worked at Alpha School for 19 years. Alpha School is located near the T-box on the old Las Cruces Country Club par five, seventh hole. One my of favorite holes. I miss it. If you build it he will come. It's a quote from a movie, Field of Dreams. It's a 1989 fantasy drama film starring Kevin Costner, nominated for three academy awards. This project reminds me of this movie. In the movie a novice farmer hears the voice and whispers, if you build it he will come, and decides to take a leap of faith and plows his cornfield to build a baseball diamond risking everything he's always known and risking bankruptcy. People are afraid of change and taking leaps of faith. Las Cruces residents are no different and I understand that. For any business to be successful we need customers. Customers that will need quality child care, groceries, dance lessons, storage, electronics, frozen yogurt, good burgers, and even auto repair just to name a few. This project plans to bring those customers to this empty field and revitalize this area of town to the established businesses that surround this project and also attract new businesses that will be drawn to this area. I don't live in this neighborhood, but after driving through it for the past 19 years I do feel connected to this area and to the neighbors. I understand their concerns with this project. I've heard that the people that are opposed to this project have concern about losing green space, has anyone seen the space lately? There is nothing attractive about this and it is more of an eyesore to this neighborhood and the community. I welcome growth and everything that comes with it, the good and the bad. But I trust our city and those officials that are in charge of making our city a place of opportunity for families such as mine while making tough decisions to

better our community. In closing, I ask that you take a leap of faith and listen to those voices, if you build it they will come. Because if we don't build it, nobody will come and Las Cruces will be left behind again. I stand in full support of this project.

Crane: Thank you sir. Any other member of the public? Yes sir.

Colon: Good evening. My name is Carlos Colon. I am also a member of the country club neighborhood and a member of the Country Club Neighborhood Association. I don't have a prepared speech or anything like that so I'm going to speak from the heart. I support fully the proposals put forth, the information given to you from our Neighborhood Association. I have to ask the question how many people that have come out in support of this zoning change are realtors and I think it's a shame that we have realtors come out here and put down our organization and especially our president because we have nothing but the best of intentions and for the neighborhood and for Las Cruces. This is not anything where we're against development. We are in favor of development, we just want the right type of development for this community and this city. Thank you.

Crane: Thank you sir. Ma'am.

Smith: Good evening. My name is Tammy Smith. I do not live in the country club area, but I live reasonably close to it. And so I am coming before you to speak on not only my own behalf but the large number of residents in Las Cruces who had fervently hoped that that property would become our regional park. That seems to be out of the question now although quite frankly I still haven't given up hope and I'm sort of a diehard. But I have concerns about some of the plans that are being made. I want to mention that I think Mr. Pofahl's project is very attractive and I think it has a lot of fine features, but not for there. Highway 70 is sort of a death trap road and I don't care how many barriers they put up in the middle of it, it is still terrible. There is hardly any time of day when it is not laden with traffic. I'm concerned about having more traffic added, there are going to ... there will have to be another exit as far as I know onto the highway. There will have to be traffic going through the neighborhood. It will be diverted and I'll tell you why I know. Because a similar project took place in my neighborhood North Alameda section and it's a very very nice development. We begged and pleaded not to have it approved because we knew it was going to put a tremendous amount of traffic through two residential streets where I live; one is Highland and one is Phillips Drive. Our roads we use for cut through to avoid having to go, what had been the obvious road which was a road straight from Alameda over to Valley Drive. The same thing is going to happen in this neighborhood. They going to be cars cutting through, cars that don't have to be there, they don't live there, but they will take short cuts. We all take short cuts. I

question whether if the helicopter pad goes through, is that really a safe place to have one where there are residential areas that close and where there's a potential for a kindergarten and a private school that close? And tell me, do you use Apodaca Park? Do you ever go there with your families? Do you really want to have a helicopter buzzing over because you can't be assured when it might or when it might not go through? Would you like to be having a cook out when an emergency vehicle has to go rushing through the area? I think these are things that we really need to consider and hopefully there will be some attractive development there. I'm sorry to see the grass die and the trees die. I'm sorry that the codes officials were not able to convince the owners of the property that they had to keep up their trees and keep up their grasses. I have been cited because my grass looks terrible and my tree is dying, but I'm just a citizen. Thank you.

Crane: Thank you ma'am.

Beard: Ms. Montana, I don't think they can see this lighting with the monitor in front of them.

Crane: Can we move the box a little bit, left or right? Okay if speakers could position themselves so they can see the bad box there. Can you see that sir?

Townsend: Oh yes, certainly. Gentlemen, first I want ... my name is Dan Townsend. I live about six blocks away from the subject property. But it was valuable when it was being maintained. One of the particular reasons why we bought in that area. And it certainly has potential for many things. The problem that I see is really that we have been through a lot of cycles of developers that did not fulfill the promises made. In fact I don't envy Mr. Pofahl in this situation because of some of the things that have gone on in this community before. What I wanted to say was that if we really have plans it has been pointed out that once you get C-3 zoning then all gloves come off because in the first place the petitioner is not the owner, so of course this could transition into several ownerships. And of course what happens to the original plan. So what I would say is why don't we say if the people are really planning to do what they want to do, assuming it does not have negative outcomes, they need to post a bond which would pay the community in some way if the promises made and the proposals offered result in negative outcomes for the community. I refer of course to the possible loss of our not-for-profit hospital, some of the other things that could happen for instance one, you might think about this as well and that is an assisted living facility is for people who want to live quietly and so forth, they do not necessarily want to live in a commercial zone. And especially not one where you've got the you know activities of a hospital and some of the other things that have been mentioned. So if the

developer, the petitioner wishes to post a bond saying that they will do what they promise to do and it has no negative outcome for the community, I think that is a good starting point. Thank you.

Crane: Thank you sir.

Burlbaugh: My name is Edward Burlbaugh. I saw a bunch of initials earlier. I have a bachelors, a masters in science, two masters in science, a PhD and an MBA. So I'm qualified to speak of nothing. I'm not a member of the Country Club Association. They don't represent me. They don't speak for me. If I had to say anything about them I would just say with perhaps disrespect, that they are kind of an obstructionist organization when it comes to this project. At any rate, I know I've been in a number of meetings and the developer has proposed a number of items that he wants to present and I think he's been more than adequately accommodating to the residents. As someone pointed out, you know it'd be really wonderful if, I don't know who the man with all the money would pay to have the country club maintained, have lots of trees and we could all go walk our dogs there. But I think the financial reality is that it doesn't happen that way. There was a mention of a couple of previous developers that had been looking at this and I would just submit how'd that work out for you? I have a friend who builds furniture for a living and someone came to him and asked for a bid on a project and he gave them a bid and the response from the potential customer was, well that's kind of expensive. I talked to this other guy and he could do it for you know 50% or 80% of that. He says okay, well why don't you go to the other guy? And the potential customer said well the other guy's not in business any more. So, maybe that's why the two previous developers couldn't put together a project that maintained 90% green space. You have to have something to make your money in order to do that. The concern about why we ... or the need for another hospital, frankly I think if we all believe Las Cruces is going to grow it's certainly possible that it could grow into the need for another hospital. I want to say that I thought what Harry Hanson had to say was very astute and I agree with that and I say I'm in favor of the zone change. Thank you very much.

Crane: Thank you sir. Yes sir.

Caldwell: Good evening. I feel for you guys. My name is Robert Caldwell. I am the president of the board of directors for Las Cruces Country Club. And I just want to say that we are not going to ever be able to go back to Las Cruces Country Club property. That won't ever happen. We feel very badly about the way the place looks. We are unable to maintain it. It is ... everybody that played golf there has a great feel for it, I know I do. I'm speaking from my heart right now. Member there for over 20 years and I'm on the board of directors so that we can move on to other things. But, we are very

much in support of this project for many reasons; one being is it's offering something to this community that we all care about. Something that we all as members of Las Cruces Country Club, we are very supportive of this community providing many many services, not just golf, we are a polling place for all of the elections that were ever held in Las Cruces. We were a gathering place for a lot of weddings. We were a gathering place for a lot of graduations, my two kids graduated and had their receptions there. A lot of good things. This hospital is another good thing. Now, we support the fact that they're trying to do a good thing with it. And I hope you do too. Thank you.

Crane: Thank you sir.

Van Damme: My name is Anita Van Damme. I've lived in Las Cruces on and off for 60 years. I have found ... I don't live here now, but I came to this meeting just to see what was going on because I really think this is a good project. My parents belonged to the country club and while I come here and I see how terrible it looks, I think it would be great to have a pond with paddleboats. I think it'd be great to have trees and grass, but New Mexico is in a drought and we don't have water. This is not Minnesota or Oregon where it rains every day. In all the years I've lived here, you always notice that the people that hold you back, that hold the city from going anywhere are the people that move here from other places and try to change things, try to make it like back home. This is not back home. This is Las Cruces, it's a laid back style. I think what these gentlemen are doing is really wonderful. It's a thing that Las Cruces should embrace. We need somebody to come in here and build. We have a problem with the fact that we don't have any kind of big ... what do I want to say ... there's not anybody that comes in here that finds something other than the government and that's why Las Cruces does not grow. It's why it looks like to does. And I hope that the City Council and the people of Las Cruces vote this in because it's something that's very much needed. These people are coming in with money to fix something that looks terrible. I can remember when the country club was beautiful, we'd go swimming there. It was a place like the gentleman said to have parties and dance and it was really nice place to go. And now it's just terrible and the people that don't want to change it, well sorry for them.

Crane: Thank you.

White: Chairman and Commission. Thank you. My name is Clayton White. I lived at 2310 Desert Drive which is across the street from the country club for right at 40 years. I've grown old there. My kids were raised there. Talking about the swimming pool. They learned to swim in the pool. I played golf. My daughter got a scholarship to New Mexico State in golf. My son has a three handicap but that has nothing to do with land use.

They were raised at that country club. While I was there I can think of at least four times when people came in to buy our club, trade our club, they wanted our club. And there was nobody at that time standing up and fighting it. There was never a word said anything about what they were going to do with the land or why they were going do with the land. There wasn't any interest in it. And when I got the word about this hospital and I went out to a meeting and I was highly skeptical what these guys were going to do and then I listened, I asked questions, and I walked away extremely impressed. I think it'll be good for the neighborhood, it'll be a lot better than a park. Parks don't pay money and Las Cruces is in trouble and a hospital would pay a lot in taxes and employ a lot of people. It could do nothing but help this community. Now why people are against a hospital, I don't know. I don't know. I was telling my daughter about what was going on and she said well, sounds like somebody's doing a little subterfuge lobbying doesn't it? When will they fight that? I don't know, I'm very curious why they would be so interested in fighting the project that I see. I'm in favor of it and I hope to live another 40 years over there in a neighborhood I'm proud of. Thank you for your attention and I hope it goes on.

Crane: Thank you sir.

Miller: My name is Ralph Miller. I live at 1525 Altura. I'm a relatively newcomer to this area, I've only been here since 1997. And I lived in Clovis for about 23 years thinking I was going to live and die there the rest of my life and my work gave out and I had to leave and go to California to make my fortune out there. And so I left and came back. I chose Las Cruces because it happened to be half way between my children's residences. I have two boys that live over in Texas, one girl that lives over in Las Vegas, and one daughter that lives here, so I got a day's drive either way. I chose Las Cruces because for many reasons, it has interstate highway north and south and go all the way to Canada. I can go all the way to the east coast or all the way to the west coast on the interstate on 10, which I have done several times. However, I chose Las Cruces because this area had the same basic climate I found out in California. And I moved here in '97, there were 60,000 people. Recently I read in the paper they said now we're over 100,000. So I beg to differ for the previous person who spoke saying we're not growing, I think we're growing quite well. I selected my location because I've always been told that the people who build homes close to a golf course always have nice homes and they seem to be stabilized, they seem to stay that way. Five or six, maybe seven years ago I had several constant people from the real estate would come by leaving a little card on my door and wanting me to sell my home. And I thought gee these people maybe they know something I don't know. Well I found out the approximate value and boy sounded pretty good. Well that was a few years ago. Now I've lost about $50,000 or $60,000 of that

value because of the situation. Now I see I have a caution light. I did want to emphasize that basically that this group of people who wanted to develop this, I am totally in favor of this. I hesitate in saying this is the biggest blight I can see in the center of our town. I skipped my notes of what I had down here but I'm glad to hear some of the various reasons both pro and con. We have a rough diamond in there, it needs to be polished and I think we should proceed. Thank you.

Crane: Thank you sir.

Jenson: Good evening. I'm Rick Jenson. I'm a townhouse owner adjacent to the new hospital project. And I'm CEO of Cloudcroft's Sacramento Mountain Medical facility. I'm concerned about the health and the welfare of all our citizens in Las Cruces, as well as the highest and best use of this newly proposed multiuse development providing an innovative continuum of care especially for newly arriving baby boomers. Locally this project will have a very positive economic impact on Las Cruces. It'll create 1,300 jobs. It'll have over $50 million payroll and that'll directly stimulate our local economy leading to an annual commercial impact of over $120 million rolled throughout the community. The project will enhance the quality of life for almost 2,900 people and 900 families in the Las Cruces area. And enroll more than 1,500 children into our school system. This development is projected to generate more than $4.7 million in local taxes. And it's projected to generate more than $2.3 million for the state. Locally this project will have a very positive cultural impact on Las Cruces. This planned unit development incorporates a unique approach to health care from emergent treatment, to assisted living, to rehabilitation and preventive fitness facilities all in one campus. For loved ones from out of town, plans include access to residential facilities on-site. Health-wise, the overall park design encourages safe walking on-site between residences, retail shopping, all healthcare facilities, as well as links to existing Las Cruces fitness trails. The Park Ridge project deserves to be a signature project for Las Cruces. It will provide a new model of healthcare for the future, improve property values in the neighborhood, provide new jobs within our community, and provide state and local governments the needed tax funds to accommodate our growing population. I whole-heartedly endorse this project. Thank you.

Crane: Thank you sir. Yes sir.

Hayes: Is there a camera attached to those three lights?

Crane: There's a camera behind you. Actually there's a camera up there.

Hayes: Okay, will I get a ticket if I go past red? Good evening, my name is Michael Hayes. I'm a resident of Las Cruces. I'm happy to say that I'm a

resident near the country club area. I don't have a personal story to tell you. I'm not a realtor. I'm not as I say an adjacent resident. I'm a retired consultant who consulted to government agencies and private companies in the Washington, DC area and around the country. My job as a consultant was to come in and evaluate plans, documents, reports, recommendations, environmental impact statements, the operations of the nuclear weapons facility at Pantex. I was a hired gadfly. My concern on this issue is whether you have received from the city, not to mention the developer and not to mention the various speakers, an adequate basis for making a decision to go forward. When I came down here, this is my first public meeting in this town that I've attended, my concern was this is a large development, the fix is in, you're a rubber stamp organization and the city government will just pass you something and you'll approve it. I've been really impressed with your questioning. You're on the right track but I think you need to do a great deal more before you can act on this and let me tell you why I came in with my suspicions and why I have this judgment of this, that the materials of which I've seen. The city manager has written that the city administrations role to facilitate the application not to analyze and evaluate it. I think that some of the problems we've had with the work that the city has done in its responses have already indicated that they have not done a very good work. This puts you in a ... the many failings of this report have already been indicated by the critics of the proposal. I do not see them opposed to development. I see them in favor of sensible development that makes sense not just for this particular site and the nearby residences, but the entire city. That's what planning should be for. There are too many unanswered questions. I think that the city manager and the staff have assumed and I'll put in rather blunt language, that you are either fools willing to avoid due diligence or naves willing to be complicit in giving away an enormously valuable public asset for nothing in return but non-binding promises called plans subject to change without notice at the developers discretion. I would urge you ...

Crane: Thank you Mr. Hayes.

Hayes: I'm sorry.

Crane: Would you conclude please?

Hayes: Oh yes, I'm right there. I would urge you to send this back to the city to develop more adequately and explore more of these issues and to give you a better bases for making a decision to go forward. Thank you very much.

Crane: Thank you sir.

Beard: I have a question.

Crane: Mr. Hayes one of the Commissioners have a question for you.

Hayes: Do I have to testify against myself?

Beard: This will give you some more time, but what are the unanswered questions. Can you give me some ideas where we should be going?

Hayes: I do not think, I mean we've heard from both sides, I do not think we know what the economic impacts are going to be on this. I don't think we know the social impacts. We have some problems with helicopters flying around, I don't have to be a pilot to know that they're noisy and they're dangerous because I live on a flight path. So I think that there's a range of these, we do not know what the effect will be. We've been told and I'm inclined to believe this because my wife is a nurse at an assisted living facility. I am inclined to think that instead of generating money we'll just be moving from one pocket to another. I don't think we know. And I'm very uncomfortable with a piece of Jell-O being tacked to the wall. I don't think we know how this site will actually be developed, I don't think we have assurances how it will be developed. I think we need more specificity, I think we need more ... if the developer's got a good idea and I do favor multipurpose mixed use development and I find the site that they've drawn up very attractive, only at the bottom it says subject to change without notice at developer's discretion. And I think that until you have answers to these questions and have more specificity, you really are operating in the dark and can't serve a public interest if you don't even know what interest might be affected.

Beard: Okay, thank you.

Hayes: Does that help?

Beard: Yes. I would also like to remind the audience that this is only the first phase of this program. I mean it goes through a lot more approvals, so we're just going through the first phase on this thing.

Crane: Yes sir.

Perez: My name's Edward Perez. My home will be ... there'll only be two houses between my home east of the hospital. So I live right there. I have got a general statement to make that is not aimed at this body and it is ... I've already got a yellow light. Okay, thank you.

Crane: Go ahead, you're starting from scratch, three minutes.

Perez: I have a general statement, not directed at this body, but the statement is,

are you kidding me? Have you seen the place? I don't care if there's a hospital there. I don't care if there's an Appleby's. I don't care if there's a Trader Joe's. I want some intelligent things drawn up and put in there. It seems to me that this is an intelligent system that some thought has gone into this, a lot of money has gone into this. We can sit back and say well what if we had this, well I don't want this, I want that. Well, you know the hospital may not make money. Well this is America, if they don't make money I'm sorry. It's worth a try. We have people say who's going to live in the assisted living center, well they're not going to kidnap people and put them in there. People will choose to live there. Let's give them the opportunity. Again I don't care if it's a hospital. I don't really care what it is. I don't want it to be what it is and if this doesn't go through, you all know how much time it's going to take for a new developer to come in, for them to get before this body and get to this point again. This seems to be a fairly intelligent thing going on here. It seems really it's silly to say well what if it was a Trader Joe's, well what if it was this, well we don't want this. I'm hesitant about the helicopter, it'll probably be going right over my house. But something needs to be done. Thank you.

Crane: Thank you sir.

Maese: Good evening. My name is Hector Maese. I'm here to endorse the Park Ridge proposed development. The past 18 years I have lived next to the proposed development. My townhouse is at 920 Camino del Rex adjoining the north side of the Las Cruces Country Club property. As a golfing member of the country club I've known that the closure of the course was necessary. I have attended five meetings pertaining to this project. The meetings have expressed a consistent theme and objective. Mr. Pofahl and the developers propose a new upscale village that will serve not only the immediate community but the entire area surrounding it and our city. It will offer sustainable options and needs like health, education, employment and housing that will add to our community's quality of life and services. It will likely enhance the property values for all of us that live near or in the surrounding area. I believe going forward with this development will add balance, life, and beauty to the former Las Cruces Country Club golf course property and to the City of Las Cruces. These are the reasons I'm endorsing the project. In closing, I want to personally thank everyone that's here. I also want to say thank you to all of you on the Planning and Zoning Commission for your time and service to our city. Thank you.

Crane: Thank you sir. Yes ma'am. Do you have new information?

Mitchener: My name is Becky Mitchener. My husband and I own 900 Camino del Rex. We are one of the townhome owners. The slides that you're going to see, we traveled the golf course on Sunday morning and took some

pictures to display the deterioration that's happened to this poor property. I have watched through my back window as plants, trees have died and how animals have left the golf course. We don't even have pigeons left at this point. They left also. So I just wanted to go ahead and show you a few slides about the dead trees that are there. This is a little overkill, but there are left over things like fertilizer on the property. All of these things have created safety problems, I know that there have been some break-ins along the Desert Bright property. I believe that Ms. Potter's property was also broken into as well. I don't know how to do this any way. Okay. You'll see, these were the water areas on those top features. This is where Mr. Stevens wants to put the paddleboats as I understand it. This particular property in the lower left corner is the break-in that's happened at the Las Cruces Country Club. I have observed this over several months and there is ongoing activity in and out of that particular property. I suspect that it's youth, but it also creates a safety risk for all of us that live there. I don't know why the country club hasn't boarded that up, but it still continues to remain. So we have vacant properties, on the property in my opinion we have severe fire danger. It's just going to take somebody with a can of gasoline and few matches and we're going to go up in a puff of smoke over there. The nearest fire hydrant as I see it is out toward the gate at the entrance to the country club. So in closing, I just think that ... my husband and I are stakeholders in this in the sense that we have all of our property at risk. I'm concerned about our neighbors and our community, our community as a whole, and we fully support the plan that's proposed by the developer. Thank you.

Crane: Thank you.

Mitchener: If you'll just look at my slides as they end here. You can see the dead growth of the back of the townhomes, etc. So, anyway, that's what we're looking at now.

Crane: Thank you. Something new to say ma'am?

Jensen: Yes, sir. My name is Claudia Jensen. I live at, or I own 8850 Camino del Rex, so I own one of the townhomes. I am also a nurse. In fact I work at Holloman Air Force base. And what I'm going to address is something I heard a question earlier about and that was would this bring people in from someplace else for the medical and I can tell you yes, because where I work, like I said I work at the medical facility on base, and I have talked to people about this project that I've been hearing about from these people and I was really excited about it. And I told them all about it and I have had a lot of people saying they are really looking forward to this because this will bring in new doctors, more doctors than what we have. Currently Alamogordo is very very poor in doctors and especially different specialities. This will bring in a few more specialities here. They won't

have to go as far. Right now they're having to go to El Paso, Albuquerque, to get some of the specialities that they need. If we have these specialities here, then we can bring more of them over here. And I already know that a lot of people would come here. And we do send military people to any place for the specialities. And so I believe this would really bring in the people from as far away as Alamogordo, Rowell, not Roswell but Ruidoso and that area. So I think it would be a very positive thing to have this speciality hospital with specialty doctors coming. And of course I want this to come to. Thank you.

Crane: Thank you.

White: Good evening and thank you.

Crane: Something new ma'am?

White: Pardon me?

Crane: Something new to say.

White: Yes. My name is Sharon White. I am a resident of the country club. The association does not represent me. My great grandparents settled in this valley around the time of statehood. So I am a long time resident, but I've also lived around the world. When my mother was born there were 6,000 residents in the city and no hospital. My brother was born at one hospital which used to be the old Memorial Medical. Since then I've seen Memorial move to another location and it's gotten larger. And I have since seen yet another hospital being built. I think that this can be an asset and I support it.

Crane: Thank you. If there's no other public input then we'll close this to public discussion and the Commission will debate. Okay, I'm calling on Commissioner Scholz, you wanted to say something. Commissioner Scholz.

Scholz: Well I was interested in hearing the supporters, particularly their applause. I thought that was amusing. But absolutely unnecessary. I think if you really support this you'll probably present facts and figures and I had a gentleman from I think it was Cloudcroft right, who presented facts and figures. It's interesting. I assume you're a medical professional sir and you would know things like this, or possibly you were primed by the people who want to build the hospital. You know, whichever. Anyway, I think the public input is absolutely necessary and I'm convinced there are a lot of people in this room who support this project. And I think we have evidence of that in the, let's see, it's the Las Cruces Country Club Redevelopment Resident Community Support petitions which we all

received a copy of. I'm less than convinced that this is a great project and my concerns I articulated earlier and that is you know I don't mind seeing a hospital there or an assisted living facility, I think those are practical kinds of things, and they will live and fall on what money they make. If they don't make money well they'll probably go out of business. They're certainly not going to be dependent on Medicare and Medicaid from what I've heard. So, I'm not concerned about that. What I'm concerned about is the rezoning which allows oh, you know restaurants and tennis courts, and things like that which I don't think are necessary for an assisted living facility or frankly for a hospital. So I can't support this project as it is right now, as it's presented. I also think that we have to divide this project and look at it as two separate things and say okay the hospital is being built I assume by one developer or one group of people and I suspect the assisted living facility is being developed or built by another group of people. I don't think they're absolutely linked and consequently until we can separate those and treat them as separate zoning issues, I don't think I can support that either. So that's how I feel about that.

Crane: Commissioner Shipley do you have a remark?

Shipley: I have a few comments. First of all I'd like to thank everybody here who came out tonight to contribute to this exercise. This is something that needs to be done with a great deal of visibility and that, so everybody can see what goes on. There are no preconceived opinions. We listen to the facts, we go out and look at sites, we do things along that line. We are concerned about the growth in this city and how it's structured and how it goes, that's why we are the Planning and Zoning Commission. I want to say that I would like to see this entire 110-acre, I'd like to see the plan done as a total thing. And the reason I say that is because in my previous experience I've been part of development of large 100-acre, 200-acre sites, some of them were all commercial, some of them were commercial and medical. So I've seen this same kind of thing go. I understand there is concern about boutique hospitals and that, but they have a place, they have a part in the medical system. You're shaking your head no, but they do. There are people that want to go to a certain place to have a hip replaced and they may not want to go to Memorial Medical or they may not want to go to Mountain View, they may not want to go to El Paso. They can pick and choose if their insurance or Medicare allows them to do that. So that's the choice that they get to make. Just like you get to choice which burger joint you go to on any given day. So there are choices that can be made. But the point of this is, is that we want to make sure that this development comes to fruition as planned because we don't like change, bait and switch, and those kinds of things as Mr. Scholz has just stated. We want to see this particular parcel developed for the benefit of the community as a whole. Yes there's going to be shifting of jobs and people are going to shift around, that goes with any industry. You open a

new restaurant, you take customers from other restaurants. You open a new car dealership you take prospective customers, that's the way the system works. We've all been raised that way. I would like to see the entire development plan put together with a little more (inaudible) one entrances off of Main Street is not going to be sufficient for 110-acre parcel; one or two entrance. There are going to be people who use that as a cut through when you develop it, we don't want that to happen. So how do you develop this so that it doesn't happen, you know. Right now you've given us a little bit of a piece and I would have to agree with Mr. Scholz, you've not given us enough information to make an intelligent decision. And I wouldn't support it now based upon that.

Crane: Anyone else? I too have some misgivings about the impact of this suggested hospital on the existing hospitals. On the whole I think they'll be mitigated by the ongoing expansion of Las Cruces. We came here 22 years ago, I think we had 70,000 people, now there are 100,000 and the county of course is also expanding. I also have some reservations about the fact that zoning change that's being requested will open the space up to some business, some activities, some uses that don't quite fit in with the hospital concept but I do believe that the applicant in good faith that they do want to have primarily a hospital and assisted living facility there and the other things are just incidental. On the whole I'd rather see this get started and so misgivings not withstanding I will support the application. Commissioner Beard.

Beard: I think this is a very large, 110-acres, I don't, maybe developed by different developers and I don't know how we can put together a whole 110-acre plan or how somebody might be able to do that. Our biggest developer didn't ... failed on the projects that they have started and the ones that are still going have just been dragging on forever. I think parcel type development might be the way to go here, to go the 30-acres, consider the remaining acres, 80-acres later on. I mean we have to approve it. It has to be something that's going to meld together, it has to be accepted by the neighbors. So I don't think that going ahead with the 30-acre approval is a problem. It's too bad that we can't do a traffic impact study because I can see that the outlets to this particular 110-acres might be a problem getting people in and out. But I think we should go ahead with the 30-acre approvals. The helicopter concern, we'll address that when it comes up. We're not approving that here. They can put in a helicopter pad but we don't ... they still have to get a special permit whatever that's called, a special use permit in order to bring in a helicopter or not. And if I can read my notes.

Scholz: Did someone lean against the light switch again? We've had that before. Well it's not 10 yet, I have 9:33 I think.

Beard: Concerning the hospital, I think Commissioner Scholz has come up with a big concern and I think it's a concern with me now. And I think maybe I could resolve it if we put a condition in it that that hospital has to go there before all of these other things go in there. We can make that a condition. When I read these recommended conditions I see where you're having that problem and I have that now too. So that's page 11-11.

Shipley: I didn't see the condition that said that after two years it reverts back. I don't see that as a written condition.

Montana: Mr. Chair, Commissioners, that is a part of the zoning regulations, it's in the zoning code. It didn't need to be a condition of this particular approval. I cited the section of the code, so article two, section 38-10 states that, so it's part of the code, it is a requirement. It didn't need to be placed as a special condition if this were to be recommended by you for approval.

Scholz: Yeah, I'm okay with that. No I understand, that's part of the code. Not a problem.

Beard: I think we could put a condition in there that the hospital is part of this 30-acres.

Scholz: Well that's the condition that refers ... excuse me, it says condition number one.

Beard: Right.

Scholz: This is on page 11, as stipulated in the rezoning application the C-3c and R-4c zoning designations allow what uses shall be limited to those listed on page seven and eight of attachment five. And so that's what I was referring to.

Beard: Right.

Scholz: Page seven is the hospital and the assisted living facility and then talks about the buffer. And then page eight lists related land uses, institutional land uses, recreational land uses, and service land uses.

Beard: Right, but I see your point though that it says all of those are allowable uses.

Scholz: Yes they are.

Beard: And if the hospital doesn't go in there the other things could go in there.

Scholz: That's right.

Beard: Yeah. And so we ... I think that we could put a condition, another condition for ... that says that in that 30-acres a hospital has to be included.

Scholz: In other words what you're suggesting is that we have ... so the hospital has to be developed in order to allow the other things?

Beard: Yes.

Montana: Mr. Chair, Commissioners if I may, during the break after the beginning of your discussion when we had the break the applicant was willing to clarify and remove or delete some of the land uses and if he could have a few minutes now to clarify what he would be willing to remove from those land uses I would ask that he be invited back to clarify if that's okay with you.

Crane: That's acceptable, but would you please put up the slide you had a moment before about the ...

Montana: The land uses.

Crane: The zoning change dying if it's not ...

Montana: Oh, surely.

Beard: You know I don't want to argue that a tennis court can't be used for rehabilitation, you know, doctors know more about that than I do, so I hate to limit them on that.

Scholz: That's because you don't play tennis.

Crane: Okay, Ms. Montana. Nothing in this that you just put up here about this dying if it's not used or developed in accordance with the conditions and all of the applicable regulations stipulates that the hospital has to be started.

Montana: That's correct.

Crane: Right.

Montana: That's correct.

Crane: So, this revocation of a conditional zoning designation does not meet Commissioner Scholz' concern or Commissioner Beard's.

Montana: That's correct.

Crane: So let's hear Mr. Pofahl handle it please.

Pofahl: We're more than happy to make this approval conditional on the hospital. We've got a plan for the whole 110-acres, right now we're dealing with this, but we're happy to make that hospital conditional. That's what our plan is and that's what we plan to do. And if there's some other use on there that you know recreational courts or tennis courts that are causing heartburn we're happy to remove those. Those were just conditional uses, but we're not trying to attempt to get zoning so we can go do something else. We'd be happy if that would you know satisfy the rest of the Commissioners.

Crane: Okay. Don't go away. Commissioner Beard do you want to specify what things you'd like Mr. Pofahl to remove?

Beard: No, I'm ... as long as the hospital goes there I'm happy with whatever else he wants to put in there.

Crane: Okay. Commissioner Scholz, do you want to specify something to be removed?

Scholz: No my concern was with the hospital, that the hospital had to be there. I'm not sure how to phrase that, perhaps legal can help us with a (inaudible) ...

Crane: Can we have some professional help?

Scholz: On Mr. Babington again, he loves to do this.

Crane: Mr. Babington.

Babington: Mr. Chairman and Commissioners what I want to sort of stress on this with respect to the zoning and the conditional C-3 uses, the applicant's basically said my plan is to put a hospital in there. It also has other things that because of the zoning that could go there, if the hospital fails. What you have to realize is that this is a recommendation for a zoning change. And I normally think of these types of things as one bite at the apple because of the statutory requirements on further zoning change. As Ms. Montana has indicated in her package, the requirements under state case law basically say you have to sort of justify why we're changing it from R-1a to something else. So the applicant has come forward with a proposal realizing that they take the risk that the hospital may not come through and that this property is now zoned with certain limitations and conditions. I would be reluctant to recommend that you consider just narrowing it to one thing because if the applicant and the hospital deal should fall

through, then you have a piece of property that's been specifically zoned for a hospital that may or may not occur and have another bite or another zoning change may become very difficult.

Crane: Thank you sir.

Scholz: Yes, thank you. I appreciate your input.

Crane: Any other comments Commissioners? Then I'll entertain a motion that Case Z2860, the application by the country club to rezone be approved. May I have a mover?

Scholz: So moved.

Crane: Moved by Scholz.

Stowe: Second.

Crane: And seconded by Stowe. Thank you. Well start the voting with Commissioner Beard.

Beard: I vote aye for this project based on hearings that I've heard here and site visit.

Crane: Commissioner Stowe.

Stowe: Aye based on site visit, discussions this evening, and presentations by the public.

Crane: Commissioner Scholz.

Scholz: No, for presentations, economic analysis, and site visit.

Crane: Commissioner Shipley.

Shipley: Nay for discussion this evening, the site visit, and also the traffic impact analysis, also the … I just don't think that the plan is descriptive enough to handle the traffic that's important. I think I can work with the helipad eventually but I still think that's a safety concern, so no.

Crane: And the Chair votes aye based on the city recommendations, the findings, site visit and tonight's discussion. Motion passes 3:2. Thank you.

VIII. OTHER BUSINESS

1. **CPB-13-01:** Discussion of the East Mesa Community Blueprint submitted by

the City of Las Cruces. The East Mesa Community Blueprint area is located south of US Highway 70 and east of Porter Road. The planning area is roughly bounded by Cortez Dr., Mauro Dr., the Alameda Arroyo and Davis Rd. The intent of the blueprint is to serve as a policy guide for future planning and development efforts in this area. The planning area falls in Council District 6 (Councilor Thomas)

Crane: Next item of other business is discussion of the East Mesa Community Blueprint. Is that (inaudible) Mr. Michaud?

Shipley: I was just going to say that by virtue of it being almost 10 o'clock. The lights are going to go off at 10 o'clock again. We probably ought to see about making this move to the next meeting. This is only two discussion items.

Scholz: Yes.

Crane: Who's in charge here? Ms. Montana. Ms. Harrison-Rogers. Mr. Weir. I don't have the power to adjust the agenda do I?

Weir: Mr. Chairman and Commissioners, you could always postpone that to another meeting, but I'd recommend that you hear that this evening. We wanted to get this onto you work session last month to move forward, there are some recommendations. I'm sure Susana can do a summarized version but it really would be nice if we could hear these cases this evening. I know the lights will stay on past 10:00.

Crane: Okay. Do we have an official sunset at 10 o'clock?

Weir: No we don't. We have the chambers as long as we need.

Crane: I think we're going to have an official sunset at 10 o'clock. Okay. Mr. Scholz.

Scholz: Point of personal privilege, this meeting is scheduled to run from 6:00 to 10:00, I'm not planning on being here after 10:00. I don't know about anybody else, but you know we should be done by then. And if we're not done by then, then we finish up next time.

Crane: Okay.

Scholz: I don't think it's a big deal.

Crane: Who is scheduled first Mr. Michaud. Can you attain your objectives in half of the time between now and 10 o'clock?

Basnyat: I can try.

Crane: Okay, and who's the other person going to present? Ms. Montana?

Basnyat: Mr. Michaud.

Crane: Mr. Michaud. Can you present in the other half of the time? Okay, go ahead ma'am. And I don't know you so would you identify yourself?

Basnyat: Yes, my name is Srijana Basnyat for Community Development and I'll be presenting the East Mesa Community Blue Print. So this is the second blueprint, Mr. Chair and Commissioners. Good evening as well. This is the second blueprint to be drafted in our community planning blueprint series and the intent of this document is to act as a policy guide for future planning and development efforts in the area. So the planning area is located south of US 70 and east of Porter Road. And the redline is the city limits. So the neighborhood has distinctive features that made it a candidate for a blueprint. They have large residential lots and paved streets, they have a natural desert landscape going on and surrounding undeveloped lands. They have views of the Organ Mountains and they have horses and other animals. There are some pictures and I'm just going to rush through the presentation, so if I'm going too fast please let me know.

So the process, this was a community-initiated process and the residents have been very active in participating. We had three neighborhood meetings and then we've also had some e-mail and phone interaction and comments. The first neighborhood meeting was more about ... it was more informational and we had some visioning activities. We also had some discussion and then we had a mapping exercise where the residents sort of drew and noted on maps what they wanted to see in their area and what they didn't like. The second meeting was to establish the vision and we had a poll where 95% of attendees approved of the drafted vision statement. Then we also polled on issues just to get a sense of what were the most important ones and then we also tested out some goals. And this is the blueprint boundary map. As you can see we have two different sub areas within the blueprint; one is inside the city limits and area two is outside.

The third meeting was about more, we focused on the urban (inaudible) discussion which I can go into further a bit later, and then we also had some goals defined and then we had a dot exercise where residents just went around and placed some dots on graphics that they preferred to see or something that spoke to them. And then we also had a trails map that was presented to the group and we polled them on that and it received their approval as well.

So the framework of the blueprint document, the key components are the issues and opportunities section, the vision, the goals, and the

actions. One of the most important issues that came up repeatedly was the preservation of a rural atmosphere. Residents were concerned that further subdivision or new development could compromise the look and feel of their neighborhood. And they really wanted to maintain the access to open space and just the rural aesthetics and uses like raising of large animals etc. They also had concerns on roadways and how they were being maintained, they have a lot of drainage issues in the area and some dust concerns as well. They also talked about trails and how they would like to see some connections and retain access to public lands. There is a portion of defunct zoning district within the blueprint boundaries, it was originally zoned urban ranch which is no longer a zoning district in our current code, so the residents expressed their concern on the potential subdivision of property in that area and that they could possibly create smaller lots and the desire was to update that zoning district to a similar existing current zoning district. And the residents also expressed some interest in maintaining the night sky and protect the visibility of the rural night sky.

So some of the issues also present some opportunities. We see an opportunity for planning a trail network in that area which is also a benefit to the city as a whole and not just the neighborhood. And then because of the unique community character of the East Mesa Neighborhood it presents opportunities for a different type of housing choice. It promotes diverse living. And there is also an economic potential of equestrian facilities and activities in the area since we do have a presence of equestrians and that's something that we can look into as well. And this also presents an opportunity to use some best practices and planning and development to maybe improve the roadway design standards or promote certain types of development standards that would enhance that area and retain its rural character. So the vision for East Mesa is, the East Mesa is a unique community that embraces the rural lifestyle within the city. This is a place that respects its natural surroundings, offers access to open spaces and night skies, and one that balances the needs and activities of pedestrians, cyclists, and motorists with those of equestrians and owners of large animals.

And then we have a set of goals; goal number one is to maintain the existing rural community character. Goal two is to ensure the future infrastructure design takes into consideration the surroundings and the communities desires as identified by this blueprint. Goal three is to expand on the recreational opportunities to ensure access and promote functional linkages with the surrounding open space. Goal four, provide public facilities and surfaces that support residents and visitors of diverse backgrounds and needs without compromising the vision of this blueprint. And then the actions which actually are aimed to assist in implementing these goals; number one would be to convert the defunct zoning designation of urban ranch to a comparable zoning district; two to develop appropriate design and roadway standards that enhance and protect the

rural environment; number three, encourage the design of multi-modal trail network within and around the planning area. Number four to support the adoption of a conversation easement agreement among the city, the state, and private property owners, basically to implement the trail network plan that's been proposed as part of this blueprint. Then number five is to investigate the economic potential for utilizing equestrian oriented site programing in and around the planning area. Number six, to have the residents work with the city police department to consider a neighborhood watch program. And number seven to encourage Dona Ana County to recognize this blueprint during development review for properties within the ETZ that are included in the blue print boundaries.

Crane: Excuse me ma'am, you're eating into Mr. Michaud's 15 minutes.

Basnyat: I am done.

Crane: Thank you, sorry for the rush.

Basnyat: That's okay.

Crane: Mr. Michaud.

Scholz: Oh, don't we have time for comments?

Crane: Sir?

Scholz: Don't we have time for comments?

Crane: For comments?

Scholz: Well gosh, yes.

Crane: Not really.

Scholz: Oh I thought we always did comments. Can I comment?

Crane: Well we do when we're not rushed. I want to hear from Mr. Michaud.

Scholz: Well he said he'd only need five minutes and we actually have six and a half left, so ...

Crane: Okay, so you have one minute and 12 seconds to comment Commissioner Schulz.

Scholz: You want to turn the timer on Commissioner Beard. I appreciate your work on this and I did read ... I did play the CD this afternoon and looked

at all the things and it seems to me to sum it up we could say they don't want any change. You know they like it the way it is. And the only person who complained was somebody who bought land in speculation out there and decided that oops it's no longer you know going to be able ... he's no longer going to be able to subdivide it and build you know housing and apartments or whatever he wanted to do. But I think it's a good land use. I really do. And I think we need to protect neighborhoods like this because too often what happens is developers come along and take a big swath of land and then leave us with border lands which are in a sense undevelopable but they're also impacted by you know the new construction and half built roads and things like that. So I'm very glad you did this and I think it's a good addition and I hope we can preserve this land. Thanks a lot. How was my time?

Crane: Commissioner Ferrary.

Ferrary: Just real quick, this just sounds like a wonderful place to live and I used to own horses back in the '70s and to have a community like this and the cooperation with the city and developing these different trails just sounds like a wonderful place. It's great.

Crane: Thank you.

Ferrary: Thank you.

2. **CP-13-01:** Discussion of the administrative update to the 1999 City of Las Cruces Comprehensive Plan submitted by the Community Development Department. The planning area is the entire City of Las Cruces. The intent of the administrative update is to remove obsolete policies and completed actions, make formatting changes, and do updates based on current policies and plans adopted since 1999. Phase 2 of the comprehensive plan process will involve expanded engagement opportunities to update this plan. The planning area falls in all Council Districts.

Crane: Mr. Michaud. You have four and half minutes less the time for Commissioner Scholz to comment.

Michaud: Thank you. Mr. Chairman, members of the Commission. You've seen this ... my presentations regarding the comprehensive plan and the update process. You've been very involved in this. A couple of months ago you approved the schedule and the public engagement plan. We did have a meeting with ... an unexpected meeting with the City Council, they did want to meet regarding the process so we met with them actually yesterday. So we went over the process, they got the same packet that you have. We went over ... what they had recommended just to kind of cut to the chase is, we had recommended that we were going to break, or

reorganize the document into themes and if you looked at the ... I can pull my PowerPoint up but there are five bubbles in the introduction. Those themes, we were just going to actually present as themes and then develop them in phase two as kind of what the public engagement plan and the schedule originally purported. We asked the Council if they would like us to do that in phase one and they said yes, so that will require us to work with our interdepartmental work group a little more. So what we're hoping to do is to have a recommendation on the administrative update to the Planning Commission in July. What we'd like to do is to bring it back to work session to you in our August session of August 20th. So that's really the general gist of it unless you of course have any questions or comments on the administrative draft. It is an interim process. The draft that you have in front of you that's also on the website isn't really going to change much, we're going to reorganize the policies and make a key where they go. We'll hopefully be able to consolidate some of those as we're bringing those into the themes as well as there are still some other ones that are code-like, we're working with the transportation section right now and we'll try to whittle those down. But we'll produce another administrative draft for you for your August meeting if that's agreeable to the Commission.

Crane: Sounds like a good arrangement. Any comments/questions for Mr. Michaud? Then I congratulate you for finishing two minutes early.

IX. PUBLIC PARTICIPATION

Crane: Any more public? You sir, you sitting there.

X. STAFF ANNOUNCEMENTS

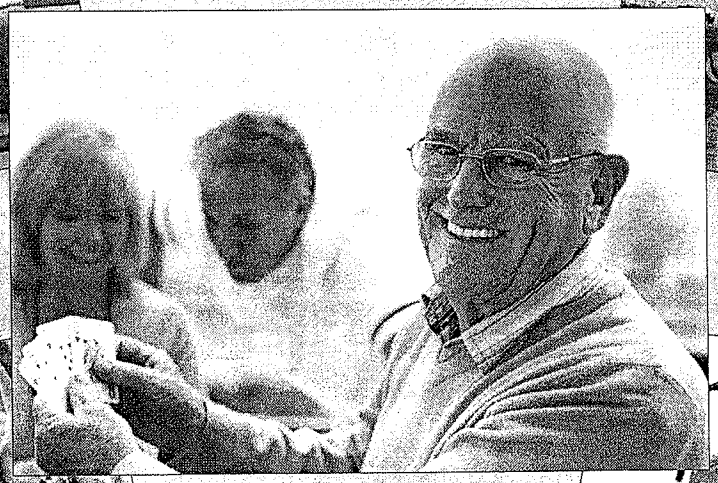
XI. ADJOURNMENT (9:58)

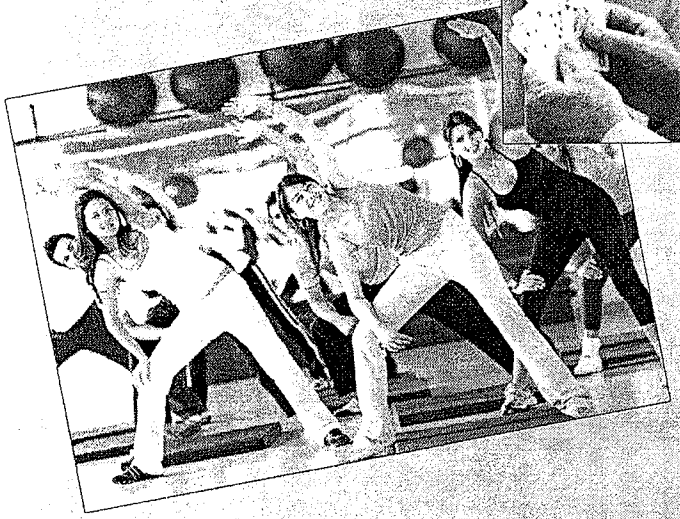
Crane: All right. Thank you all. I call this meeting adjourned as of 9:58.

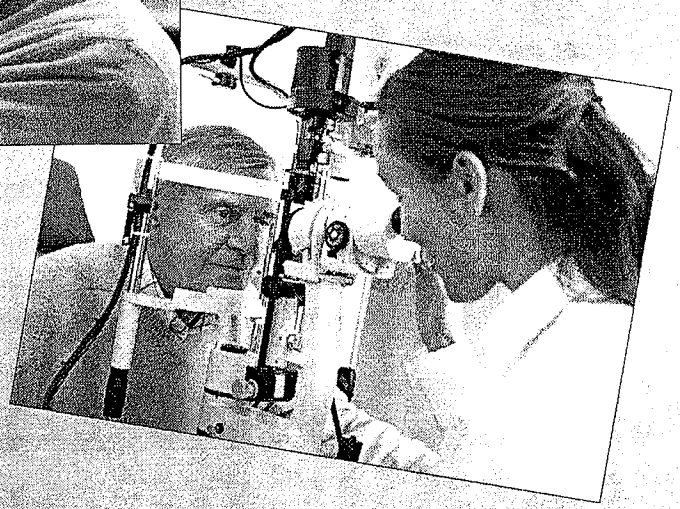
_____

Chairperson

Park Ridge







PARK RIDGE MEDICAL CENTER REZONING

June 25, 2013

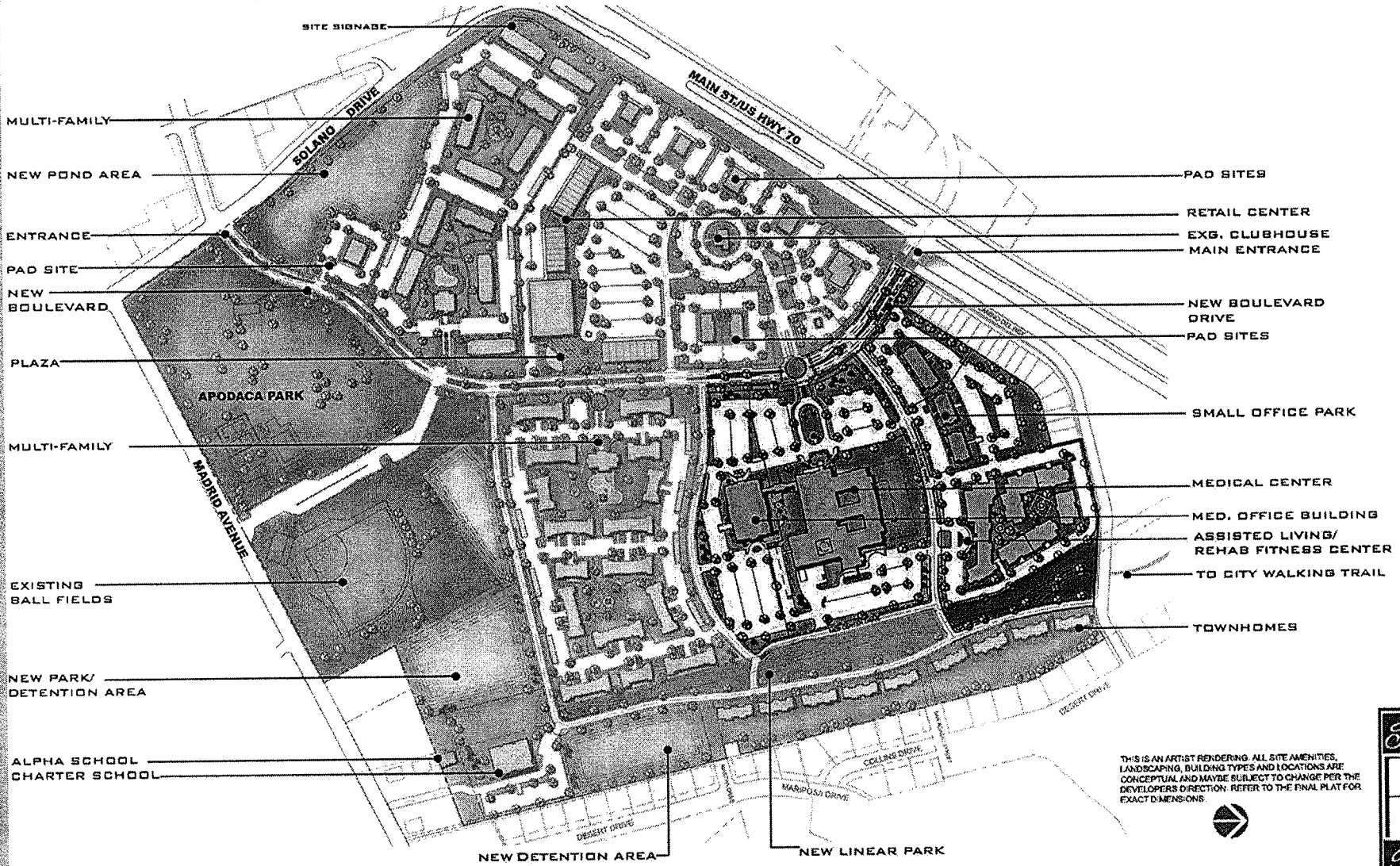
PARK RIDGE PROJECT DESCRIPTION

- **Park Ridge** is a proposed Urban Infill Project envisioned as a Sustainable Community promoting Economic Development through a Mix of Land Uses.
- **Park Ridge** is proposed to encompass 110 acres on the former Las Cruces Country Club site.
- **Park Ridge** is designed to integrate into the surrounding neighborhoods, sharing open space, boulevards, bike trails and walking paths.
- **Park Ridge** will be a walkable, pedestrian-friendly community.

PARK RIDGE PROPOSED LAND USES

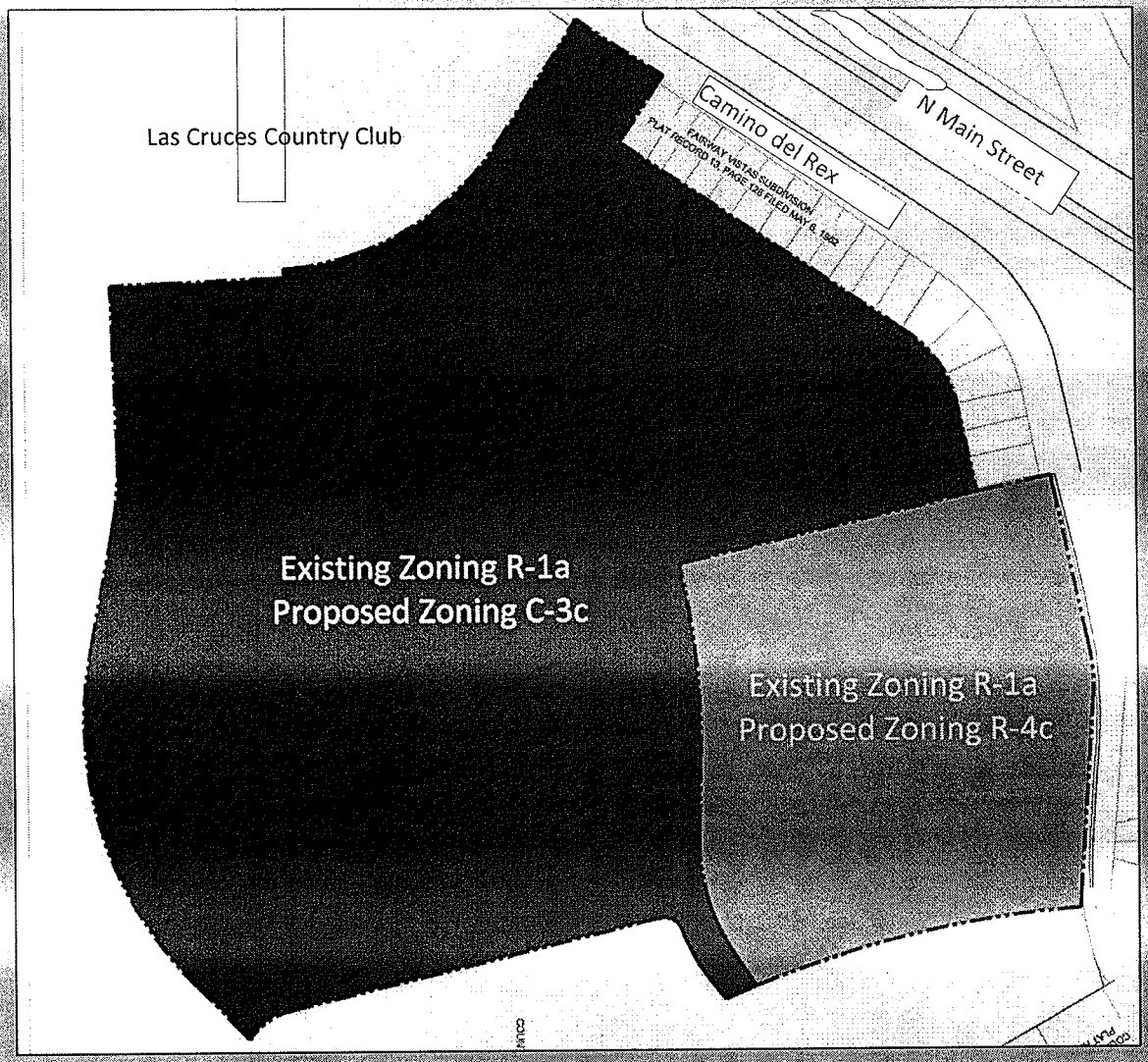
- **Proposed Mix of Uses includes:**
  - Residential and Multifamily
  - Parks and Open Space
  - Walking Trails and Bike Lanes
  - Retail and Dining
  - Commercial and Hospitality
  - Continuum of Care Retirement Center
  - Medical Campus

PARK RIDGE MEDICAL CENTER



THIS IS AN ARTIST RENDERING. ALL SITE AMENITIES, LANDSCAPING, BUILDING TYPES AND LOCATIONS ARE CONCEPTUAL AND MAYBE SUBJECT TO CHANGE PER THE DEVELOPERS DIRECTION. REFER TO THE FINAL PLAT FOR EXACT DIMENSIONS.

PROPOSED ZONING PLAN



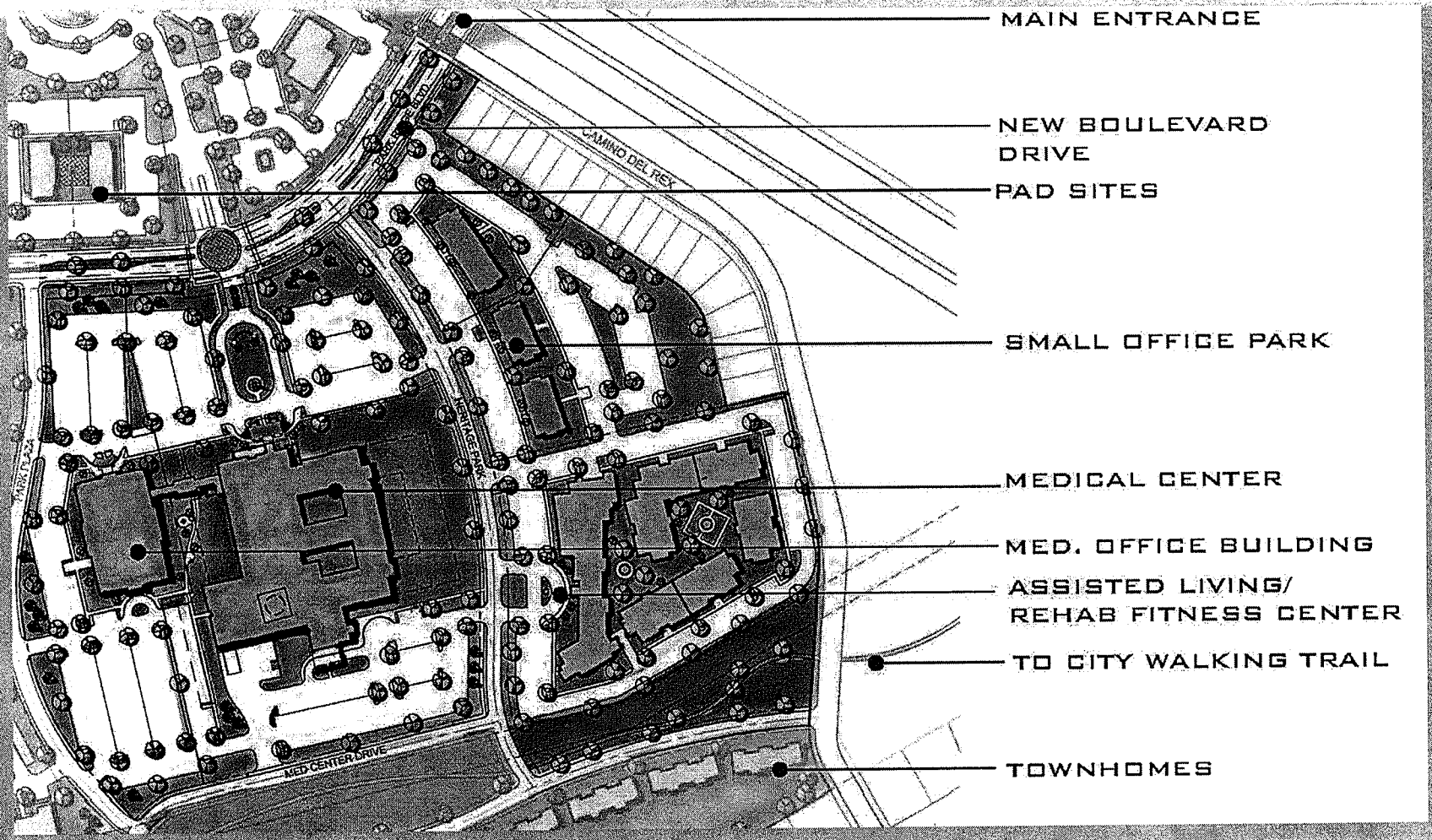
Existing Zoning

- R-1a (30.75 Acres)

Proposed Zoning

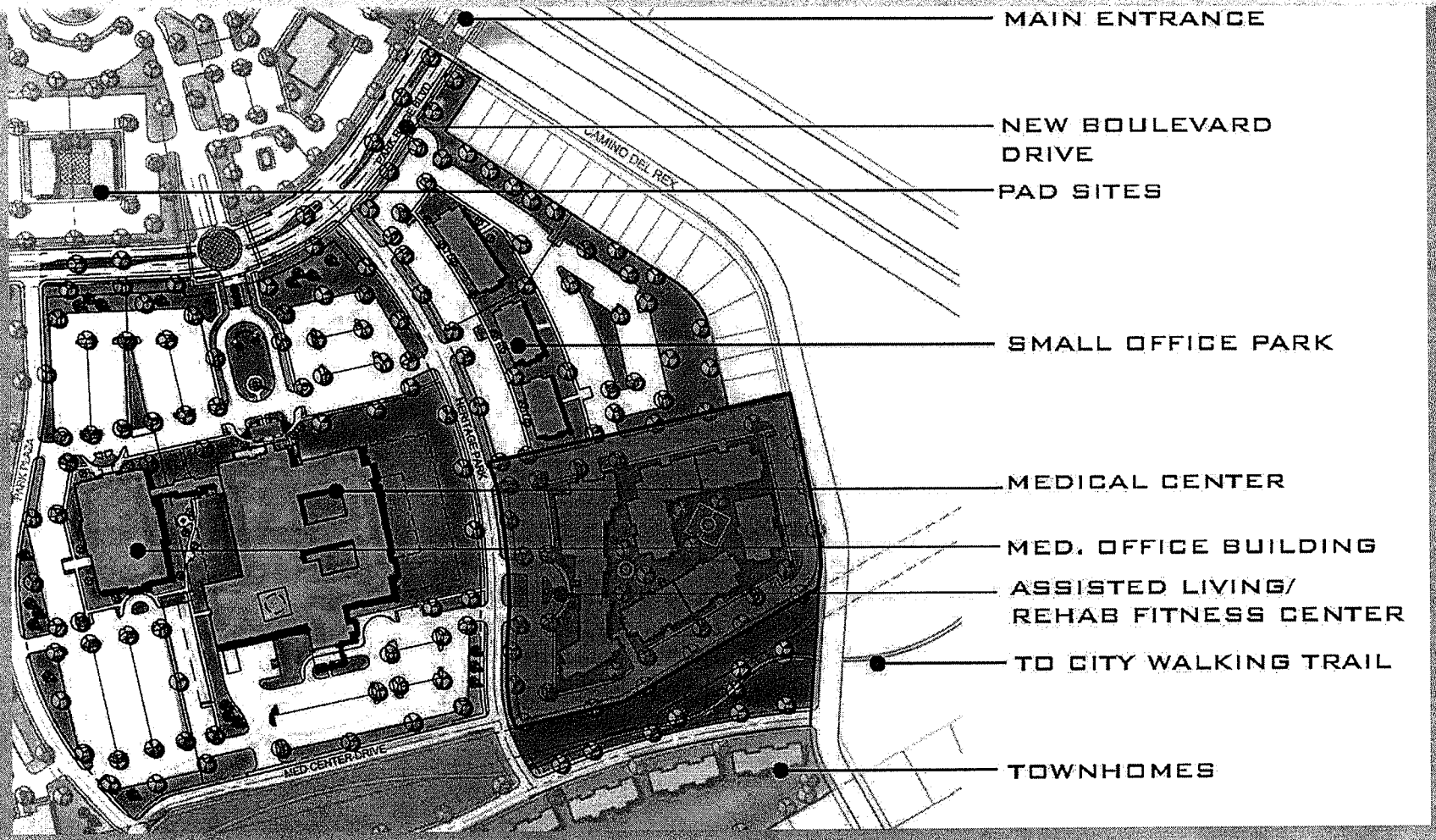
- C-3c (23.44 Acres)
- R-4c (7.31 Acres)

PARK RIDGE MEDICAL CENTER



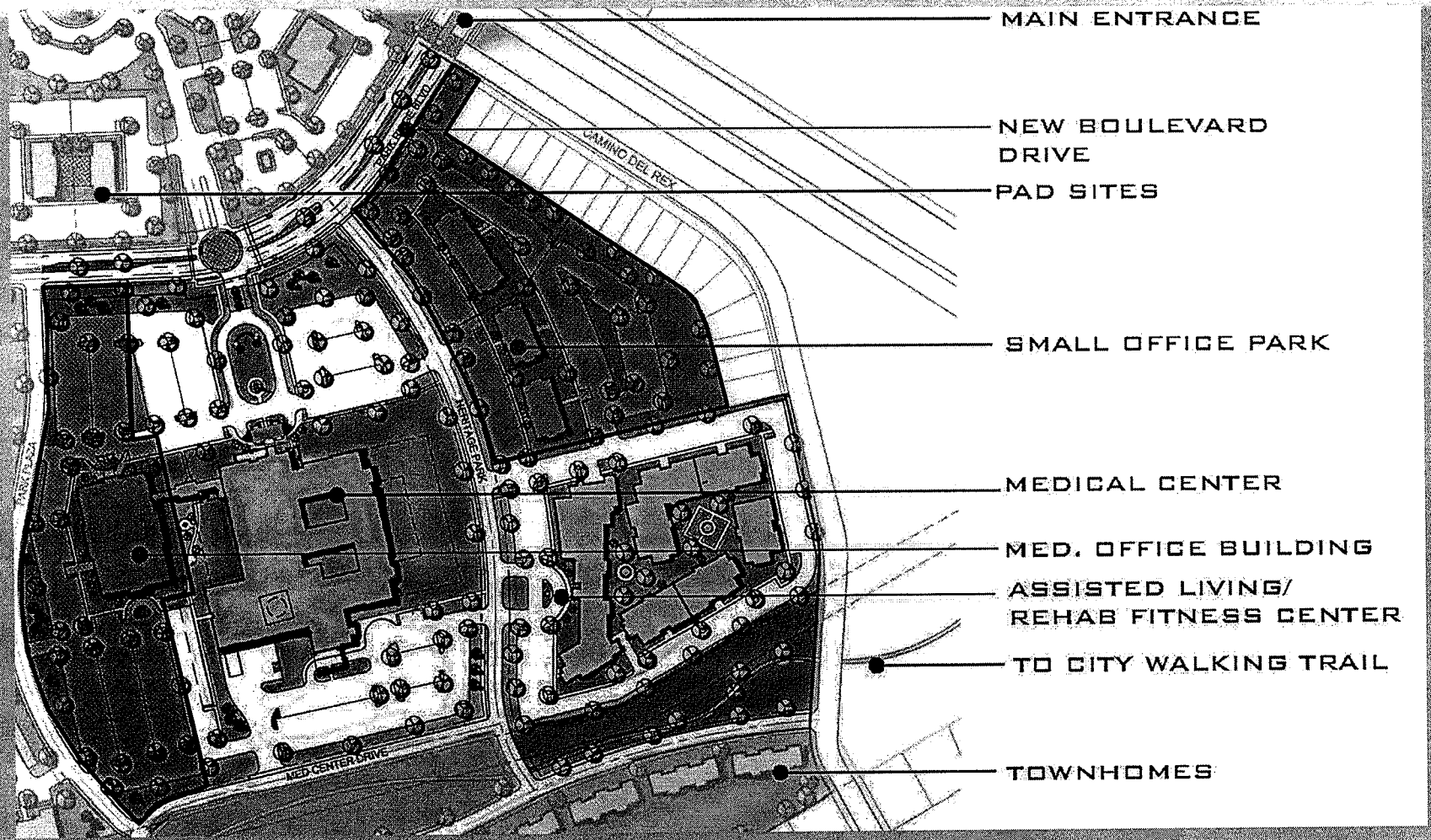
CONTINUUM OF CARE

PARK RIDGE MEDICAL CENTER



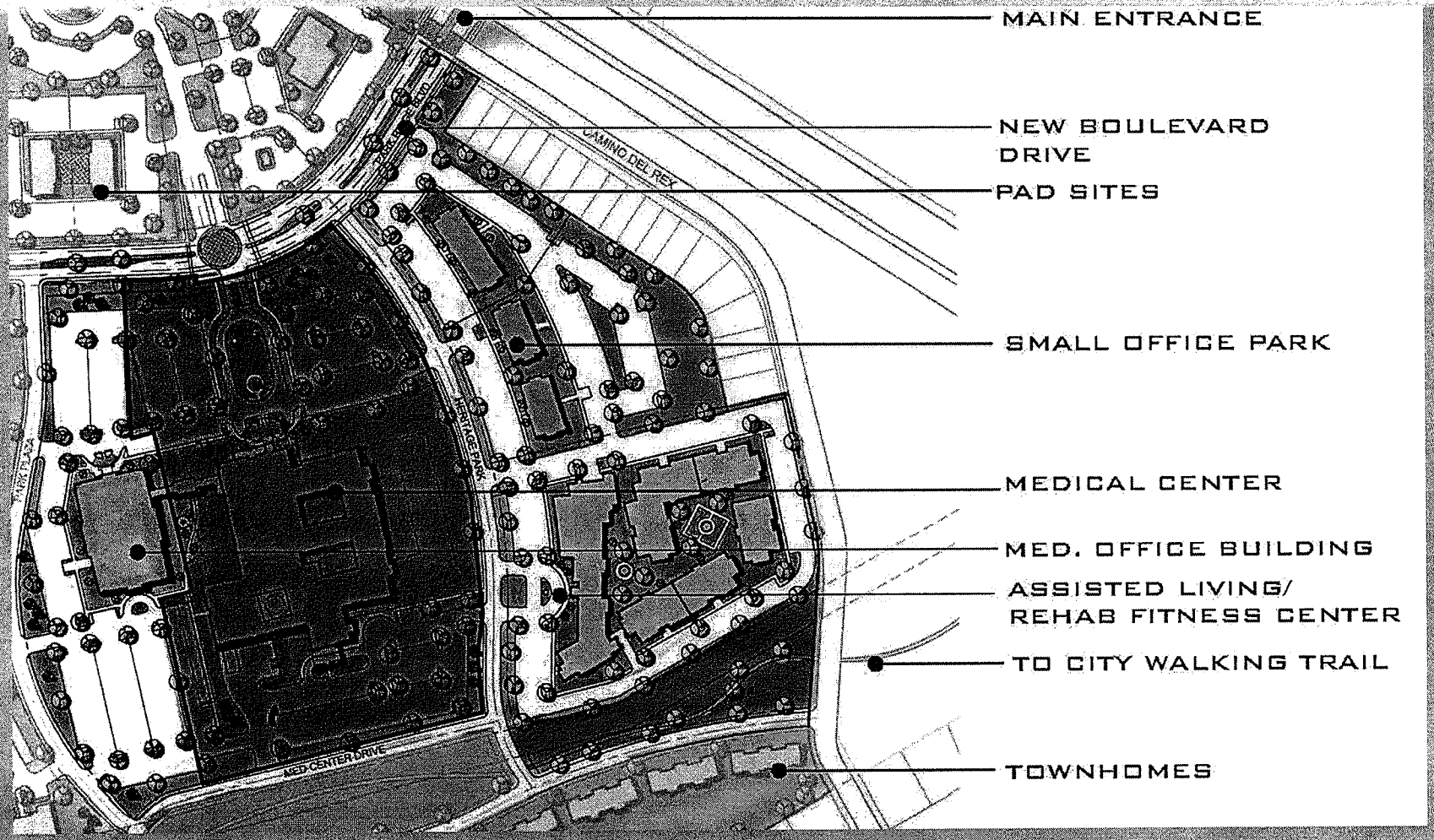
ASSISTED LIVING / REHAB & FITNESS CENTER

PARK RIDGE MEDICAL CENTER



MEDICAL / WELLNESS / PROFESSIONAL OFFICES

PARK RIDGE MEDICAL CENTER



HOSPITAL

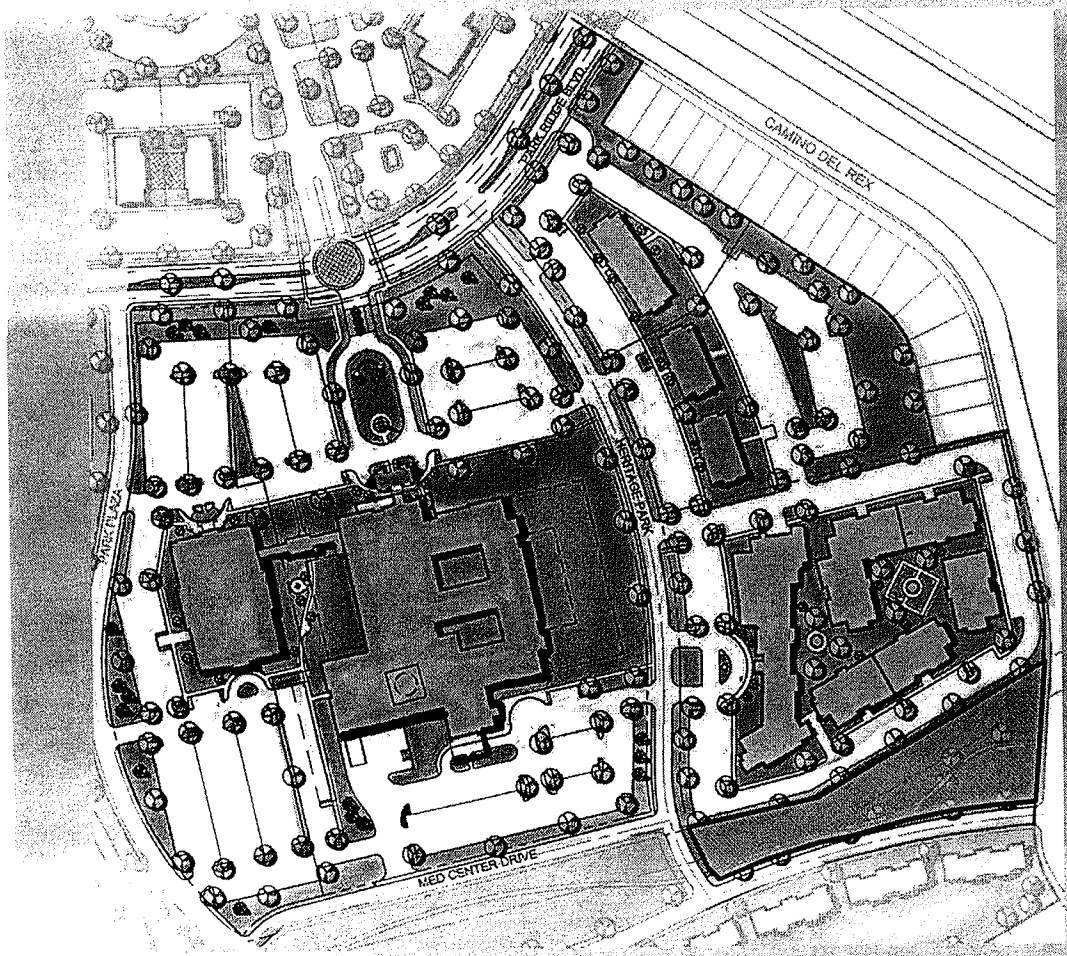
PARK RIDGE MEDICAL CENTER

HOSPITAL

COMMUNITY OUTREACH

- **Outstanding Discussion Items**
  - Traffic
  - Drainage
  - Open Space
  - Buffers and Setbacks
  - Building Heights
  - Sanitary Sewer

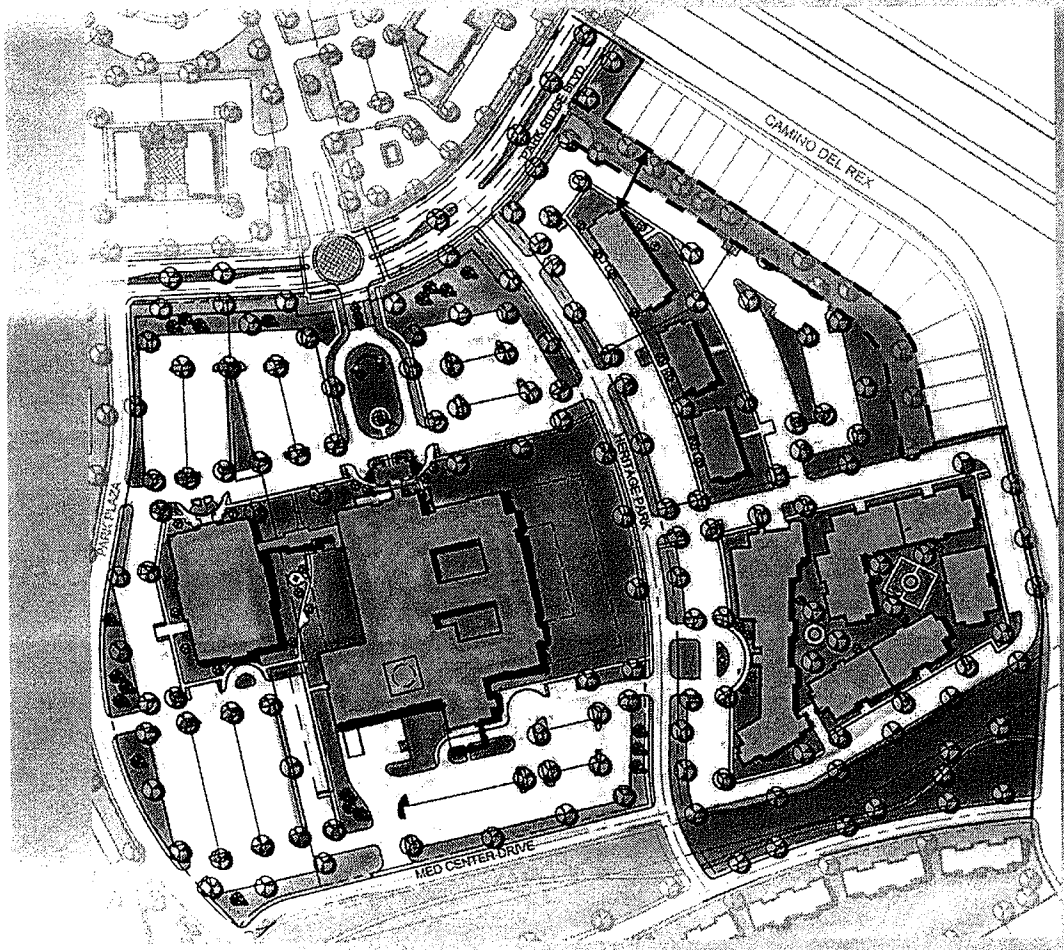
RESPONSE TO COMMUNITY INPUT



Open Space

- 1.37 Acres (4.45 % of total acreage)
- Pocket Park
- Hiking Trail

RESPONSE TO COMMUNITY INPUT



Buffer/Setback

- 40' Landscape Buffer directly behind existing Townhomes on Camino del Rex
- 80' Building Setback from property line along existing Townhomes

RESPONSE TO COMMUNITY INPUT

Sewer Line

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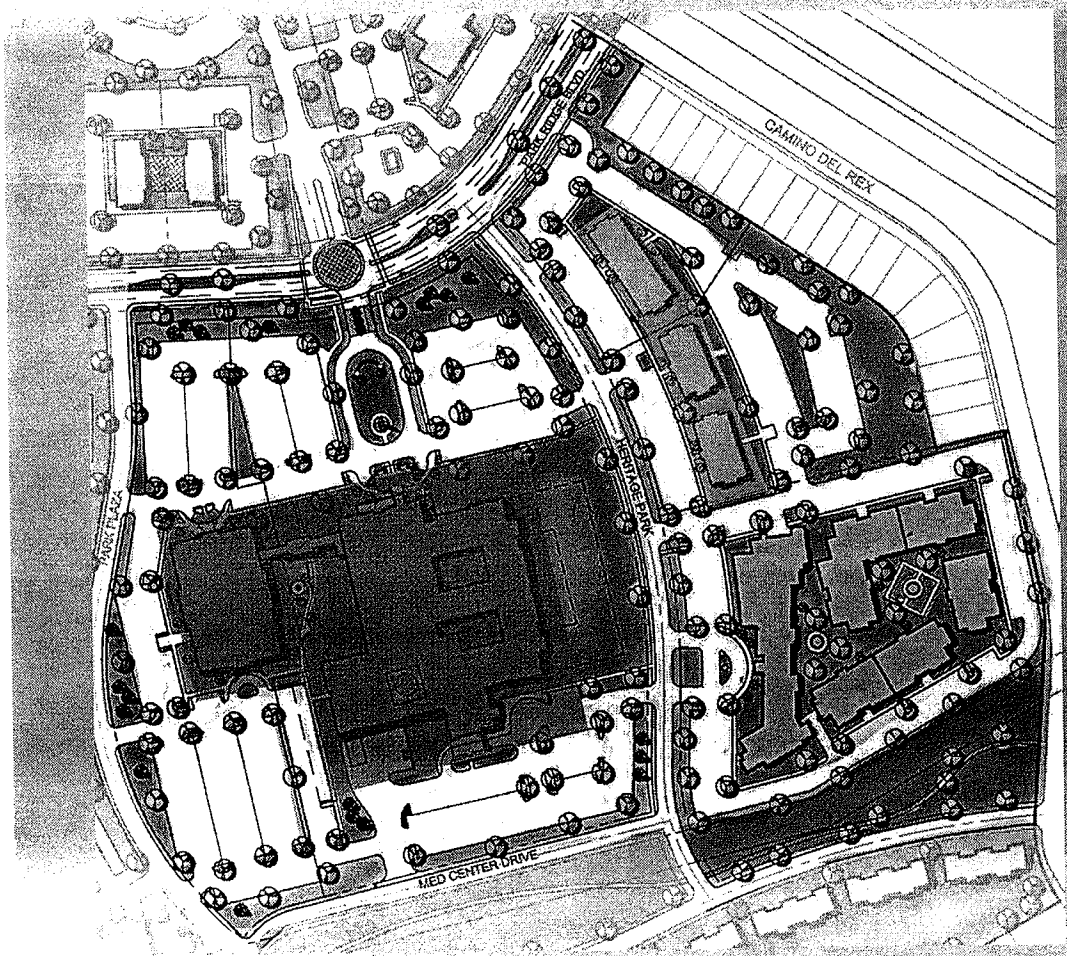

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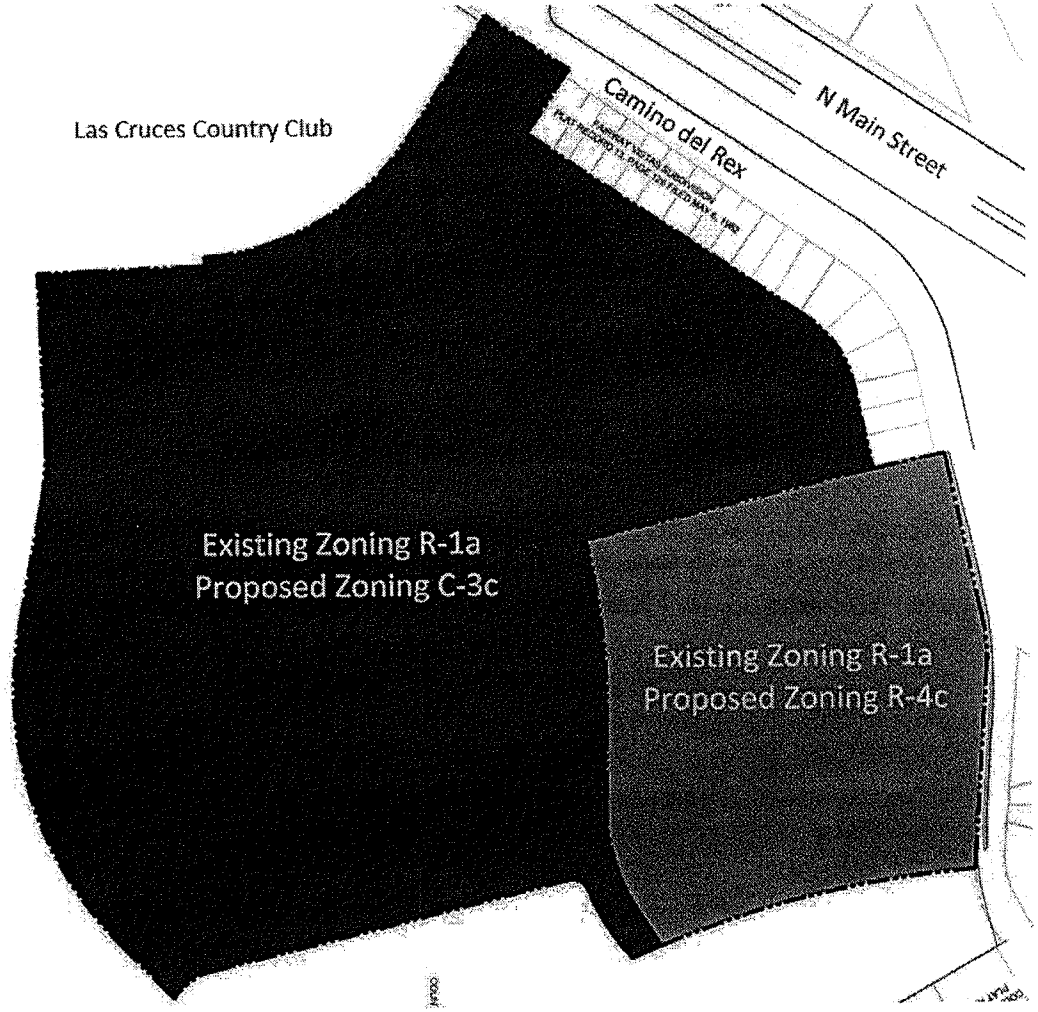
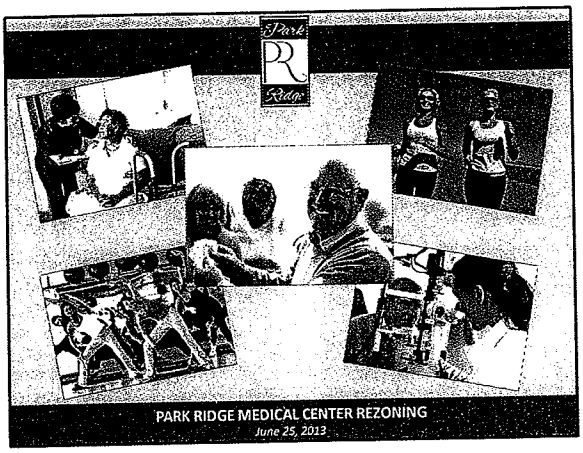
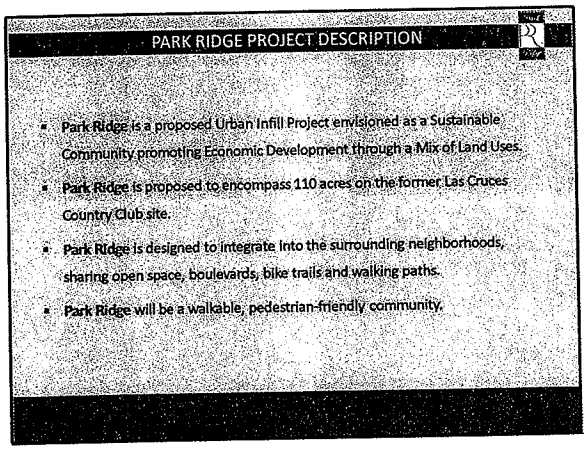



Park
Ridge
PARK RIDGE MEDICAL CENTER REZONING
June 25, 2013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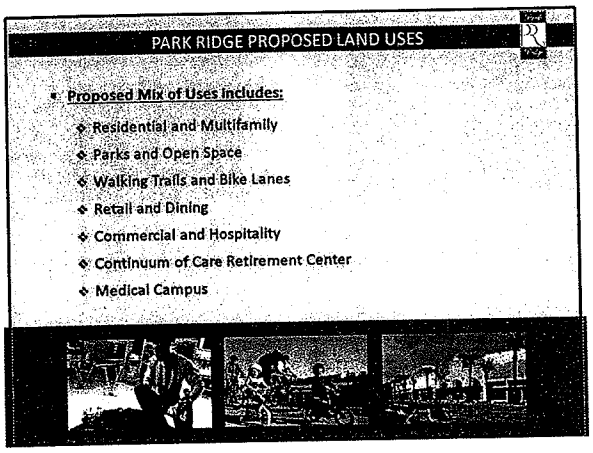
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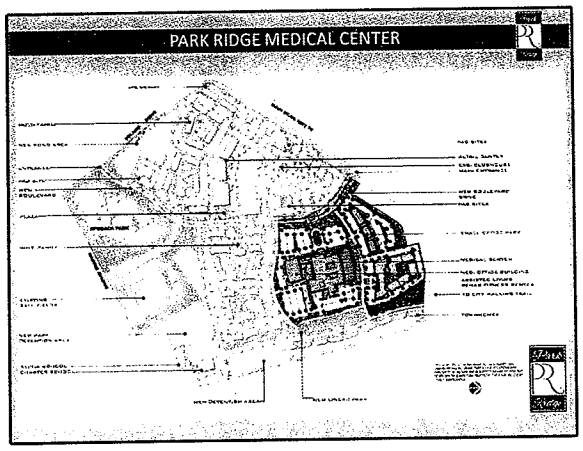
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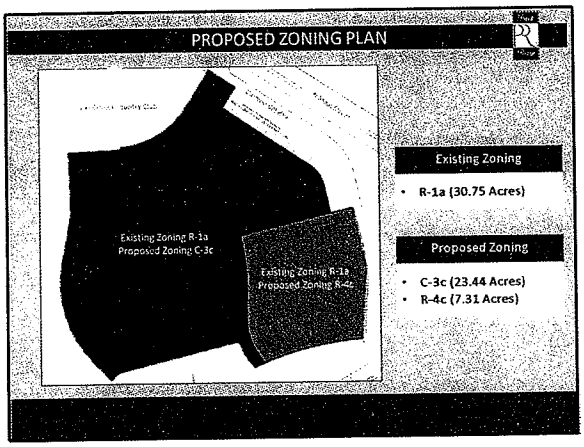
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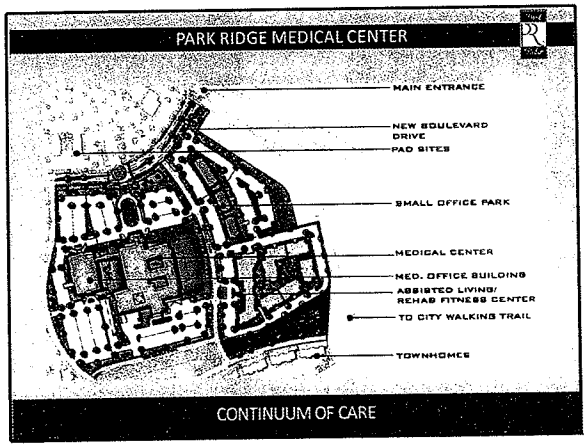
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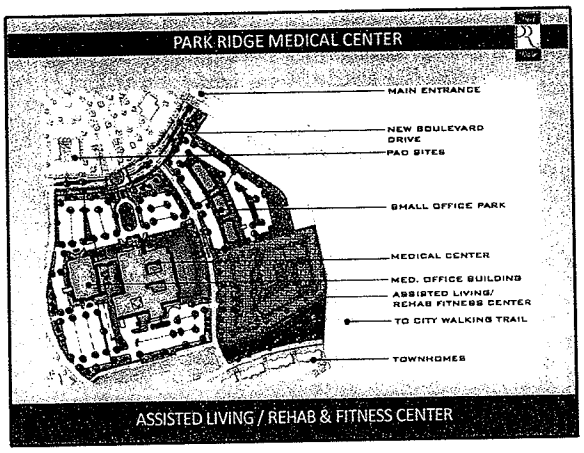
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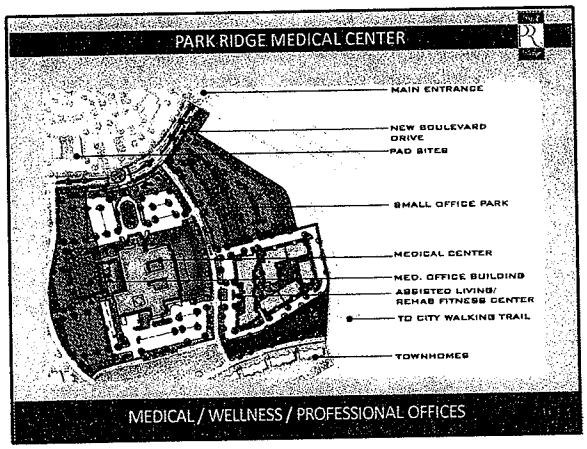
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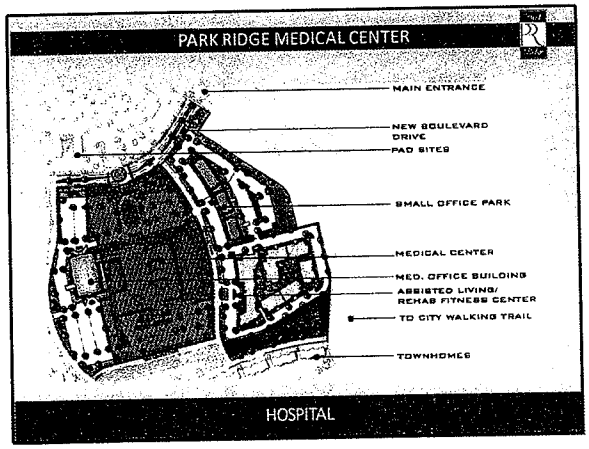
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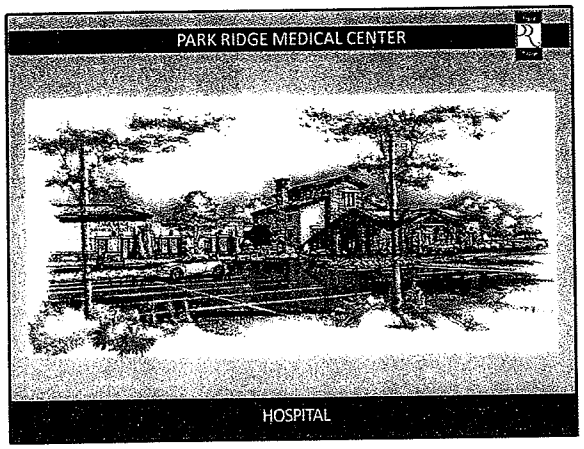
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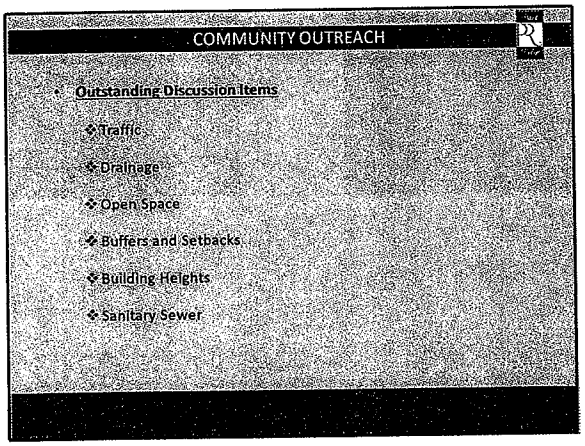
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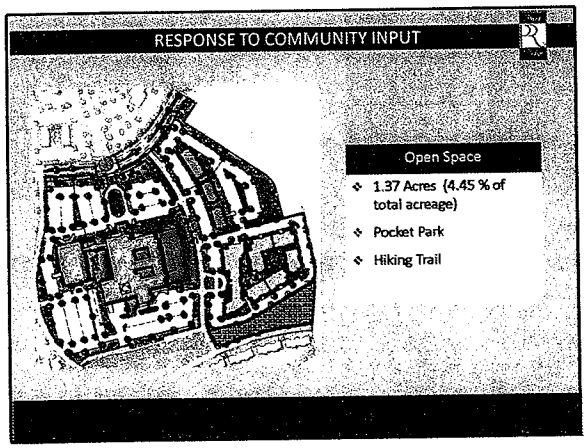
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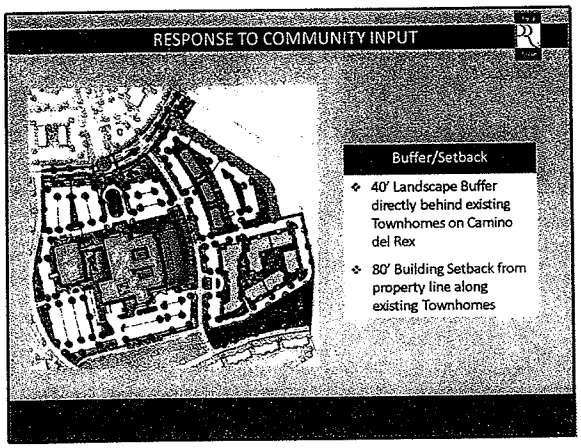
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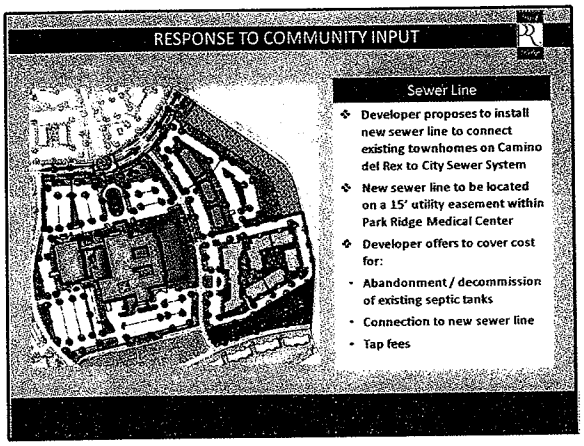
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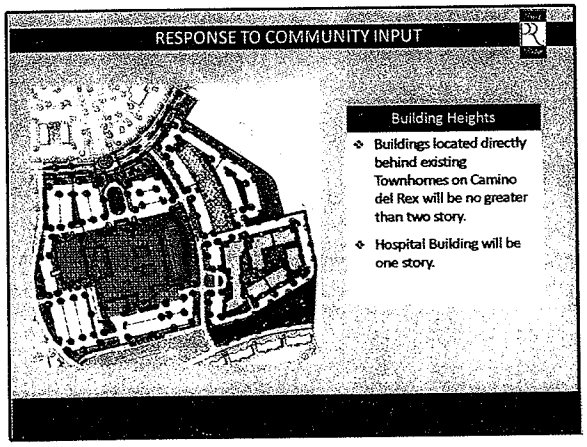
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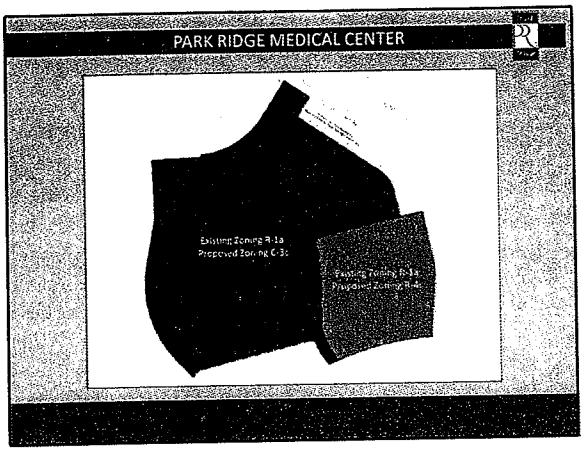
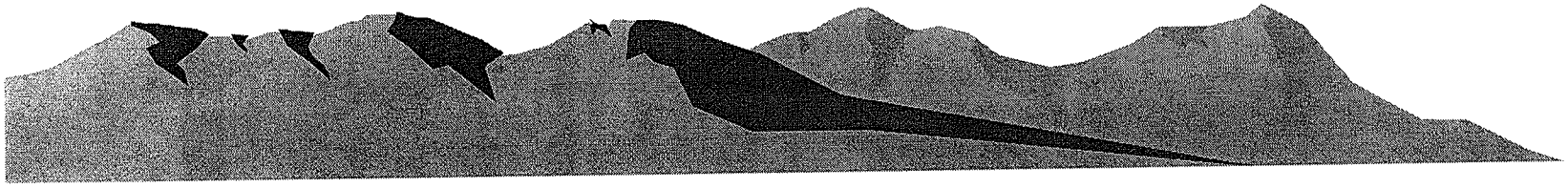

PARK RIDGE MEDICAL CENTER
Existing Zoning R-1a
Proposed Zoning C-3

Country Club Neighborhood Association

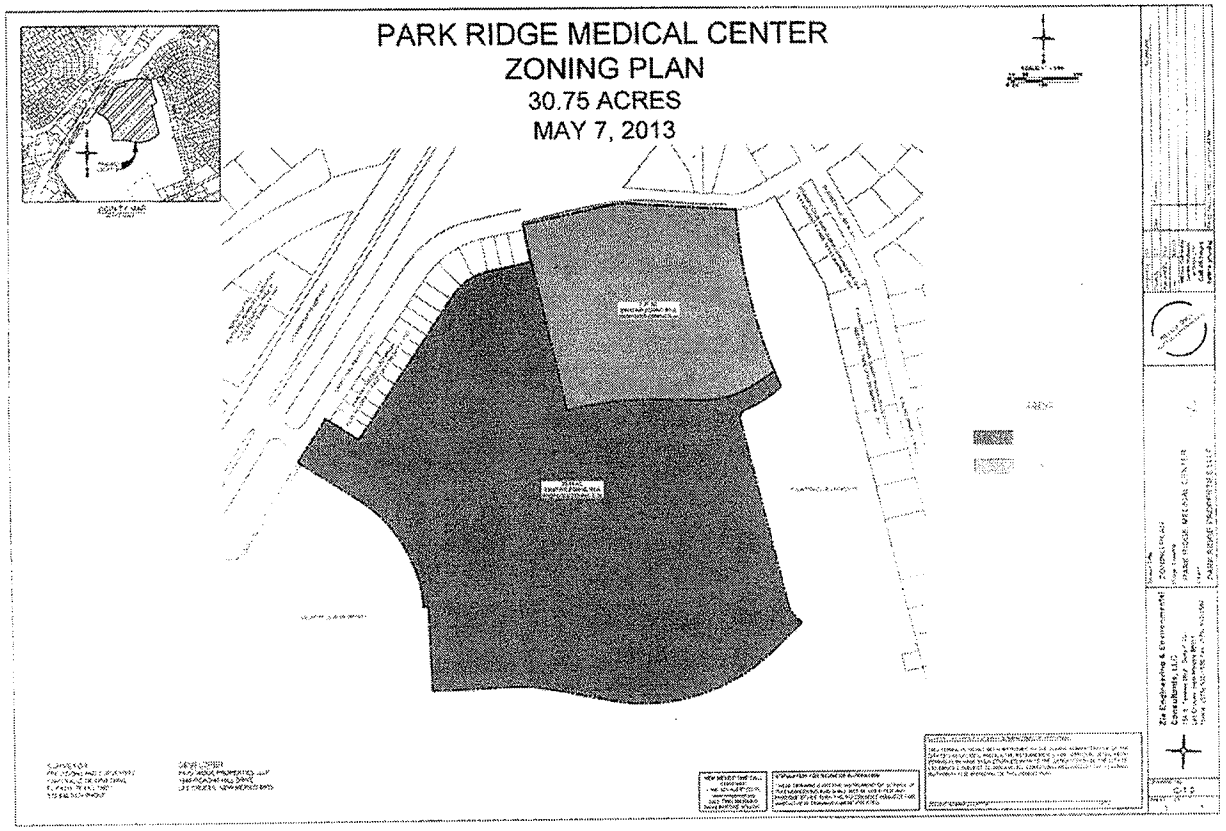
Position on Park Ridge Development Zoning Application



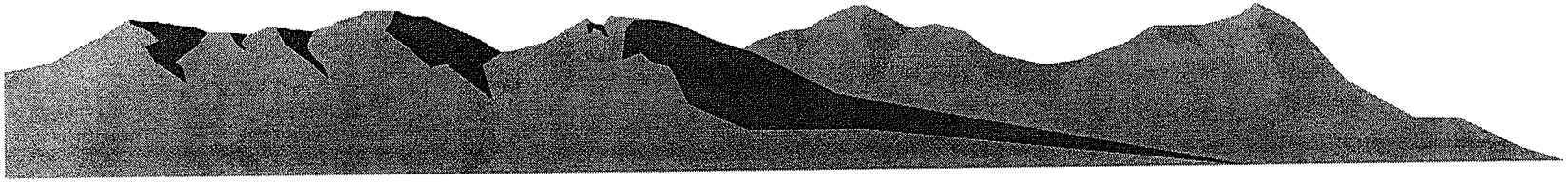
Country Club Neighborhood Association Boundaries

CCNA represents over 700 homes, with an average density of 3 homes per acre.

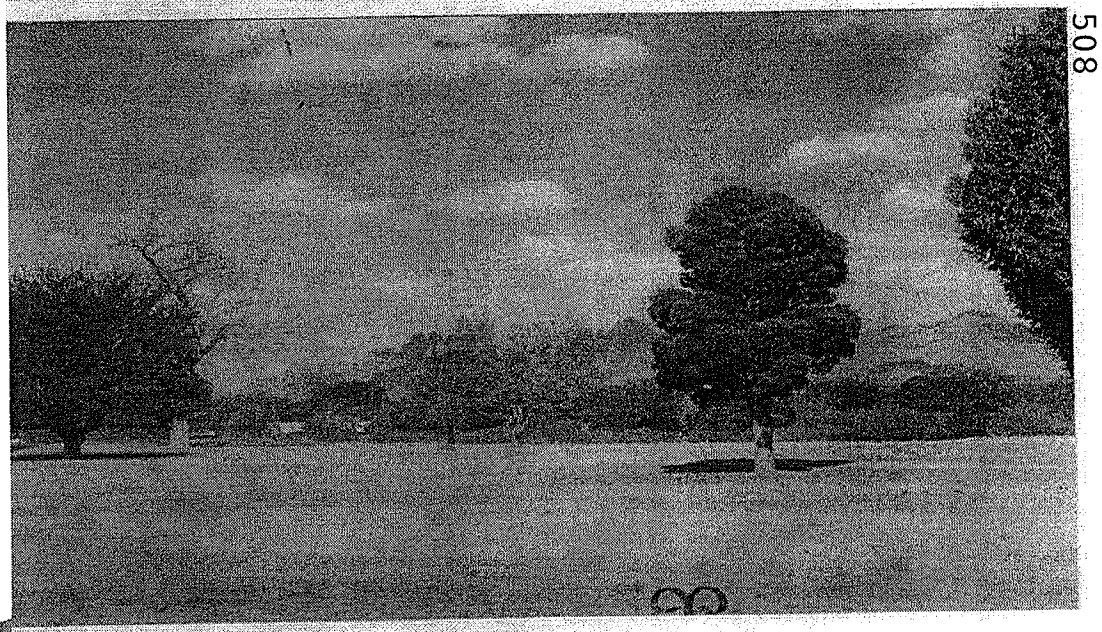
Park Ridge Proximity to R-1

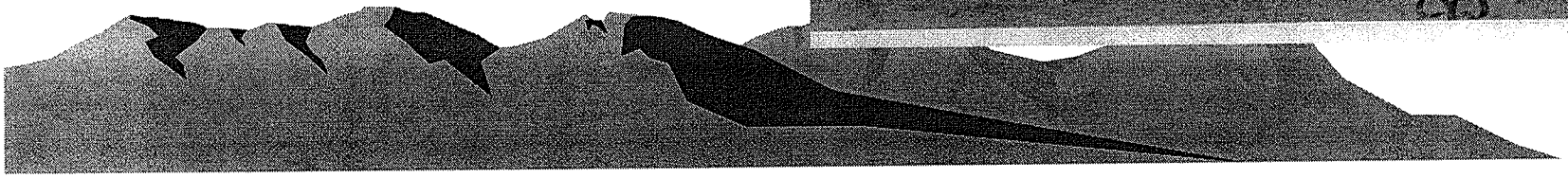


80 Ft. setbacks, 25 Ft. Green Barrier



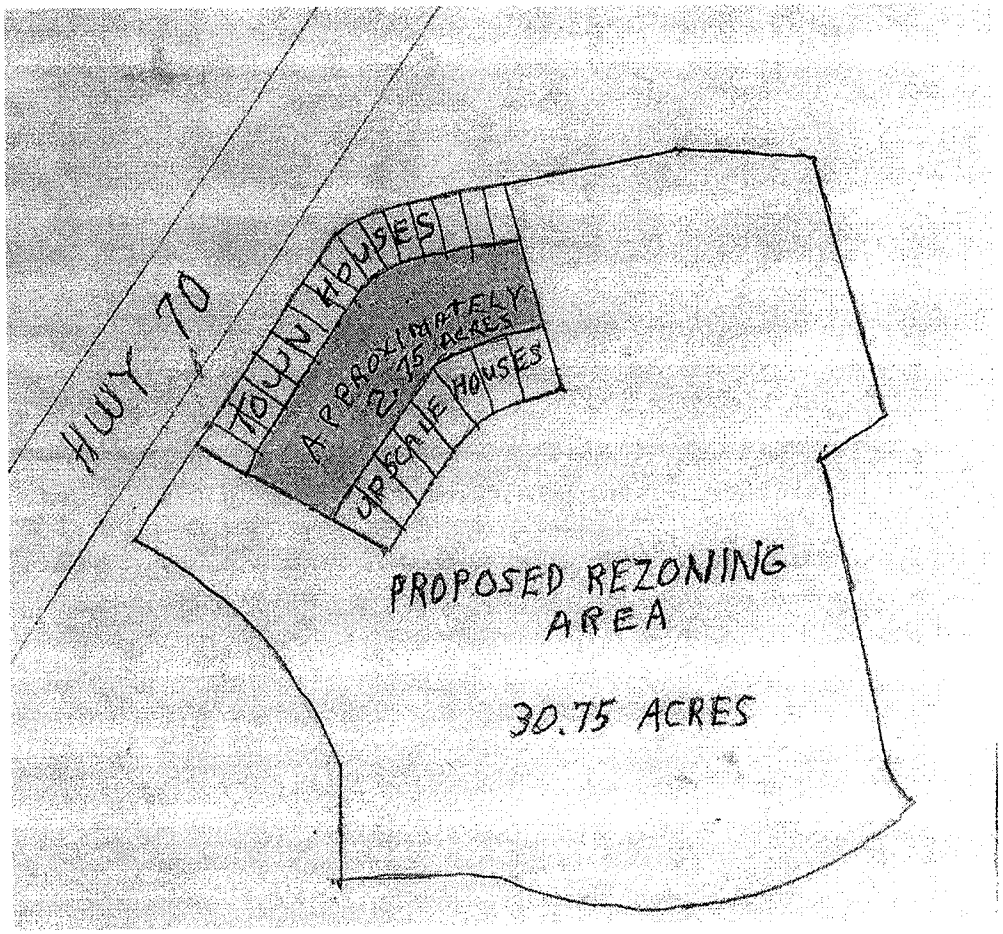
R-1 Existing Beautiful Views





City Recommends Small Parks

"consider usage, fit within the neighborhood, and environmentally friendly design"…. "Preserve and respect scenic views, sites, and corridors in a manner that reasonably compensates, provides incentives, maintains similar existing rights, or in another similar manner that balances the public and property owner interests".



CCNA is in Favor of Development

- CCNA members voted unanimously in favor of "sustainable development of the Country Club property that is safe and consistent with the neighborhood character." (June 10, 2013)

- CCNA has worked with three (3) developers since 2006.

CCNA Members are Concerned

- Entire site should be considered as PUD
- 30 acre zoning application is incomplete
- C-3 and R-4 zoning is too high for the entire site
- Feasibility of physician-owned/investor hospital
- Concerns with investors and developer

Original PUD Application

- Original 110 acre PUD Concept Plan filed March 4, 2013
- City raised numerous concerns
  - No waiver requests for design deviations
  - City requested development schedule, drawings and plans (open space plan, flood plan, noise impacts, ADA, etc.)

City planning staff "cannot support this application as currently proposed".

Traffic Issues

- Second needed entrance/exit not identified
- Driving lanes and sidewalks too narrow
- Bike lanes insufficient
- Parkways inadequate for promised trees
- No vehicular, bicycle and pedestrian circulation plans
- No streets illustrations
- No traffic mitigation plan to keep non-residents off Country Club minor residential streets

Zoning Application

- Instead of responding to the City's comments on its PUD application, a zoning application was submitted on April 22, 2013 for 30 acres, representing phase 1 & 2 of the PUD.
- The entire 110 acre development needs a thorough assessment of economic, environmental, social and traffic impacts.

Zoning Application is Incomplete

- Applicant has not provided a site plan at adequate scale with

-improvements and setbacks

-architectural renderings and dimensions of buildings

-vehicular, pedestrian and bicycle circulation

-landscaping, open space and drainage facilities plans

-site lighting and signage

-environmental impact statement

City Response to Zoning Application

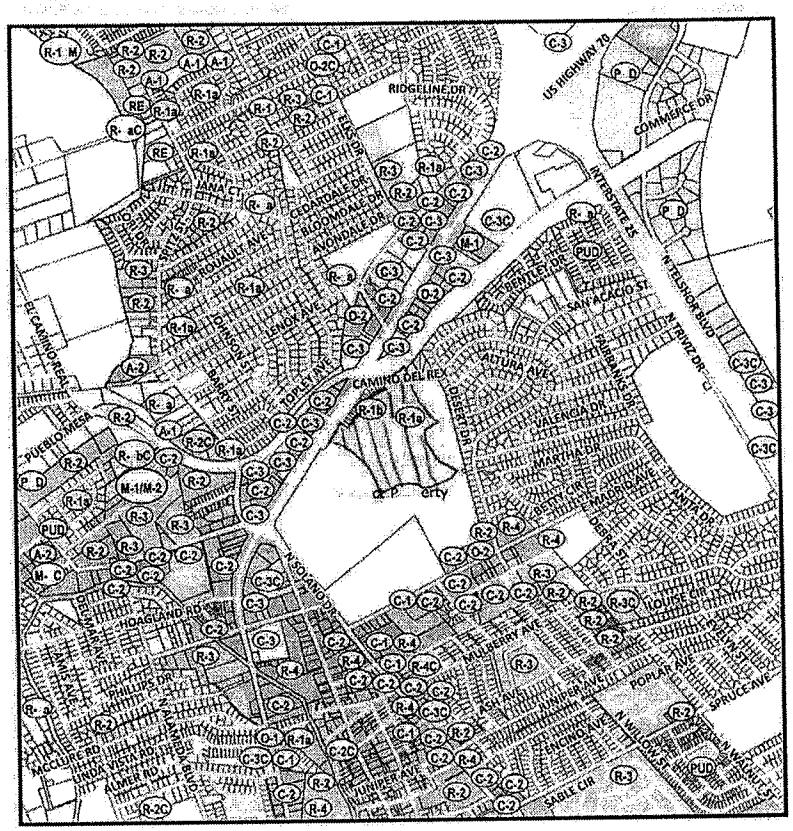
- City planning staff recommends conditional approval, but references the need for:
  - construction drawings
  - traffic study
  - utility master plan for entire 110 acres

CCNA believes the above should be provided *before* approval, not *after.*

C-3 and R-4 Zoning is too High Density

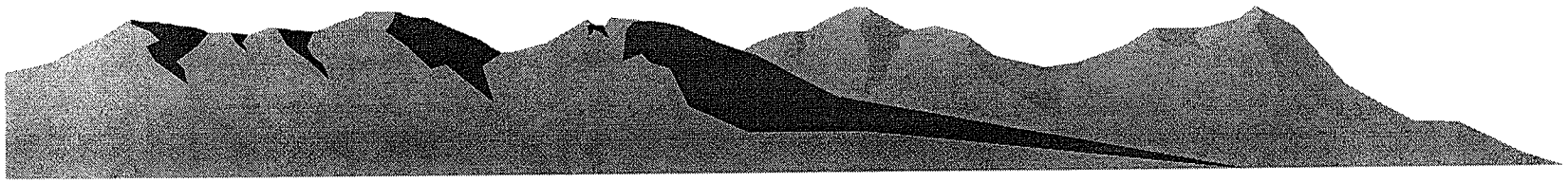
- All property east of the proposed development is zoned R-1a
- South and southwest of the property is the rest of the golf course (R-1a) and C-1 and C-2 zoning on Madrid and Solano
- Properties along Main Street north of the property are zoned C-2 and C-3
- C-2 would be sufficient for the one story hospital that the developer says it intends to build

Existing Zoning



Impact on Townhouses

- The planned two-story Assisted Living buildings will:
  - surround the R-1b townhomes
  - block existing views of the townhomes, diminishing their value
  - produce noise and traffic 24/7 with staff shift changes, visitors, medical personnel, and suppliers



Traffic Issues

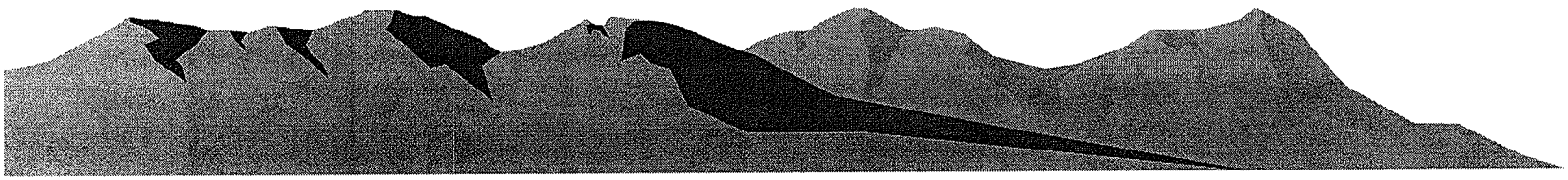
- Zoning application estimates 6,950 trips per day.
- An existing traffic study shows streets in the Country Club neighborhood are already used frequently by non-residents to get to school and to East Las Cruces.
- Residents are concerned about ambulances and other traffic using neighborhood streets (to avoid stop lights, US 70 construction and congestion), posing a safety hazard to children and elderly pedestrians in the Country Club neighborhood.

Drainage Issues

- Madrid to Mesquite is a Flood Plain/Zone
- Development will alter this land from 10% retention to +30% runoff – a 40% increase
- Madrid and Solano are already inadequate for runoff

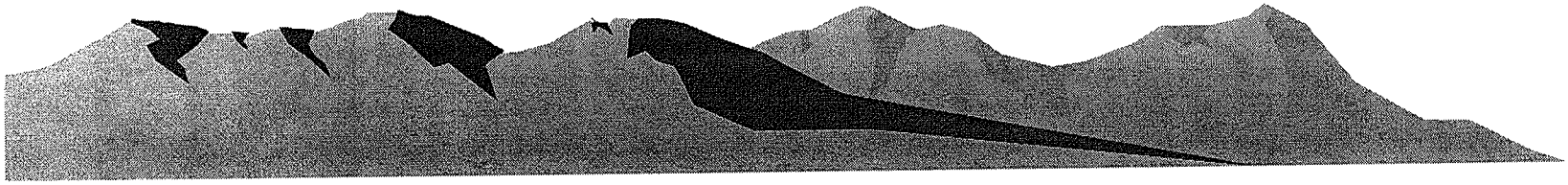
Trojan Horse

- Zoning can become a Trojan Horse, if hospital isn't built but land remains C-3/R-4 High Intensity Zoning
- Full development instead of phases would provide some protection to residents and taxpayers from Trojan Horse development
  - Indian Hollow: zoned for "mini Trader Joe's, now Liquor store and ???



HEALTHCARE COMPONENT OF ZONING APPLICATION

Connie J. Potter, RN, BSN, MBA;HCA
Chair, CCNA Infrastructure Committee



There is No Need for Another Hospital in Las Cruces

- Current (2011) data shows total outmigration since MountainView Regional Medical Center built has dropped from 25% to less 7%
  - El Paso: 5% excluding OB which Galichia Medical Center apparently will not provide
    - Trauma care
    - Many for convenience for extended families
  - Albuquerque: 1.8%
    - ***LAS CRUCES HAS NO TRAUMA CENTER***
    - 13 Trauma
    - 2 Burns (Trauma)
    - 2 TBI (Trauma)

- *Source: AHA.com, Solucient, and Texas Healthcare Information Council*

Impact on Safety Net Hospitals and Increase Cost of Care when Specialty Limited Service Hospitals Enter the Market

- Four communities studied
  - Black Hills, SD; Lincoln NE, Oklahoma City, OK & Wichita KS (*McManus Consulting, AHA, et al)*
- Collectively 18 physician-investor specialty service hospitals opened 1995-2005
- 3 communities had 2 safety net hospitals, one (OC) had ten full service hospitals
  - OC market experienced an additional 7 physician owned/investor small specialty hospitals

Key Factors in Specialty Physician Investor Hospitals

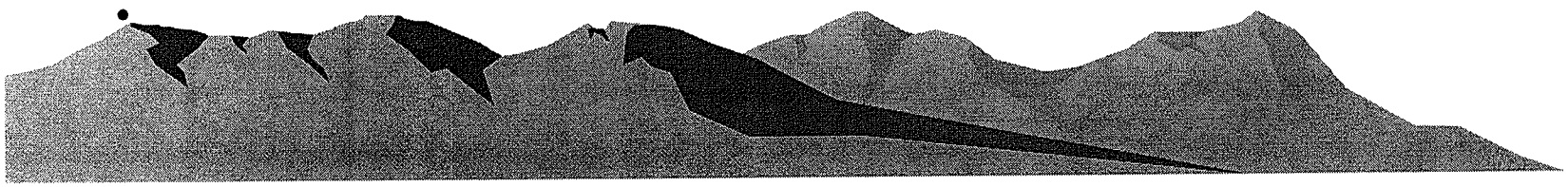
- Patient selection by redirecting physician practice
  - "the ability to schedule consecutive cases without pre-emption by emergency procedures" ***(IPO to Investors, Black Hills Surgery Center)***
  - Patient selection tactics yield high profits at expense of broader healthcare needs
    - Focus on well reimbursed procedures
    - Focus on patients with Good Reimbursement
    - Avoid emergency cases (transfer anything complex via EMTALA)
    - Focus on patients in overall good health

Physician Investors Move Patients at Will to "Their Hospital"

- Bryan LGH, Lincoln NE cardiac surgeries
  - 1999 = 1512 procedures
  - 2004 = 60 after NHI opened its new heart hospital "One great cardiac program became two good programs"
- Focus on well reimbursed procedures
  - All case studies showed pattern
  - 4 Heart Hospitals = net income/case $8,285
  - 3 Neurosurgery = net income/case $3,430
  - 6 General Surgery = net income/case $3,300

Physician Investor Specialty Hospitals Serve More Commercial and Fewer Medicaid Patients

- Leaves the full service safety net hospital with predominance of Medicare, Medicaid, and Self Pay
- Offer limited emergency services
  - EMTALA requires acceptance of transfers if hospital doesn't offer service 24/7
    - ***OB, Pediatrics, complex medical***
  - Specialty hospitals entry point is through physician offices who can pre-screen for complexity and co-existing conditions
  - Refer complex cases to tertiary safety net hospitals
  - Higher profit margin of 3-7% compared to 0% at community hospitals



Focus on Profits, not Patients

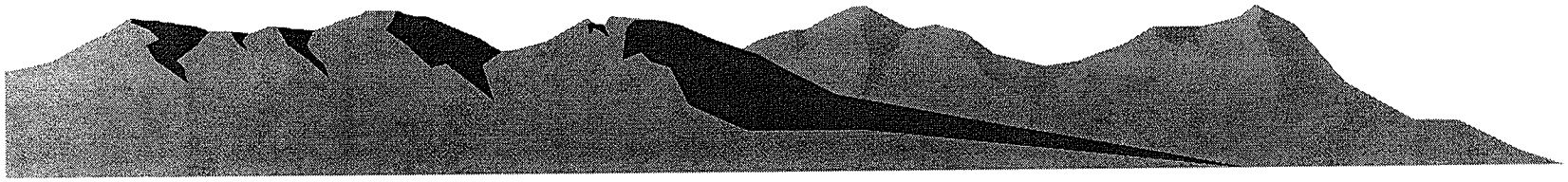
"And the last thing and the easiest thing is money. There'll be a lot of money out there… Why go to a surgical facility? Profit, profit, profit."

- Larry Teuber, Founding Partner of Black Hills Surgery Center, addressing the American Association of Neurological Surgeons Annual Meeting, 2000

Impact, Declining Finances and Resources at Safety Net Hospitals

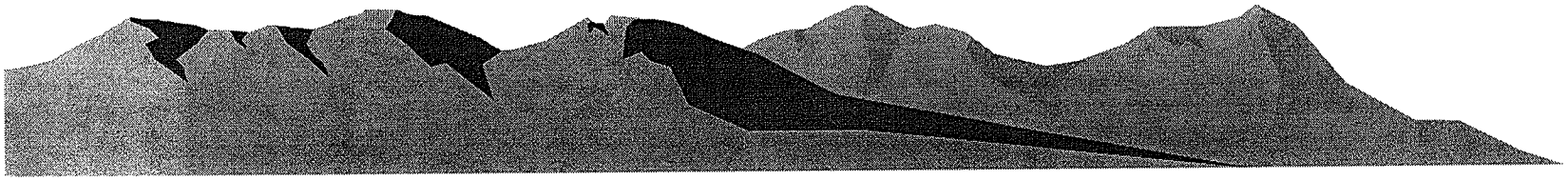
"The Nebraska Heart Hospital doesn't provide anything we don't already have in the community… fragmentation spreads out the business, erodes margins and puts quality at risk…"

Lincoln Physicians at Bryan LGH, Lincoln NE



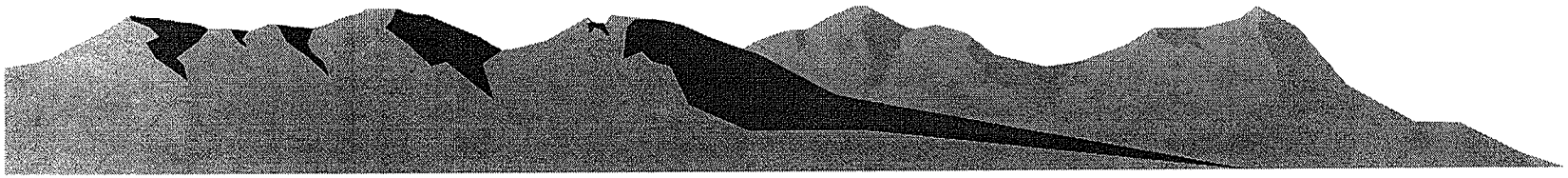
Net Incomes at Safety Net Hospitals Dropped Drastically

- Wesley Medical Center, Wichita KS
  - Net income fell $16 Million after the opening of Galichia Heart Hospital in 2000
- Rapid City Regional Medical Center
  - Net income fell $18 Million after opening of Black Hills Surgery Center
  - BHSC income grew by the SAME AMOUNT



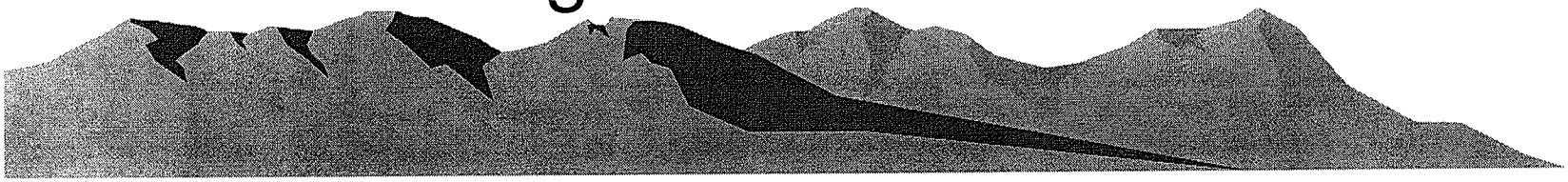
Safety Net Hospitals Cut Staff and Patients Have Access Problems

- Key physician investors/owners opted out of community emergency call
- Trauma centers closed or reduced their level from II to III (OK)
- OK Trauma System nearly disintegrated
  - Required a $6 Million taxpayer Medicaid bailout ***(Bishop + Associates)***



Critical Unprofitable Services Cut

- Behavioral health
- Trauma
- Subsidized services for Low Income population
  - Outpatient clinics, outreach, prenatal
  - Health education and wellness
- Medical education
- More borrowing with downgrading of some bond ratings



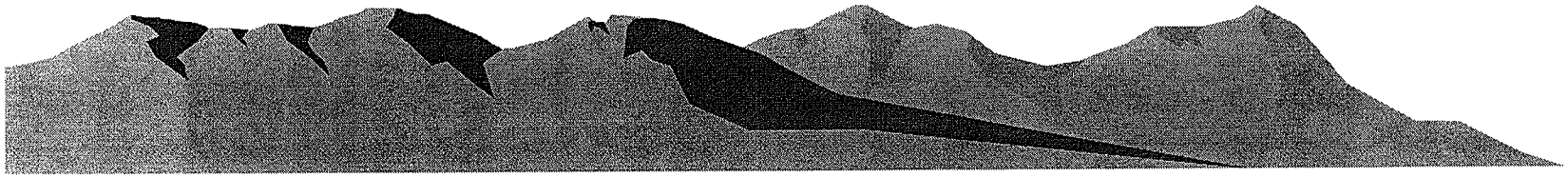
Wesley in Wichita: Layoffs and Stiff Competition for Essential Staff

- Wesley: laid off 120 FTEs in 2001 and 54 more in 2003
- Sold occupational health
- Closed electron microscopy research
- Closed Pharmacy research
- Closed outpatient pharmacy
- Downsized other unprofitable programs
- Increased cath lab salaries $2/hr. (cost $2.5 Million) and paid retention bonuses of $7,500 each

Specialty Hospitals Decrease Utilization at Safety Net Facilities and Increase Overall Cost of Care

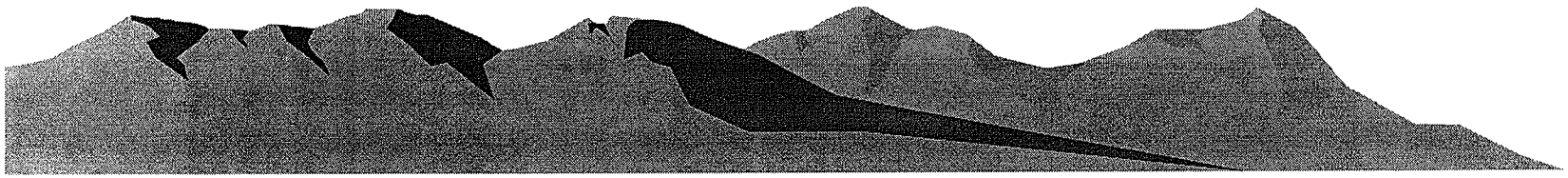
"This now doubles (or more) the capital investment in the community… to provide the same services."

Senior Manager, Blue Cross Blue Shield of Kansas



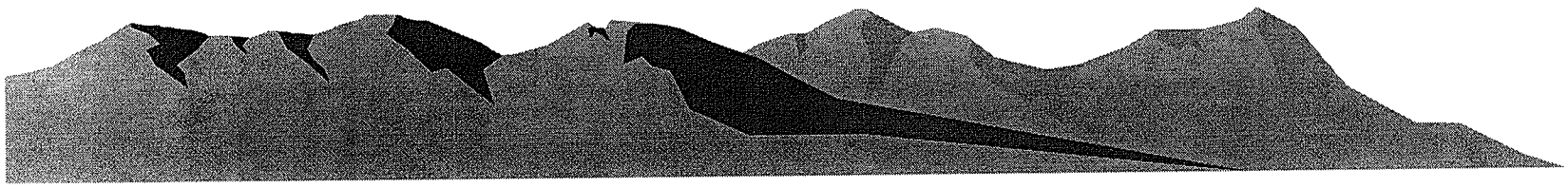
Specialty Hospitals Raise Issues of Over-Utilization

- Black Hills region
  - Outpatient surgeries up 120%
  - Inpatient surgeries up 50%
- The Dartmouth Atlas places the four cases above the 65th percentile for targeted procedures (back, coronary bypass, hip replacements, etc)
- Rapid City hit the 99th percentile for back surgery



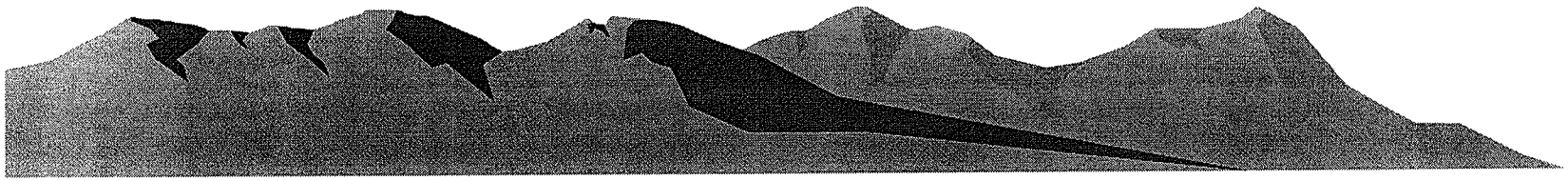
Helipad Presents Extraordinary Risks: ***Source: StoptheHelipad.com***

- Airmedical crashes are 14x that of general aviation
  Research shows no better outcomes from air transport
- Cost is >$25,000 per flight
- Data shows hearing damage occurs at 80 db and helicopter landing is 120 db
- Structural damage occurs to neighboring buildings
- Loss of property values near source of noise
- Trees and high tension lines make GMC an unsafe landing site
- Other hospitals average only 30 flights/month
- Flights over residential neighborhood, Park and schools are inherently unsafe



MVEDA Revenue Forecast

- MVEDA did not consider that few to none of the patients, procedures, visits would be new to the community
- Staff and physicians are already in practice here and paying taxes
- Income and revenue stream for Galichia Medical Center and its clinics will be derived from the existing practices and patients currently treated locally



MVEDA Analysis Totals 2013-2015*

BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS WHICH WILL HAVE EQUAL OR GREATER NET LOSSES

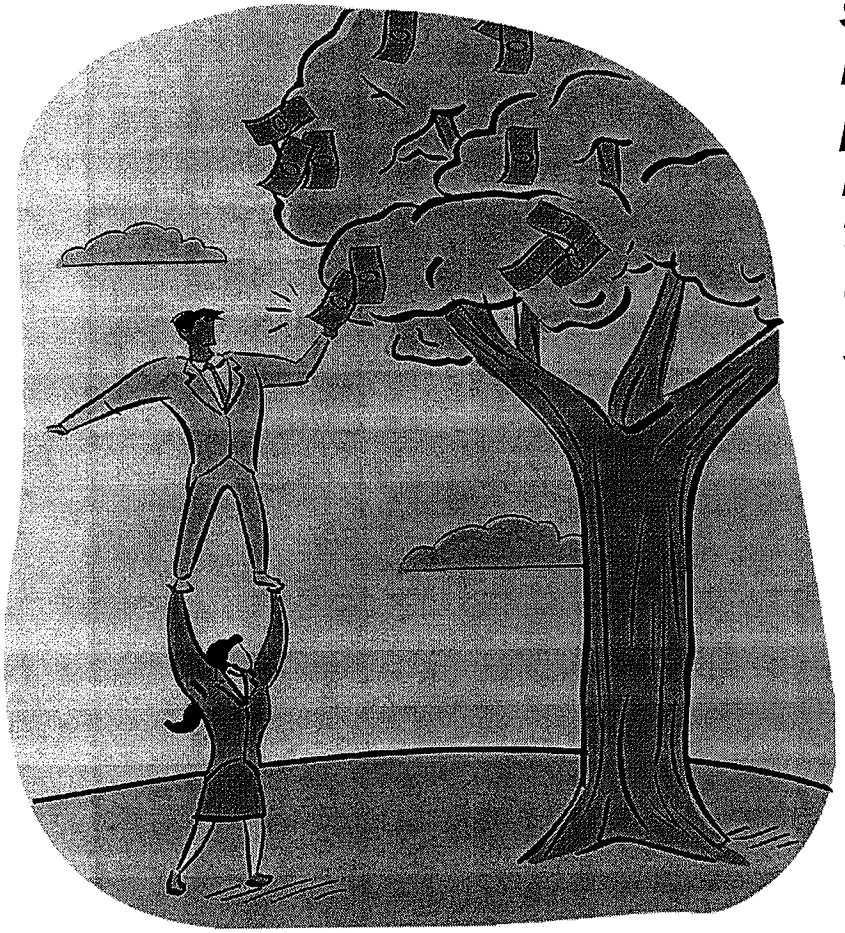
Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
456 GMC	$61,454,300	$136,512,190	$6,459,444	$4,861,336
54 **Parkridge Medical Office**	$7,169,668	$15,926,422	$1,221,392	$ 924,423
61 **Assisted Living Center**	$8,193,907	$18,201,625	$1,317,447	$1,049,337
45 Transitional Rehab	$6,145,430	$13,651,219	$ 526,569	$ 444,113

MVEDA Analysis Totals 2013-2015*

BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS THAT WILL HAVE EQUAL OR GREATER TOTAL NET LOSSES

Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
20 - Build to Suit #1	$2,663,020	$ 5,915,528	$ 219,213	$ 170,637
44 – Build to Suit #2	$5,940,528	$13,196,178	$ 804,657	$ 484,689
175 – Build to Suit #3	$23,537,482	$52,329,673	$1,367,394	$1,102,505
20 – Build to Suit #4	$ 2,663,020	$ 5,915,528	$ 177,779	$ 140,567

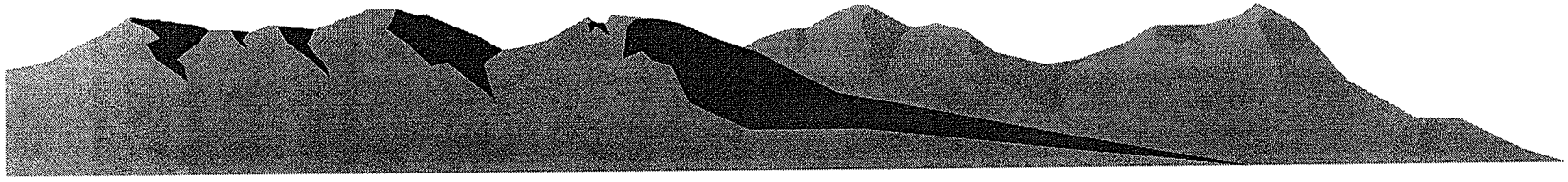
Flawed Economic Analysis



Rather than a net gain or even a zero sum effect based on revenue, household incomes, and physician practice collections, the developer has utilized, in a misleading manner, the Mesilla Valley EDA (MVEDA) estimates regarding new jobs, new state and local taxes and could be considered intellectually dishonest because they do not subtract the losses at the two currently economically viable existing hospitals from whence physicians, staff, and patients will be selectively transferred within the city to the new physician investor specialty hospital. MVEDA has clarified such in the public record.

Summary

- Lack of need for specialty hospital services negatively impacts safety net hospitals
- Cost of labor for lost staff, recruitment and orientation, bonuses at OU cost over $2.5 Million
- Las Cruces has a severe nursing shortage already and competes with El Paso for its nursing resources. The closure of the DCCC nursing program exacerbated this problem
- Physician community is typically divided and devicive after these healthcare situations occur



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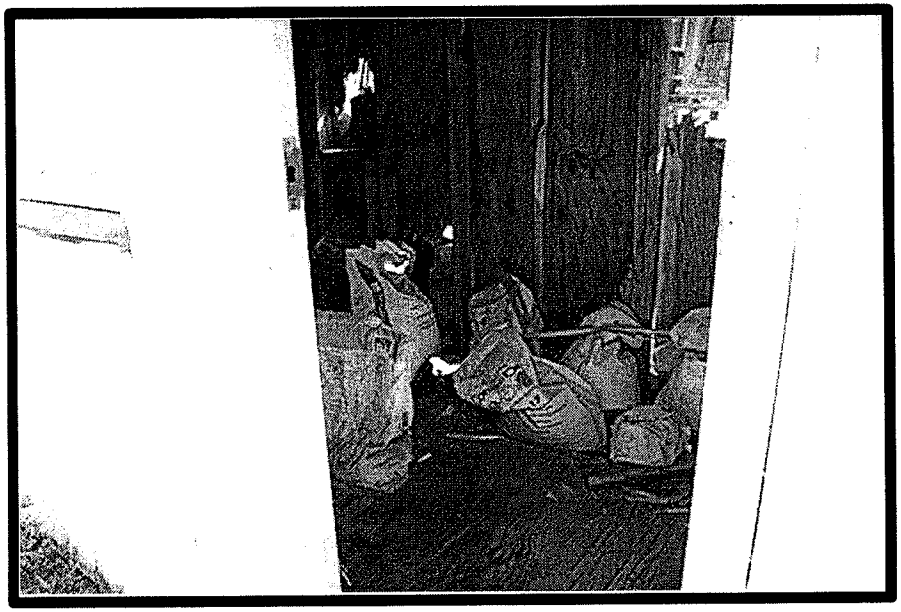
Economic Development Element to Zoning

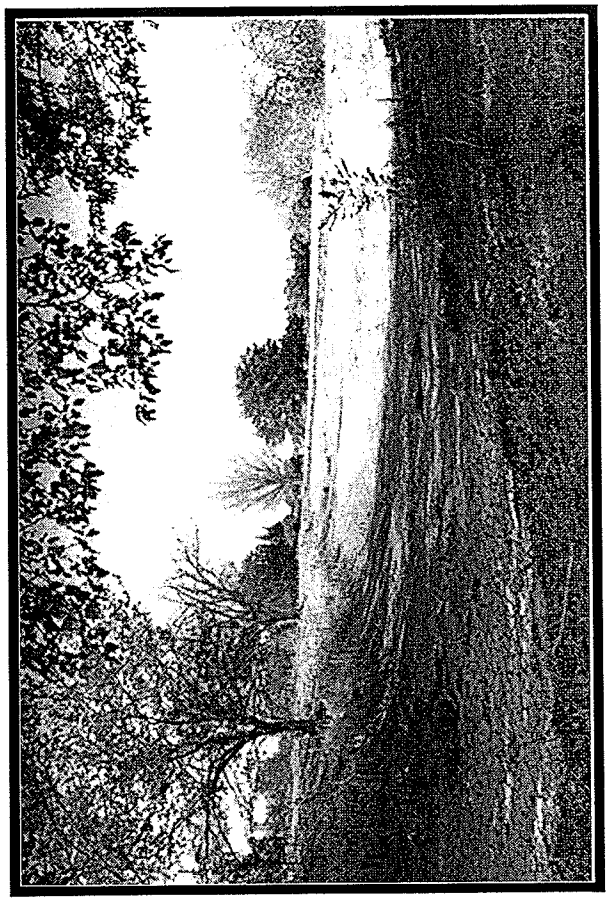
Goal 1: To provide strong development policies that allow the retention, expansion, and attraction of existing and new businesses and industries to Las Cruces.

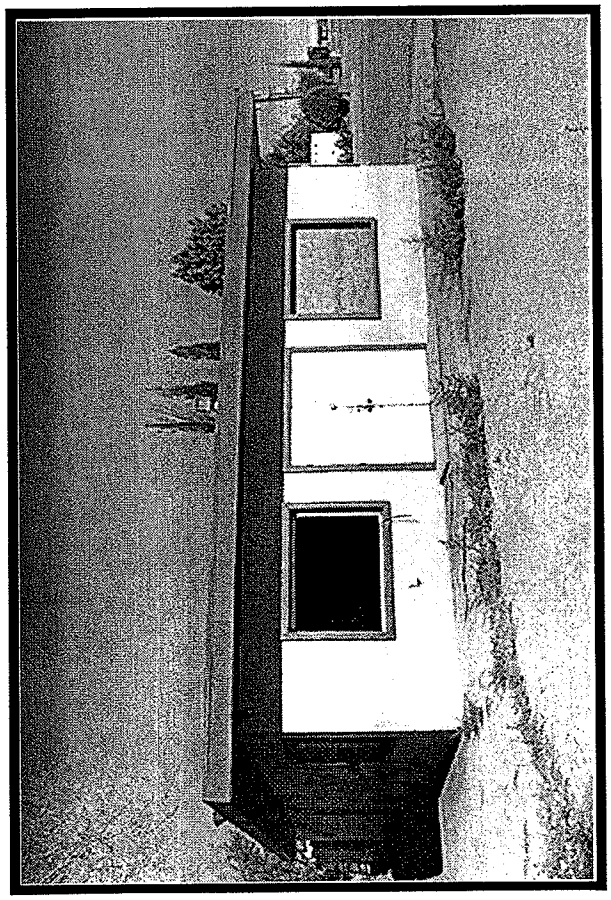
Fundamental Zoning Question

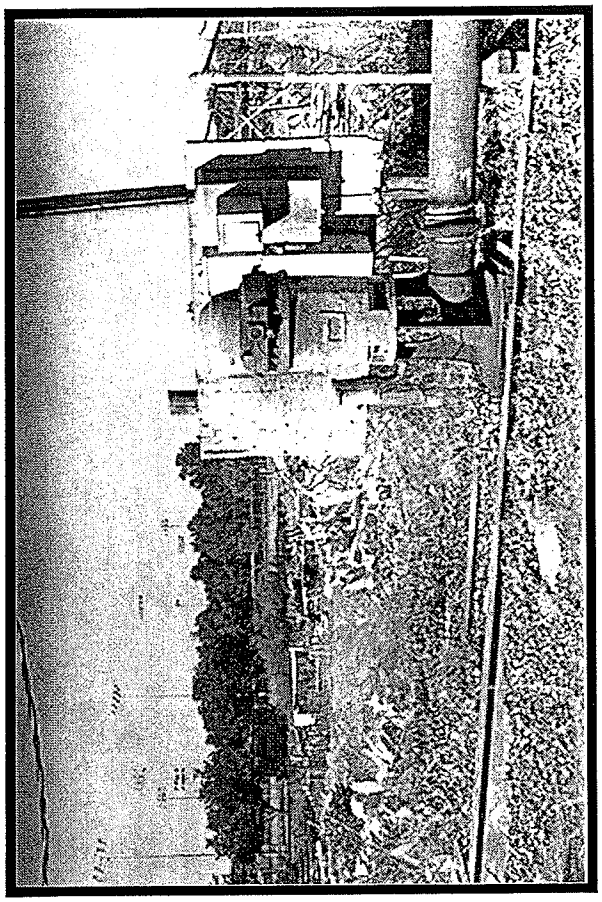
How does a third hospital, with no new healthcare services, utilizing and shifting the same local physicians and hospital workforce, in a community with significant excess capacity and only 7% outmigration, meet this important criteria for approval? Does it help retain and expand Memorial Medical Center and its vital services?

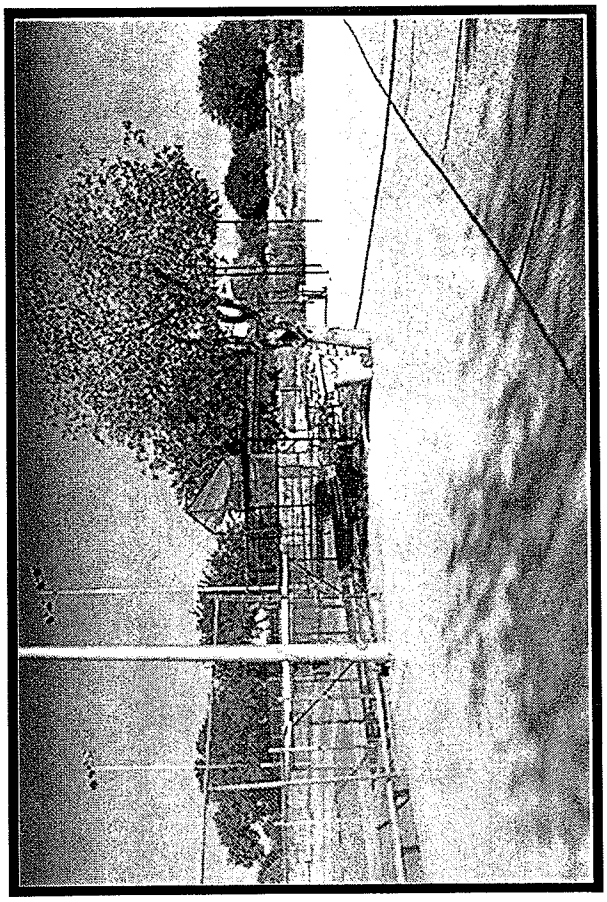
Becky Mitchener presentation to P&Z

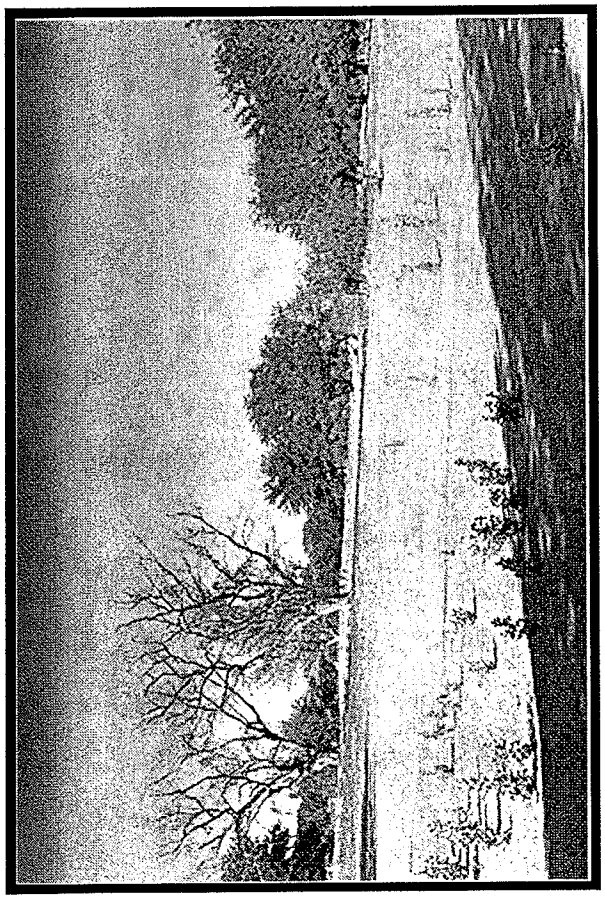


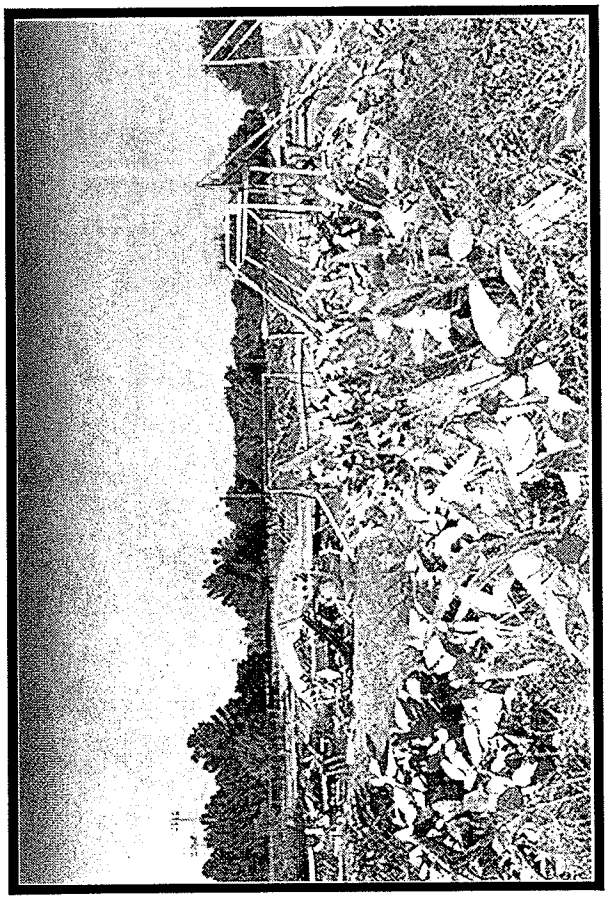


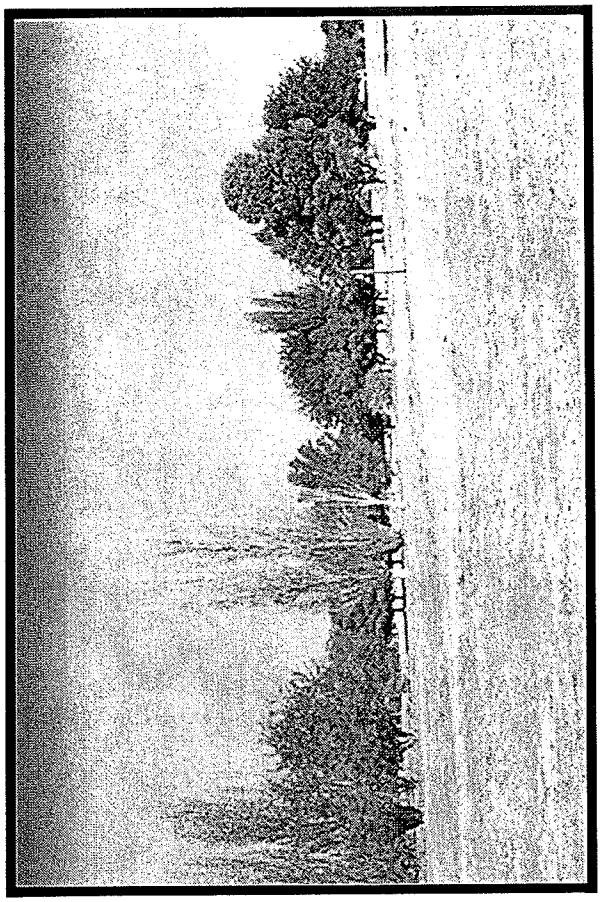


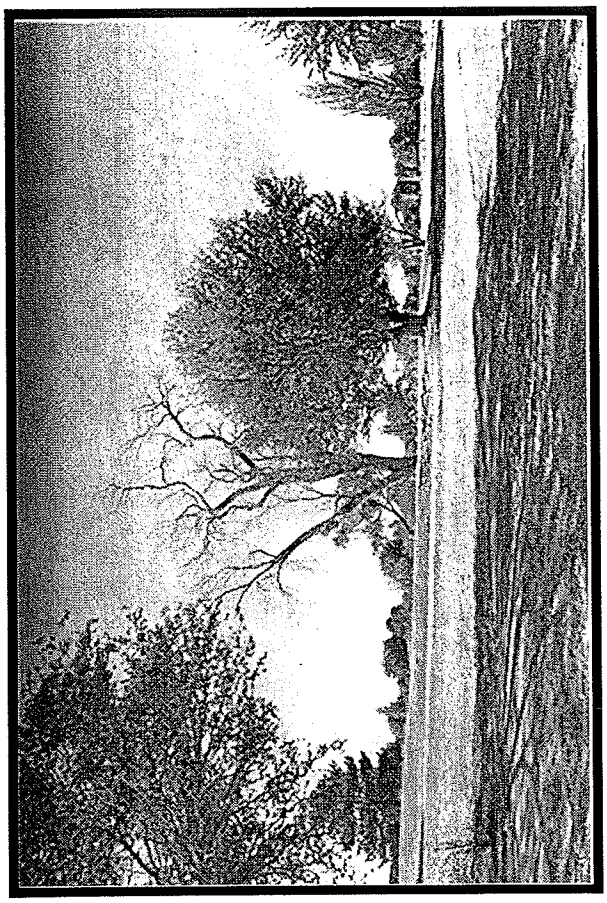


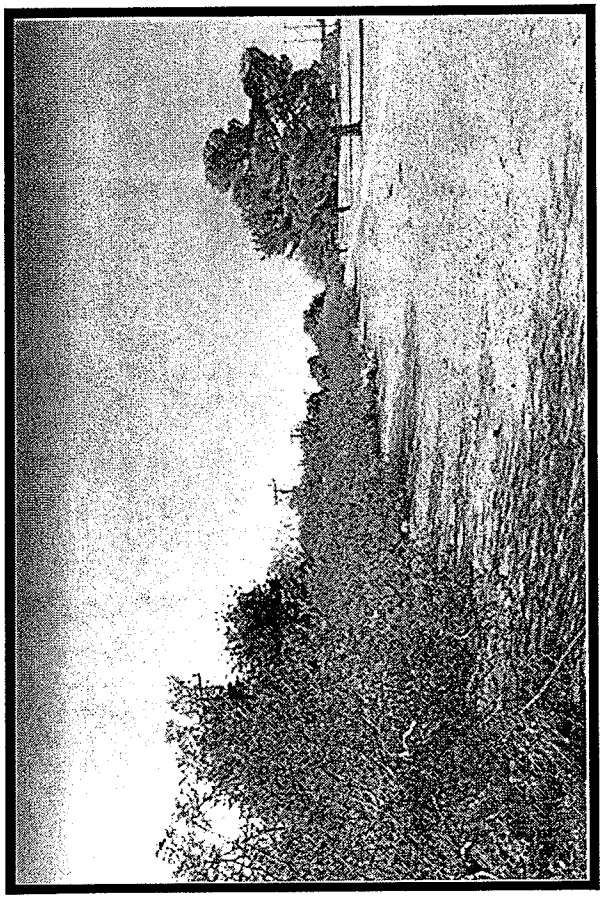


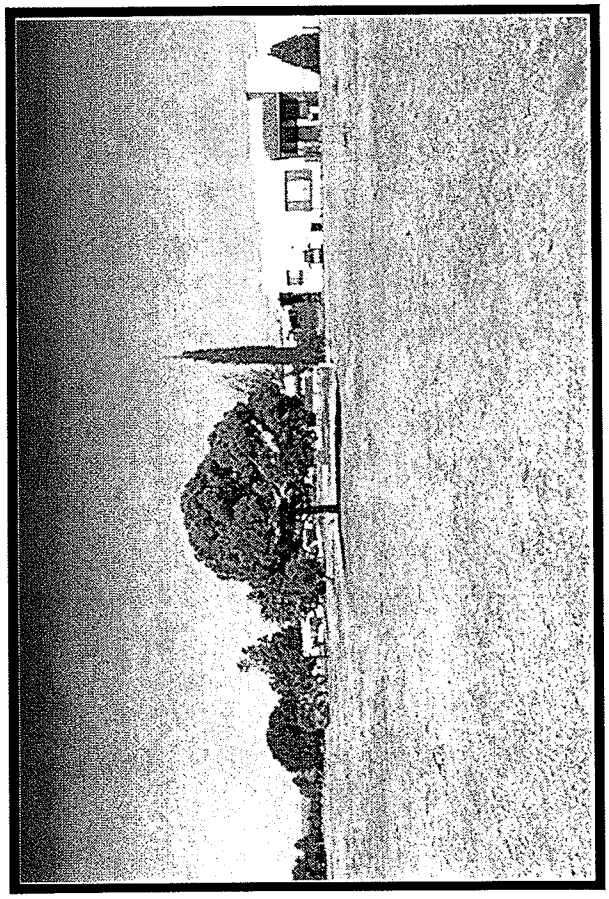


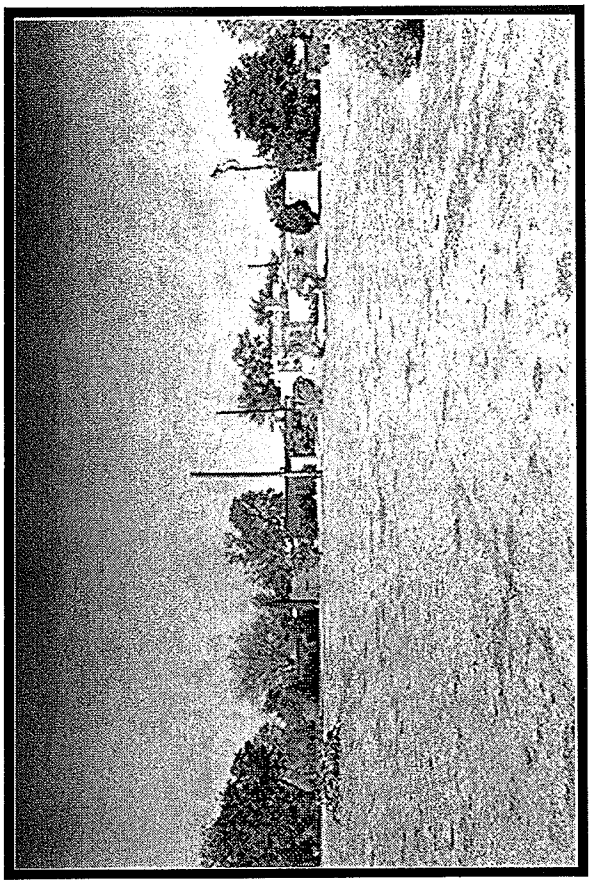


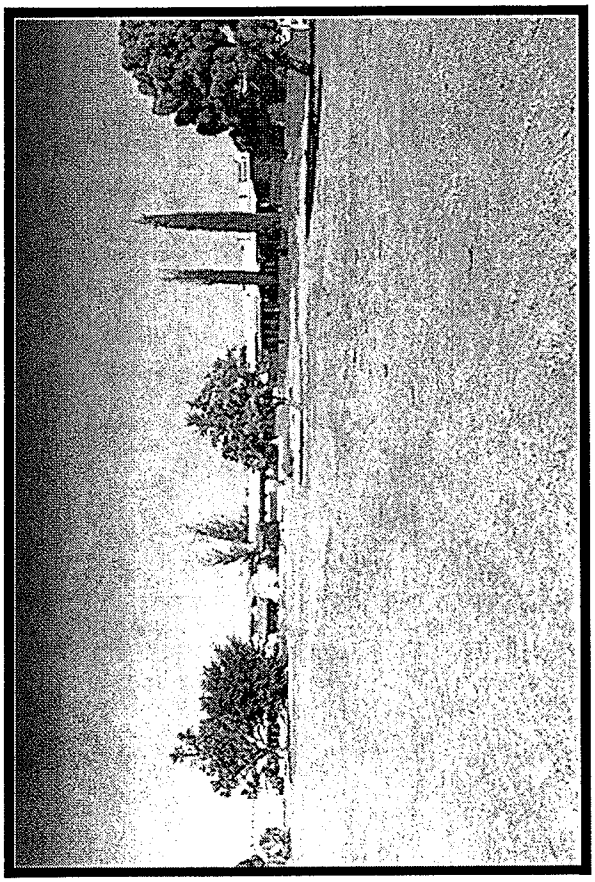












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notes for pz meeting

Notes for P&Z meeting June 25th, 2013

Picture of 30+ acres, red & green
Proximity of R-1 to C-3. 8o foot setbacks, 25 foot green barrier.

Picture of views out back, 40 feet to trees.
Bob Pofahl always commented on our beautiful view.

Picture of small Park proposal. R-1 to open space, to R-1.
Developer said his partners declined-couldn't give up that much green space.
Also said that building 1 story houses would lower value of houses across from
Camino Del Rex to the North.
In the City comments it mentions 2 to 6 acre Parks,and encouraging a development
that " considers usage, fit within the neighborhood, and environmentally friendly
design ". It also mentions to " preserve and respect scenic views, sites. and corridors
in a manner that reasonably compensates, provides incentives, maintains similar
existing property rights, or in another similar manner that balances the public and
property owner interests ".

We've tried to work with the Developer by suggesting things like amenities from
Cenntenial Park in Minnesota, such as paddle wheel boats, (there are two lakes-
ponds on the property already) and a small 18 hole miniature golf course. We
suggested a joint-venture with the City, and Bob said he'd look into it, and that's the
last we heard of it.

We gave the name and phone # to Bob of a Leonard Berg, who runs 5 municipal
golf courses and driving ranges in Albuquerque. Mr. Berg would show Bob how a
9-hole executive length golf course and especially a driving range (which is already
on the property) would be a big money maker. Bob never contacted him.

If I get time I can get the figures on the kind of income these amenities would produce.
Also to be considered would be the way these amenities would affect the lives of the
people of Las Cruses, especially our young people.

RE: 550 OUT MIGRATION

2

Total MVRMC Discharges	7,795	AHD.com
Total MMC Discharges	10,431	AHD.com

Source Data: AHD.COM

Gross Albq Discharges	364	
Less: Gen Surg-Trauma	(6)	
Ortho-Surg Trauma	(7)	
Oth Trauma Burns	(2)	
Oth Trauma Head Injury	(2)	
Net Albq. Discharges		347

Source Data for for ABQ Outmigration: Solucient

ABQ outmigration: 1.81%

Gross El Paso Discharges	1,341	
Less: Kindred	(31)	
Univ Behav Hlth	(56)	
Gen Med Psych	(13)	
Gen Surg - Trauma	(17)	
Neurosurg-Trauma	(1)	
Ortho Med-Trauma	(19)	
Ortho Surg - Trauma	(45)	
Oth Trauma - Body Inj	(32)	
Oth Trauma - Burns	(4)	
Oth Trauma - Head Inj	(49)	
Rehab	(15)	
Net El Paso Discharges		1,059
Total Las Cruces Discharges		19,632
Alb/El Paso Net Discharges		1,406
Out Migration %		7.2%

Source Data for El Paso Outmigration: Texas Healthcare Information Council

El Paso outmigration: 5.39% or 4.58% is you exclude Obstetrics as new hospital not providing.

Down from 25% just prior to MountainView Regional Medical Center opening based on MedPar/HCIA Data utilized by Triad and shared with community.

El Paso / ABQ Combined Outmigration: 7.2%

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JUN 21 2013
CITY OF LAS CRUCES
DEVELOPMENT SERVICES

- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Total Cases(ex NB and Neo)	1,341	100.0	100.0	75	100.0	5.6	* 31	100.0	2.3	241	100.0	18.0	223	100.0	16.6
**Time Period															
2011Q1	340	25.4	100.0	23	30.7	6.8	5	16.1	1.5	58	24.1	17.1	44	19.7	12.9
2011Q2	330	24.6	100.0	22	29.3	6.7	7	22.6	2.1	63	26.1	19.1	54	24.2	16.4
2011Q3	343	25.6	100.0	11	14.7	3.2	13	41.9	3.8	66	27.4	19.2	61	27.4	17.8
2011Q4	328	24.5	100.0	19	25.3	5.8	6	19.4	1.8	54	22.4	16.5	64	28.7	19.5
**Primary Payor															
Blue Cross	31	2.3	100.0	0	0	0	1	3.2	3.2	0	0	0	0	0	0
CHAMPUS/VA	65	4.8	100.0	3	4.0	4.6	1	3.2	1.5	13	5.4	20.0	11	4.9	16.9
Comm HMO	15	1.1	100.0	3	4.0	20.0	1	3.2	6.7	8	3.3	53.3	1	0.4	6.7
Comm Ins	142	10.6	100.0	1	1.3	0.7	5	16.1	3.5	1	0.4	0.7	0	0	0
Comm PPO	218	16.3	100.0	25	33.3	11.5	0	0	0	73	30.3	33.5	66	29.6	30.3
Liability	57	4.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	294	21.9	100.0	5	6.7	1.7	0	0	0	67	27.8	22.8	79	35.4	26.9
Medicare A	342	25.5	100.0	30	40.0	8.8	19	61.3	5.6	56	23.2	16.4	47	21.1	13.7
Medicare B	2	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicare HMO	67	5.0	100.0	4	5.3	6.0	4	12.9	6.0	10	4.1	14.9	11	4.9	16.4
Other	10	0.7	100.0	1	1.3	10.0	0	0	0	7	2.9	70.0	1	0.4	10.0
POS	9	0.7	100.0	0	0	0	0	0	0	0	0	0	4	1.8	44.4
Self Pay/Indigent	72	5.4	100.0	2	2.7	2.8	0	0	0	5	2.1	6.9	3	1.3	4.2
Workers Comp	17	1.3	100.0	1	1.3	5.9	0	0	0	1	0.4	5.9	0	0	0
**Product Line															
CARD SVC-CARD EP	2	0.1	100.0	1	1.3	50.0	0	0	0	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	5	0.4	100.0	0	0	0	0	0	0	1	0.4	20.0	0	0	0
CARD SVC-CARD SURG	12	0.9	100.0	0	0	0	0	0	0	1	0.4	8.3	0	0	0
CARD SVC-DRUG-ELUT STENT	4	0.3	100.0	1	1.3	25.0	0	0	0	1	0.4	25.0	2	0.9	50.0
CARD SVC-MED CARD	28	2.1	100.0	1	1.3	3.6	2	6.5	7.1	5	2.1	17.9	9	4.0	32.1
CARD SVC-MED CARD-AMI	3	0.2	100.0	1	1.3	33.3	0	0	0	0	0	0	2	0.9	66.7
CARD SVC-MED CARD-HEART FAILURE	6	0.4	100.0	0	0	0	0	0	0	1	0.4	16.7	1	0.4	16.7
CARD SVC-NON-ELUT STENT/OTH PCI	7	0.5	100.0	4	5.3	57.1	0	0	0	0	0	0	0	0	0

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- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Total Cases(ex NB and Neo)	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	* 56	100.0	4.2	156	100.0	11.6
**Time Period															
2011Q1	128	31.2	37.6	28	21.5	8.2	4	21.1	1.2	11	19.6	3.2	39	25.0	11.5
2011Q2	99	24.1	30.0	36	27.7	10.9	3	15.8	0.9	10	17.9	3.0	36	23.1	10.9
2011Q3	97	23.7	28.3	34	26.2	9.9	4	21.1	1.2	14	25.0	4.1	43	27.6	12.5
2011Q4	86	21.0	26.2	32	24.6	9.8	8	42.1	2.4	21	37.5	6.4	38	24.4	11.6
**Primary Payor															
Blue Cross	7	1.7	22.6	0	0	0	0	0	0	6	10.7	19.4	17	10.9	54.8
CHAMPUS/VA	9	2.2	13.8	13	10.0	20.0	3	15.8	4.6	11	19.6	16.9	1	0.6	1.5
Comm HMO	0	0	0	0	0	0	0	0	0	0	0	0	2	1.3	13.3
Comm Ins	57	13.9	40.1	0	0	0	0	0	0	32	57.1	22.5	46	29.5	32.4
Comm PPO	9	2.2	4.1	31	23.8	14.2	7	36.8	3.2	0	0	0	7	4.5	3.2
Liability	57	13.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	123	30.0	41.8	4	3.1	1.4	4	21.1	1.4	0	0	0	12	7.7	4.1
Medicare A	67	16.3	19.6	56	43.1	16.4	3	15.8	0.9	7	12.5	2.0	57	36.5	16.7
Medicare B	1	0.2	50.0	0	0	0	0	0	0	0	0	0	1	0.6	50.0
Medicare HMO	15	3.7	22.4	20	15.4	29.9	0	0	0	0	0	0	3	1.9	4.5
Other	1	0.2	10.0	0	0	0	0	0	0	0	0	0	0	0	0
POS	0	0	0	3	2.3	33.3	2	10.5	22.2	0	0	0	0	0	0
Self Pay/Indigent	53	12.9	73.6	3	2.3	4.2	0	0	0	0	0	0	6	3.8	8.3
Workers Comp	11	2.7	64.7	0	0	0	0	0	0	0	0	0	4	2.6	23.5
**Product Line															
CARD SVC-CARD EP	0	0	0	1	0.8	50.0	0	0	0	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	0	3	2.3	60.0	0	0	0	0	0	0	1	0.6	20.0
CARD SVC-CARD SURG	1	0.2	8.3	1	0.8	8.3	0	0	0	0	0	0	9	5.8	75.0
CARD SVC-DRUG-ELUT STENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD	4	1.0	14.3	5	3.8	17.9	2	10.5	7.1	0	0	0	0	0	0
CARD SVC-MED CARD-AMI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	3	0.7	50.0	1	0.8	16.7	0	0	0	0	0	0	0	0	0
CARD SVC-NON-ELUT STENT/OTH PCI	0	0	0	1	0.8	14.3	0	0	0	0	0	0	2	1.3	28.6

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Center - Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
**Product Line	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
ENT-HEAD NECK SURG	5	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-ORAL MAXIL SURG	6	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-OTH ENT	12	0.9	100.0	0	0	0	0	0	0	0	0	0	2	0.9	16.7
ENT-OTOLOGY	9	0.7	100.0	0	0	0	0	0	0	3	1.2	33.3	2	0.9	22.2
GEN MED-DERM	14	1.0	100.0	0	0	0	2	6.5	14.3	1	0.4	7.1	2	0.9	14.3
GEN MED-ENDO	28	2.1	100.0	1	1.3	3.6	1	3.2	3.6	3	1.2	10.7	8	3.6	28.6
GEN MED-GASTRO	53	4.0	100.0	0	0	0	2	6.5	3.8	6	2.5	11.3	20	9.0	37.7
GEN MED-INFECT DIS	30	2.2	100.0	1	1.3	3.3	3	9.7	10.0	4	1.7	13.3	5	2.2	16.7
GEN MED-NEPHROLOGY	17	1.3	100.0	0	0	0	0	0	0	3	1.2	17.6	4	1.8	23.5
GEN MED-OTH GEN MED	9	0.7	100.0	1	1.3	11.1	0	0	0	0	0	0	1	0.4	11.1
* GEN MED-PSYCH	67	5.0	100.0	0	0	0	0	0	0	0	0	0	1	0.4	1.5
GEN MED-PULM	86	6.4	100.0	2	2.7	2.3	10	32.3	11.6	8	3.3	9.3	14	6.3	16.3
GEN MED-RHEUM	5	0.4	100.0	0	0	0	0	0	0	1	0.4	20.0	1	0.4	20.0
GEN MED-SUBST	19	1.4	100.0	0	0	0	0	0	0	1	0.4	5.3	6	2.7	31.6
GEN SURG-ADHESIONS	5	0.4	100.0	0	0	0	0	0	0	2	0.8	40.0	1	0.4	20.0
GEN SURG-APPEND	6	0.4	100.0	0	0	0	0	0	0	3	1.2	50.0	0	0	0
GEN SURG-BARIATRIC/OBESITY	36	2.7	100.0	16	21.3	44.4	0	0	0	8	3.3	22.2	12	5.4	33.3
GEN SURG-BREAST	1	0.1	100.0	0	0	0	0	0	0	0	0	0	1	0.4	100.0
GEN SURG-CHOLE	10	0.7	100.0	1	1.3	10.0	0	0	0	2	0.8	20.0	4	1.8	40.0
GEN SURG-ENDO	4	0.3	100.0	3	4.0	75.0	0	0	0	1	0.4	25.0	0	0	0
GEN SURG-HEPA/PANCR	3	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-HERNIA	4	0.3	100.0	0	0	0	0	0	0	2	0.8	50.0	1	0.4	25.0
GEN SURG-LOWER GI	27	2.0	100.0	0	0	0	0	0	0	4	1.7	14.8	6	2.7	22.2
GEN SURG-OTH GEN SURG	22	1.6	100.0	2	2.7	9.1	0	0	0	4	1.7	18.2	3	1.3	13.6
GEN SURG-OTH GI	1	0.1	100.0	0	0	0	0	0	0	0	0	0	1	0.4	100.0
GEN SURG-SKIN	11	0.8	100.0	0	0	0	2	6.5	18.2	2	0.8	18.2	1	0.4	9.1
GEN SURG-SPLENECTOMY	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRACH	12	0.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRANS	4	0.3	100.0	0	0	0	0	0	0	1	0.4	25.0	0	0	0

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Center - Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
ENT-HEAD NECK SURG	0	0	0	4	3.1	80.0	0	0	0	0	0	0	1	0.6	20.0
ENT-ORAL MAXIL SURG	6	1.5	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-OTH ENT	9	2.2	75.0	0	0	0	1	5.3	8.3	0	0	0	0	0	0
ENT-OTOLOGY	3	0.7	33.3	0	0	0	0	0	0	0	0	0	1	0.6	11.1
GEN MED-DERM	2	0.5	14.3	5	3.8	35.7	0	0	0	0	0	0	2	1.3	14.3
GEN MED-ENDO	12	2.9	42.9	0	0	0	0	0	0	0	0	0	3	1.9	10.7
GEN MED-GASTRO	15	3.7	28.3	7	5.4	13.2	1	5.3	1.9	0	0	0	2	1.3	3.8
GEN MED-INFECT DIS	8	2.0	26.7	4	3.1	13.3	1	5.3	3.3	0	0	0	4	2.6	13.3
GEN MED-NEPHROLOGY	5	1.2	29.4	3	2.3	17.6	0	0	0	0	0	0	2	1.3	11.8
GEN MED-OTH GEN MED	2	0.5	22.2	1	0.8	11.1	1	5.3	11.1	1	1.8	11.1	2	1.3	22.2
GEN MED-PSYCH	1	0.2	1.5	0	0	0	0	0	0	54	96.4	80.6	11	7.1	16.4
GEN MED-PULM	41	10.0	47.7	6	4.6	7.0	0	0	0	0	0	0	5	3.2	5.8
GEN MED-RHEUM	2	0.5	40.0	0	0	0	0	0	0	0	0	0	1	0.6	20.0
GEN MED-SUBST	8	2.0	42.1	4	3.1	21.1	0	0	0	0	0	0	0	0	0
GEN SURG-ADHESIONS	1	0.2	20.0	0	0	0	1	5.3	20.0	0	0	0	0	0	0
GEN SURG-APPEND	3	0.7	50.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-BARIATRIC/OBESITY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-BREAST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-CHOLE	0	0	0	3	2.3	30.0	0	0	0	0	0	0	0	0	0
GEN SURG-ENDO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-HEPA/PANCR	2	0.5	66.7	0	0	0	0	0	0	0	0	0	1	0.6	33.3
GEN SURG-HERNIA	0	0	0	0	0	0	1	5.3	25.0	0	0	0	0	0	0
GEN SURG-LOWER GI	8	2.0	29.6	4	3.1	14.8	2	10.5	7.4	0	0	0	3	1.9	11.1
GEN SURG-OTH GEN SURG	10	2.4	45.5	2	1.5	9.1	0	0	0	0	0	0	1	0.6	4.5
GEN SURG-OTH GI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-SKIN	4	1.0	36.4	0	0	0	0	0	0	0	0	0	2	1.3	18.2
GEN SURG-SPLENECTOMY	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRACH	10	2.4	83.3	0	0	0	0	0	0	0	0	0	2	1.3	16.7
GEN SURG-TRANS	0	0	0	0	0	0	0	0	0	0	0	0	3	1.9	75.0

(Continued)

- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	1,341	100.0	100.0	75	100.0	5.6	31	100.0	2.3	241	100.0	18.0	223	100.0	16.6
GEN SURG-TRAUMA	18	1.3	100.0	0	0	0	1	3.2	5.6	1	0.4	5.6	3	1.3	16.7
GEN SURG-UPPER GI	17	1.3	100.0	3	4.0	17.6	0	0	0	1	0.4	5.9	2	0.9	11.8
GYN-GEN SURG GYN	20	1.5	100.0	1	1.3	5.0	0	0	0	10	4.1	50.0	6	2.7	30.0
GYN-GYN SURG ONC	6	0.4	100.0	0	0	0	0	0	0	2	0.8	33.3	0	0	0
INVALID	4	0.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	2	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-MS	1	0.1	100.0	0	0	0	0	0	0	1	0.4	100.0	0	0	0
NEURO-NERV SYS INFECT	4	0.3	100.0	0	0	0	0	0	0	1	0.4	25.0	0	0	0
NEURO-OTH NEURO	9	0.7	100.0	0	0	0	1	3.2	11.1	0	0	0	3	1.3	33.3
NEURO-SEIZURE/EPILEPSY	16	1.2	100.0	0	0	0	0	0	0	2	0.8	12.5	6	2.7	37.5
NEURO-STROKE TIA	11	0.8	100.0	4	5.3	36.4	0	0	0	2	0.8	18.2	0	0	0
NEUROSURG-BRAIN	25	1.9	100.0	1	1.3	4.0	0	0	0	4	1.7	16.0	0	0	0
NEUROSURG-PERIPH CRAN DIS	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEUROSURG-TRAUMA	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	20	1.5	100.0	1	1.3	5.0	0	0	0	15	6.2	75.0	3	1.3	15.0
OB-DEL	117	8.7	100.0	6	8.0	5.1	0	0	0	57	23.7	48.7	22	9.9	18.8
OB-POST-PART	5	0.4	100.0	0	0	0	0	0	0	4	1.7	80.0	0	0	0
ONC/HEMA-HEMA MED	13	1.0	100.0	1	1.3	7.7	0	0	0	0	0	0	3	1.3	23.1
ONC/HEMA-ONC MED	24	1.8	100.0	0	0	0	0	0	0	0	0	0	11	4.9	45.8
OPHTHAL-MED OPHTHAL	4	0.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
OPHTHAL-SURG OPHTHAL	8	0.6	100.0	0	0	0	0	0	0	0	0	0	1	0.4	12.5
ORTHO-GEN MED ORTHO	19	1.4	100.0	1	1.3	5.3	4	12.9	21.1	1	0.4	5.3	1	0.4	5.3
ORTHO-HAND	5	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ORTHO-JOINT REPL	64	4.8	100.0	1	1.3	1.6	0	0	0	19	7.9	29.7	3	1.3	4.7
ORTHO-MED TRAUMA	19	1.4	100.0	0	0	0	0	0	0	0	0	0	1	0.4	5.3
ORTHO-OTH SURG ORTHO	13	1.0	100.0	1	1.3	7.7	0	0	0	2	0.8	15.4	0	0	0
ORTHO-SPORTS MED	13	1.0	100.0	0	0	0	0	0	0	1	0.4	7.7	1	0.4	7.7
ORTHO-SURG TRAUMA	45	3.4	100.0	3	4.0	6.7	0	0	0	1	0.4	2.2	3	1.3	6.7
OTH TRAUMA-BODY INJ	32	2.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0

(Continued)

Center - Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
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Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
* GEN SURG-TRAUMA	9	2.2	50.0	1	0.8	5.6	0	0	0	0	0	0	3	1.9	16.7
GEN SURG-UPPER GI	4	1.0	23.5	4	3.1	23.5	1	5.3	5.9	0	0	0	2	1.3	11.8
GYN-GEN SURG GYN	2	0.5	10.0	1	0.8	5.0	0	0	0	0	0	0	0	0	0
GYN-GYN SURG ONC	2	0.5	33.3	0	0	0	0	0	0	0	0	0	2	1.3	33.3
INVALID	4	1.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	1	0.2	50.0	1	0.8	50.0	0	0	0	0	0	0	0	0	0
NEURO-MS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-NERV SYS INFECT	2	0.5	50.0	0	0	0	1	5.3	25.0	0	0	0	0	0	0
NEURO-OTH NEURO	3	0.7	33.3	0	0	0	0	0	0	0	0	0	2	1.3	22.2
NEURO-SEIZURE/EPILEPSY	6	1.5	37.5	0	0	0	0	0	0	0	0	0	2	1.3	12.5
NEURO-STROKE TIA	4	1.0	36.4	1	0.8	9.1	0	0	0	0	0	0	0	0	0
NEUROSURG-BRAIN	14	3.4	56.0	5	3.8	20.0	0	0	0	0	0	0	1	0.6	4.0
NEUROSURG-PERIPH CRAN DIS	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
* NEUROSURG-TRAUMA	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	0	0	0	0	0	0	0	0	0	1	1.8	5.0	0	0	0
OB-DEL	8	2.0	6.8	13	10.0	11.1	2	10.5	1.7	0	0	0	9	5.8	7.7
OB-POST-PART	1	0.2	20.0	0	0	0	0	0	0	0	0	0	0	0	0
ONC/HEMA-HEMA MED	8	2.0	61.5	1	0.8	7.7	0	0	0	0	0	0	0	0	0
ONC/HEMA-ONC MED	1	0.2	4.2	2	1.5	8.3	0	0	0	0	0	0	10	6.4	41.7
OPHTHAL-MED OPHTHAL	3	0.7	75.0	0	0	0	0	0	0	0	0	0	1	0.6	25.0
OPHTHAL-SURG OPHTHAL	7	1.7	87.5	0	0	0	0	0	0	0	0	0	0	0	0
ORTHO-GEN MED ORTHO	7	1.7	36.8	1	0.8	5.3	1	5.3	5.3	0	0	0	3	1.9	15.8
ORTHO-HAND	4	1.0	80.0	0	0	0	0	0	0	0	0	0	1	0.6	20.0
ORTHO-JOINT REPL	3	0.7	4.7	14	10.8	21.9	1	5.3	1.6	0	0	0	23	14.7	35.9
* ORTHO-MED TRAUMA	16	3.9	84.2	1	0.8	5.3	0	0	0	0	0	0	1	0.6	5.3
ORTHO-OTH SURG ORTHO	6	1.5	46.2	2	1.5	15.4	0	0	0	0	0	0	2	1.3	15.4
ORTHO-SPORTS MED	8	2.0	61.5	0	0	0	1	5.3	7.7	0	0	0	2	1.3	15.4
* ORTHO-SURG TRAUMA	31	7.6	68.9	1	0.8	2.2	0	0	0	0	0	0	6	3.8	13.3
* OTH TRAUMA-BODY INJ	32	7.8	100.0	0	0	0	0	0	0	0	0	0	0	0	0

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Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	1,341	100.0	100.0	75	100.0	5.6	31	100.0	2.3	241	100.0	18.0	223	100.0	16.6
* OTH TRAUMA-BURNS	4	0.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
* OTH TRAUMA-HEAD INJ	50	3.7	100.0	3	4.0	6.0	1	3.2	2.0	0	0	0	1	0.4	2.0
* REHAB	15	1.1	100.0	2	2.7	13.3	0	0	0	10	4.1	66.7	0	0	0
SPINE-FUSION	63	4.7	100.0	9	12.0	14.3	0	0	0	25	10.4	39.7	7	3.1	11.1
SPINE-MED SPINE	12	0.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
SPINE-OTH SURG SPINE	21	1.6	100.0	0	0	0	0	0	0	7	2.9	33.3	5	2.2	23.8
THOR SURG-OTH THOR SURG	4	0.3	100.0	1	1.3	25.0	1	3.2	25.0	0	0	0	1	0.4	25.0
URO-OTH MALE REPRO	4	0.3	100.0	0	0	0	0	0	0	1	0.4	25.0	1	0.4	25.0
URO-PROSTATE	19	1.4	100.0	1	1.3	5.3	0	0	0	1	0.4	5.3	16	7.2	84.2
URO-URIN SYS	17	1.3	100.0	0	0	0	0	0	0	2	0.8	11.8	8	3.6	47.1
VASC SVC-AMPUT	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
VASC SVC-ART DIS	13	1.0	100.0	1	1.3	7.7	0	0	0	1	0.4	7.7	3	1.3	23.1
VASC SVC-OTH VASC	8	0.6	100.0	0	0	0	1	3.2	12.5	2	0.8	25.0	2	0.9	25.0
**ZIP Code															
88001 LAS CRUCES	390	29.1	100.0	23	30.7	5.9	11	35.5	2.8	75	31.1	19.2	54	24.2	13.8
88005 LAS CRUCES	303	22.6	100.0	17	22.7	5.6	6	19.4	2.0	50	20.7	16.5	46	20.6	15.2
88007 LAS CRUCES	190	14.2	100.0	9	12.0	4.7	6	19.4	3.2	24	10.0	12.6	36	16.1	18.9
88011 LAS CRUCES	236	17.6	100.0	16	21.3	6.8	6	19.4	2.5	48	19.9	20.3	38	17.0	16.1
88012 LAS CRUCES	222	16.6	100.0	10	13.3	4.5	2	6.5	0.9	44	18.3	19.8	49	22.0	22.1

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Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
* OTH TRAUMA-BURNS	0	0	0	0	0	0	0	0	0	0	0	0	4	2.6	100.0
* OTH TRAUMA-HEAD INJ	42	10.2	84.0	0	0	0	0	0	0	0	0	0	3	1.9	6.0
* REHAB	0	0	0	0	0	0	0	0	0	0	0	0	3	1.9	20.0
SPINE-FUSION	2	0.5	3.2	15	11.5	23.8	2	10.5	3.2	0	0	0	3	1.9	4.8
SPINE-MED SPINE	10	2.4	83.3	1	0.8	8.3	0	0	0	0	0	0	1	0.6	8.3
SPINE-OTH SURG SPINE	3	0.7	14.3	3	2.3	14.3	0	0	0	0	0	0	3	1.9	14.3
THOR SURG-OTH THOR SURG	0	0	0	1	0.8	25.0	0	0	0	0	0	0	0	0	0
URO-OTH MALE REPRO	2	0.5	50.0	0	0	0	0	0	0	0	0	0	0	0	0
URO-PROSTATE	0	0	0	0	0	0	0	0	0	0	0	0	1	0.6	5.3
URO-URIN SYS	1	0.2	5.9	1	0.8	5.9	0	0	0	0	0	0	5	3.2	29.4
VASC SVC-AMPUT	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
VASC SVC-ART DIS	0	0	0	5	3.8	38.5	0	0	0	0	0	0	3	1.9	23.1
VASC SVC-OTH VASC	0	0	0	1	0.8	12.5	0	0	0	0	0	0	2	1.3	25.0
**ZIP Code															
88001 LAS CRUCES	136	33.2	34.9	45	34.6	11.5	3	15.8	0.8	17	30.4	4.4	26	16.7	6.7
88005 LAS CRUCES	91	22.2	30.0	19	14.6	6.3	7	36.8	2.3	8	14.3	2.6	59	37.8	19.5
88007 LAS CRUCES	47	11.5	24.7	26	20.0	13.7	5	26.3	2.6	8	14.3	4.2	29	18.6	15.3
88011 LAS CRUCES	66	16.1	28.0	23	17.7	9.7	2	10.5	0.8	8	14.3	3.4	29	18.6	12.3
88012 LAS CRUCES	70	17.1	31.5	17	13.1	7.7	2	10.5	0.9	15	26.8	6.8	13	8.3	5.9

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Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Total Cases(ex NB and Neo)	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
**Time Period															
2012Q1	3,046	25.6	100.0	1,210	25.0	39.7	2	28.6	0.1	1,752	26.2	57.5	19	27.9	0.6
2012Q2	3,087	25.9	100.0	1,215	25.1	39.4	2	28.6	0.1	1,754	26.2	56.8	23	33.8	0.7
2012Q3	2,876	24.2	100.0	1,195	24.7	41.6	1	14.3	0.0	1,596	23.8	55.5	14	20.6	0.5
2012Q4	2,895	24.3	100.0	1,219	25.2	42.1	2	28.6	0.1	1,592	23.8	55.0	12	17.6	0.4
**Primary Payor															
Blue Cross/Blue Shield	732	6.1	100.0	0	0	0	2	28.6	0.3	668	10.0	91.3	11	16.2	1.5
Champus, Military, VA - Indemnity Plan	4	0.0	100.0	0	0	0	1	14.3	25.0	0	0	0	0	0	0
Champus, Military, VA - Other Managed Ca	3	0.0	100.0	0	0	0	0	0	0	0	0	0	3	4.4	100.0
Champus, Military, VA - Unknown	62	0.5	100.0	0	0	0	0	0	0	56	0.8	90.3	0	0	0
County Indigent - HMO	12	0.1	100.0	12	0.2	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Indemnity Plan	45	0.4	100.0	45	0.9	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Other Managed Care	210	1.8	100.0	194	4.0	92.4	0	0	0	0	0	0	0	0	0
Free	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid - HMO	12	0.1	100.0	0	0	0	0	0	0	0	0	0	11	16.2	91.7
Medicaid - Indemnity Plan	43	0.4	100.0	0	0	0	3	42.9	7.0	0	0	0	0	0	0
Medicaid - Other Managed Care	1,537	12.9	100.0	0	0	0	0	0	0	1,463	21.9	95.2	17	25.0	1.1
Medicaid - Unknown	289	2.4	100.0	0	0	0	0	0	0	288	4.3	99.7	0	0	0
Medicare - HMO	10	0.1	100.0	0	0	0	0	0	0	0	0	0	1	1.5	10.0
Medicare - Indemnity Plan	10	0.1	100.0	0	0	0	1	14.3	10.0	0	0	0	0	0	0
Medicare - Other Managed Care	675	5.7	100.0	0	0	0	0	0	0	660	9.9	97.8	14	20.6	2.1
Medicare - Unknown	2,260	19.0	100.0	0	0	0	0	0	0	2,225	33.2	98.5	0	0	0
Other Government - Indemnity Plan	1	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Other Government - Unknown	2,476	20.8	100.0	2,435	50.3	98.3	0	0	0	34	0.5	1.4	0	0	0
Private Insurance - HMO	398	3.3	100.0	0	0	0	0	0	0	363	5.4	91.2	4	5.9	1.0
Private Insurance - Indemnity Plan	104	0.9	100.0	0	0	0	0	0	0	95	1.4	91.3	0	0	0
Private Insurance - Other Managed Care	965	8.1	100.0	944	19.5	97.8	0	0	0	15	0.2	1.6	4	5.9	0.4
Private Insurance - Unknown	130	1.1	100.0	130	2.7	100.0	0	0	0	0	0	0	0	0	0
Self Pay, No Insurance	829	7.0	100.0	0	0	0	0	0	0	813	12.1	98.1	2	2.9	0.2
Workers Comp - Indemnity Plan	14	0.1	100.0	0	0	0	0	0	0	14	0.2	100.0	0	0	0
Workers Comp - Other Managed Care	1	0.0	100.0	0	0	0	0	0	0	0	0	0	1	1.5	100.0

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Inpatient Market Share State Data - All Inpatients
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Service Area: Primary Service Area

	UNIV HSP			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Total Cases(ex NB and Neo)	232	100.0	1.9	64	100.0	0.5
**Time Period						
2012Q1	48	20.7	1.6	15	23.4	0.5
2012Q2	79	34.1	2.6	14	21.9	0.5
2012Q3	50	21.6	1.7	20	31.3	0.7
2012Q4	55	23.7	1.9	15	23.4	0.5
**Primary Payor						
Blue Cross/Blue Shield	37	15.9	5.1	14	21.9	1.9
Champus, Military, VA - Indemnity Plan	0	0	0	3	4.7	75.0
Champus, Military, VA - Other Managed Ca	0	0	0	0	0	0
Champus, Military, VA - Unknown	6	2.6	9.7	0	0	0
County Indigent - HMO	0	0	0	0	0	0
County Indigent - Indemnity Plan	0	0	0	0	0	0
County Indigent - Other Managed Care	16	6.9	7.6	0	0	0
Free	2	0.9	100.0	0	0	0
Medicaid - HMO	0	0	0	1	1.6	8.3
Medicaid - Indemnity Plan	33	14.2	76.7	7	10.9	16.3
Medicaid - Other Managed Care	56	24.1	3.6	1	1.6	0.1
Medicaid - Unknown	0	0	0	1	1.6	0.3
Medicare - HMO	3	1.3	30.0	6	9.4	60.0
Medicare - Indemnity Plan	0	0	0	9	14.1	90.0
Medicare - Other Managed Care	0	0	0	1	1.6	0.1
Medicare - Unknown	30	12.9	1.3	5	7.8	0.2
Other Government - Indemnity Plan	0	0	0	1	1.6	100.0
Other Government - Unknown	7	3.0	0.3	0	0	0
Private Insurance - HMO	20	8.6	5.0	11	17.2	2.8
Private Insurance - Indemnity Plan	9	3.9	8.7	0	0	0
Private Insurance - Other Managed Care	0	0	0	2	3.1	0.2
Private Insurance - Unknown	0	0	0	0	0	0
Self Pay, No Insurance	12	5.2	1.4	2	3.1	0.2
Workers Comp - Indemnity Plan	0	0	0	0	0	0
Workers Comp - Other Managed Care	0	0	0	0	0	0

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Inpatient Market Share State Data - All Inpatients
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Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Primary Payor	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
Workers Comp - Unknown	1,080	9.1	100.0	1,079	22.3	99.9	0	0	0	0	0	0	0	0	0
**Product Line															
CARD SVC-CARD EP	17	0.1	100.0	9	0.2	52.9	0	0	0	8	0.1	47.1	0	0	0
CARD SVC-CARD EP-PACEMAKER	46	0.4	100.0	22	0.5	47.8	0	0	0	23	0.3	50.0	0	0	0
CARD SVC-CARD SURG	32	0.3	100.0	12	0.2	37.5	0	0	0	12	0.2	37.5	7	10.3	21.9
CARD SVC-CARD SURG-CABG	71	0.6	100.0	24	0.5	33.8	0	0	0	47	0.7	66.2	0	0	0
CARD SVC-DRUG-ELUT STENT	199	1.7	100.0	111	2.3	55.8	0	0	0	87	1.3	43.7	0	0	0
CARD SVC-MED CARD	592	5.0	100.0	297	6.1	50.2	0	0	0	289	4.3	48.8	0	0	0
CARD SVC-MED CARD-AMI	47	0.4	100.0	19	0.4	40.4	0	0	0	28	0.4	59.6	0	0	0
CARD SVC-MED CARD-HEART FAILURE	217	1.8	100.0	95	2.0	43.8	0	0	0	121	1.8	55.8	0	0	0
CARD SVC-NON-ELUT STENT/OTH PCI	58	0.5	100.0	20	0.4	34.5	0	0	0	33	0.5	56.9	1	1.5	1.7
ENT-HEAD NECK SURG	19	0.2	100.0	8	0.2	42.1	0	0	0	11	0.2	57.9	0	0	0
ENT-ORAL MAXIL SURG	18	0.2	100.0	6	0.1	33.3	0	0	0	11	0.2	61.1	0	0	0
ENT-OTH ENT	42	0.4	100.0	9	0.2	21.4	0	0	0	20	0.3	47.6	6	8.8	14.3
ENT-OTOLOGY	65	0.5	100.0	30	0.6	46.2	0	0	0	34	0.5	52.3	1	1.5	1.5
ENT-TRACH	4	0.0	100.0	0	0	0	0	0	0	3	0.0	75.0	0	0	0
GEN MED-DERM	230	1.9	100.0	104	2.1	45.2	0	0	0	123	1.8	53.5	0	0	0
GEN MED-ENDO	441	3.7	100.0	182	3.8	41.3	0	0	0	248	3.7	56.2	4	5.9	0.9
GEN MED-GASTRO	1,217	10.2	100.0	489	10.1	40.2	0	0	0	706	10.5	58.0	4	5.9	0.3
GEN MED-INFECT DIS	409	3.4	100.0	227	4.7	55.5	0	0	0	178	2.7	43.5	1	1.5	0.2
GEN MED-NEPHROLOGY	503	4.2	100.0	194	4.0	38.6	0	0	0	305	4.6	60.6	1	1.5	0.2
GEN MED-OTH GEN MED	128	1.1	100.0	52	1.1	40.6	0	0	0	69	1.0	53.9	1	1.5	0.8
GEN MED-PSYCH	501	4.2	100.0	15	0.3	3.0	2	28.6	0.4	477	7.1	95.2	0	0	0
GEN MED-PULM	1,271	10.7	100.0	526	10.9	41.4	0	0	0	729	10.9	57.4	2	2.9	0.2
GEN MED-RHEUM	47	0.4	100.0	16	0.3	34.0	0	0	0	26	0.4	55.3	2	2.9	4.3
GEN MED-SUBST	278	2.3	100.0	61	1.3	21.9	0	0	0	217	3.2	78.1	0	0	0
GEN SURG-ADHESIONS	30	0.3	100.0	11	0.2	36.7	0	0	0	17	0.3	56.7	1	1.5	3.3
GEN SURG-APPEND	135	1.1	100.0	63	1.3	46.7	0	0	0	70	1.0	51.9	0	0	0
GEN SURG-BREAST	23	0.2	100.0	9	0.2	39.1	0	0	0	13	0.2	56.5	0	0	0
GEN SURG-CHOLE	183	1.5	100.0	93	1.9	50.8	0	0	0	87	1.3	47.5	1	1.5	0.5
GEN SURG-ENDO	20	0.2	100.0	6	0.1	30.0	0	0	0	14	0.2	70.0	0	0	0

(Continued)

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Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Primary Payor	232	100.0	1.9	64	100.0	0.5
Workers Comp - Unknown	1	0.4	0.1	0	0	0
**Product Line						
CARD SVC-CARD EP	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	0	1	1.6	2.2
CARD SVC-CARD SURG	1	0.4	3.1	0	0	0
CARD SVC-CARD SURG-CABG	0	0	0	0	0	0
CARD SVC-DRUG-ELUT STENT	1	0.4	0.5	0	0	0
CARD SVC-MED CARD	3	1.3	0.5	3	4.7	0.5
CARD SVC-MED CARD-AMI	0	0	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	0	0	0	1	1.6	0.5
CARD SVC-NON-ELUT STENT/OTH PCI	2	0.9	3.4	2	3.1	3.4
ENT-HEAD NECK SURG	0	0	0	0	0	0
ENT-ORAL MAXIL SURG	1	0.4	5.6	0	0	0
ENT-OTH ENT	5	2.2	11.9	2	3.1	4.8
ENT-OTOLOGY	0	0	0	0	0	0
ENT-TRACH	1	0.4	25.0	0	0	0
GEN MED-DERM	2	0.9	0.9	1	1.6	0.4
GEN MED-ENDO	4	1.7	0.9	3	4.7	0.7
GEN MED-GASTRO	13	5.6	1.1	5	7.8	0.4
GEN MED-INFECT DIS	2	0.9	0.5	1	1.6	0.2
GEN MED-NEPHROLOGY	3	1.3	0.6	0	0	0
GEN MED-OTH GEN MED	4	1.7	3.1	2	3.1	1.6
GEN MED-PSYCH	1	0.4	0.2	6	9.4	1.2
GEN MED-PULM	10	4.3	0.8	4	6.3	0.3
GEN MED-RHEUM	3	1.3	6.4	0	0	0
GEN MED-SUBST	0	0	0	0	0	0
GEN SURG-ADHESIONS	1	0.4	3.3	0	0	0
GEN SURG-APPEND	1	0.4	0.7	1	1.6	0.7
GEN SURG-BREAST	0	0	0	1	1.6	4.3
GEN SURG-CHOLE	1	0.4	0.5	1	1.6	0.5
GEN SURG-ENDO	0	0	0	0	0	0

(Continued)

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Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
GEN SURG-HEPA/PANCR	13	0.1	100.0	2	0.0	15.4	0	0	0	5	0.1	38.5	1	1.5	7.7
GEN SURG-HERNIA	44	0.4	100.0	26	0.5	59.1	0	0	0	17	0.3	38.6	1	1.5	2.3
GEN SURG-LOWER GI	130	1.1	100.0	46	1.0	35.4	0	0	0	71	1.1	54.6	2	2.9	1.5
GEN SURG-OTH GEN SURG	158	1.3	100.0	79	1.6	50.0	0	0	0	66	1.0	41.8	0	0	0
GEN SURG-OTH GI	19	0.2	100.0	11	0.2	57.9	0	0	0	7	0.1	36.8	0	0	0
GEN SURG-SKIN	32	0.3	100.0	11	0.2	34.4	0	0	0	19	0.3	59.4	0	0	0
GEN SURG-SPLENECTOMY	5	0.0	100.0	0	0	0	0	0	0	5	0.1	100.0	0	0	0
GEN SURG-TRACH	26	0.2	100.0	17	0.4	65.4	0	0	0	7	0.1	26.9	0	0	0
GEN SURG-TRANS	4	0.0	100.0	0	0	0	0	0	0	0	0	0	2	2.9	50.0
* GEN SURG-TRAUMA	38	0.3	100.0	16	0.3	42.1	0	0	0	16	0.2	42.1	1	1.5	2.6
GEN SURG-UPPER GI	29	0.2	100.0	17	0.4	58.6	0	0	0	6	0.1	20.7	0	0	0
GYN-GEN SURG GYN	154	1.3	100.0	42	0.9	27.3	0	0	0	98	1.5	63.6	1	1.5	0.6
GYN-GYN SURG ONC	13	0.1	100.0	0	0	0	0	0	0	1	0.0	7.7	4	5.9	30.8
GYN-MED	24	0.2	100.0	9	0.2	37.5	0	0	0	15	0.2	62.5	0	0	0
INVALID	1	0.0	100.0	1	0.0	100.0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	25	0.2	100.0	12	0.2	48.0	0	0	0	13	0.2	52.0	0	0	0
NEURO-MS	10	0.1	100.0	7	0.1	70.0	0	0	0	3	0.0	30.0	0	0	0
NEURO-NERV SYS INFECT	30	0.3	100.0	13	0.3	43.3	0	0	0	13	0.2	43.3	0	0	0
NEURO-OTH NEURO	161	1.4	100.0	88	1.8	54.7	0	0	0	69	1.0	42.9	1	1.5	0.6
NEURO-SEIZURE/EPILEPSY	78	0.7	100.0	31	0.6	39.7	0	0	0	38	0.6	48.7	0	0	0
NEURO-STROKE TIA	261	2.2	100.0	143	3.0	54.8	0	0	0	113	1.7	43.3	0	0	0
NEUROSURG-BRAIN	40	0.3	100.0	27	0.6	67.5	0	0	0	1	0.0	2.5	1	1.5	2.5
NEUROSURG-PERIPH CRAN DIS	19	0.2	100.0	5	0.1	26.3	0	0	0	14	0.2	73.7	0	0	0
OB-ABORT/MISCARR	14	0.1	100.0	8	0.2	57.1	0	0	0	4	0.1	28.6	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	131	1.1	100.0	21	0.4	16.0	0	0	0	105	1.6	80.2	1	1.5	0.8
OB-DEL	1,642	13.8	100.0	642	13.3	39.1	3	42.9	0.2	982	14.7	59.8	0	0	0
OB-POST-PART	25	0.2	100.0	11	0.2	44.0	0	0	0	14	0.2	56.0	0	0	0
ONC/HEMA-HEMA MED	132	1.1	100.0	43	0.9	32.6	0	0	0	82	1.2	62.1	0	0	0
ONC/HEMA-ONC MED	202	1.7	100.0	49	1.0	24.3	0	0	0	120	1.8	59.4	10	14.7	5.0
ONC/HEMA-RAD ONC	1	0.0	100.0	0	0	0	0	0	0	1	0.0	100.0	0	0	0
OPHTHAL-MED OPHTHAL	14	0.1	100.0	2	0.0	14.3	0	0	0	11	0.2	78.6	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP			All Other Hospitals		
**Product Line	Cases	% of Total	Market Share	Cases	% of Total	Market Share
	232	100.0	1.9	64	100.0	0.5
GEN SURG-HEPA/PANCR	5	2.2	38.5	0	0	0
GEN SURG-HERNIA	0	0	0	0	0	0
GEN SURG-LOWER GI	9	3.9	6.9	2	3.1	1.5
GEN SURG-OTH GEN SURG	13	5.6	8.2	0	0	0
GEN SURG-OTH GI	1	0.4	5.3	0	0	0
GEN SURG-SKIN	2	0.9	6.3	0	0	0
GEN SURG-SPLENECTOMY	0	0	0	0	0	0
GEN SURG-TRACH	2	0.9	7.7	0	0	0
GEN SURG-TRANS	2	0.9	50.0	0	0	0
* GEN SURG-TRAUMA	5	2.2	13.2	0	0	0
GEN SURG-UPPER GI	5	2.2	17.2	1	1.6	3.4
GYN-GEN SURG GYN	4	1.7	2.6	9	14.1	5.8
GYN-GYN SURG ONC	4	1.7	30.8	4	6.3	30.8
GYN-MED	0	0	0	0	0	0
INVALID	0	0	0	0	0	0
NEURO-DEGEN DISORD	0	0	0	0	0	0
NEURO-MS	0	0	0	0	0	0
NEURO-NERV SYS INFECT	4	1.7	13.3	0	0	0
NEURO-OTH NEURO	2	0.9	1.2	1	1.6	0.6
NEURO-SEIZURE/EPILEPSY	9	3.9	11.5	0	0	0
NEURO-STROKE TIA	5	2.2	1.9	0	0	0
NEUROSURG-BRAIN	11	4.7	27.5	0	0	0
NEUROSURG-PERIPH CRAN DIS	0	0	0	0	0	0
OB-ABORT/MISCARR	2	0.9	14.3	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	4	1.7	3.1	0	0	0
OB-DEL	15	6.5	0.9	0	0	0
OB-POST-PART	0	0	0	0	0	0
ONC/HEMA-HEMA MED	7	3.0	5.3	0	0	0
ONC/HEMA-ONC MED	23	9.9	11.4	0	0	0
ONC/HEMA-RAD ONC	0	0	0	0	0	0
OPHTHAL-MED OPHTHAL	1	0.4	7.1	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
ORTHO-FOOT	5	0.0	100.0	2	0.0	40.0	0	0	0	2	0.0	40.0	0	0	0
ORTHO-GEN MED ORTHO	49	0.4	100.0	24	0.5	49.0	0	0	0	23	0.3	46.9	0	0	0
ORTHO-HAND	2	0.0	100.0	1	0.0	50.0	0	0	0	1	0.0	50.0	0	0	0
ORTHO-JOINT REPL	330	2.8	100.0	161	3.3	48.8	2	28.6	0.6	159	2.4	48.2	1	1.5	0.3
* ORTHO-MED TRAUMA	68	0.6	100.0	37	0.8	54.4	0	0	0	31	0.5	45.6	0	0	0
ORTHO-OTH SURG ORTHO	24	0.2	100.0	7	0.1	29.2	0	0	0	13	0.2	54.2	1	1.5	4.2
ORTHO-SPORTS MED	62	0.5	100.0	41	0.8	66.1	0	0	0	19	0.3	30.6	0	0	0
* ORTHO-SURG TRAUMA	179	1.5	100.0	75	1.5	41.9	0	0	0	97	1.4	54.2	2	2.9	1.1
* OTH TRAUMA-BODY INJ	38	0.3	100.0	24	0.5	63.2	0	0	0	14	0.2	36.8	0	0	0
* OTH TRAUMA-BURNS	3	0.0	100.0	0	0	0	0	0	0	1	0.0	33.3	0	0	0
* OTH TRAUMA-HEAD INJ	22	0.2	100.0	19	0.4	86.4	0	0	0	1	0.0	4.5	0	0	0
* REHAB	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
SPINE-FUSION	166	1.4	100.0	87	1.8	52.4	0	0	0	70	1.0	42.2	3	4.4	1.8
SPINE-MED SPINE	57	0.5	100.0	28	0.6	49.1	0	0	0	27	0.4	47.4	0	0	0
SPINE-OTH SURG SPINE	51	0.4	100.0	23	0.5	45.1	0	0	0	23	0.3	45.1	1	1.5	2.0
THOR SURG-OTH THOR SURG	65	0.5	100.0	28	0.6	43.1	0	0	0	33	0.5	50.8	1	1.5	1.5
URO-OTH MALE REPRO	25	0.2	100.0	9	0.2	36.0	0	0	0	15	0.2	60.0	0	0	0
URO-PROSTATE	60	0.5	100.0	26	0.5	43.3	0	0	0	34	0.5	56.7	0	0	0
URO-URIN SYS	137	1.2	100.0	46	1.0	33.6	0	0	0	84	1.3	61.3	1	1.5	0.7
VASC SVC-AMPUT	8	0.1	100.0	4	0.1	50.0	0	0	0	4	0.1	50.0	0	0	0
VASC SVC-ART DIS	144	1.2	100.0	77	1.6	53.5	0	0	0	63	0.9	43.8	1	1.5	0.7
VASC SVC-OTH VASC	88	0.7	100.0	30	0.6	34.1	0	0	0	58	0.9	65.9	0	0	0
VASC SVC-VENOUS DIS	1	0.0	100.0	1	0.0	100.0	0	0	0	0	0	0	0	0	0
**ZIP Code															
88001 LAS CRUCES	3,847	32.3	100.0	1,272	26.3	33.1	3	42.9	0.1	2,474	37.0	64.3	10	14.7	0.3
88005 LAS CRUCES	2,600	21.8	100.0	969	20.0	37.3	2	28.6	0.1	1,551	23.2	59.7	16	23.5	0.6
88007 LAS CRUCES	1,505	12.6	100.0	632	13.1	42.0	1	14.3	0.1	802	12.0	53.3	18	26.5	1.2
88011 LAS CRUCES	2,183	18.3	100.0	1,112	23.0	50.9	0	0	0	1,007	15.0	46.1	12	17.6	0.5
88012 LAS CRUCES	1,769	14.9	100.0	854	17.6	48.3	1	14.3	0.1	860	12.8	48.6	12	17.6	0.7

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	232	100.0	1.9	64	100.0	0.5
ORTHO-FOOT	1	0.4	20.0	0	0	0
ORTHO-GEN MED ORTHO	1	0.4	2.0	1	1.6	2.0
ORTHO-HAND	0	0	0	0	0	0
ORTHO-JOINT REPL	3	1.3	0.9	4	6.3	1.2
* ORTHO-MED TRAUMA	0	0	0	0	0	0
ORTHO-OTH SURG ORTHO	3	1.3	12.5	0	0	0
ORTHO-SPORTS MED	2	0.9	3.2	0	0	0
* ORTHO-SURG TRAUMA	4	1.7	2.2	1	1.6	0.6
* OTH TRAUMA-BODY INJ	0	0	0	0	0	0
* OTH TRAUMA-BURNS	2	0.9	66.7	0	0	0
* OTH TRAUMA-HEAD INJ	1	0.4	4.5	1	1.6	4.5
* REHAB	0	0	0	2	3.1	100.0
SPINE-FUSION	4	1.7	2.4	2	3.1	1.2
SPINE-MED SPINE	2	0.9	3.5	0	0	0
SPINE-OTH SURG SPINE	4	1.7	7.8	0	0	0
THOR SURG-OTH THOR SURG	2	0.9	3.1	1	1.6	1.5
URO-OTH MALE REPRO	1	0.4	4.0	0	0	0
URO-PROSTATE	0	0	0	0	0	0
URO-URIN SYS	5	2.2	3.6	1	1.6	0.7
VASC SVC-AMPUT	0	0	0	0	0	0
VASC SVC-ART DIS	3	1.3	2.1	0	0	0
VASC SVC-OTH VASC	0	0	0	0	0	0
VASC SVC-VENOUS DIS	0	0	0	0	0	0
**ZIP Code						
88001 LAS CRUCES	73	31.5	1.9	15	23.4	0.4
88005 LAS CRUCES	47	20.3	1.8	15	23.4	0.6
88007 LAS CRUCES	38	16.4	2.5	14	21.9	0.9
88011 LAS CRUCES	40	17.2	1.8	12	18.8	0.5
88012 LAS CRUCES	34	14.7	1.9	8	12.5	0.5

3

Susana Montana

From: David Weir
Sent: Monday, June 24, 2013 8:24 AM
To: Susana Montana; Katherine H. Rogers
Cc: Vincent Banegas
Subject: FW: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal

FYI

From: clark_2012@comcast.net
To: whiteknyght@opendoor.com; johnmill9@toast.net; cjmpotter@comcast.net; lipson@zianet.com; mayor@las-cruces.org; nathan.p.small@gmail.com; sharon1031@gmail.com; gillsorg@gmail.com; gsmith@las-cruces.org; miguel.silva@las-cruces.org; olgapedroza11@hotmail.com; rgarza@las-cruces.org
CC: whiteknyght@opendoor.com
Subject: Re: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal
Date: Fri, 21 Jun 2013 14:16:51 -0600

Makes so much sense I doubt if the Mayor and city council would do it. If they need any guidence I'm sure the well qualified Planning Departments of Boston or Baltimore - both who use the suggested approach - would tutor them.

----- Original Message -----
From: Charlotte Lipson
To: Mayor Ken Miyagishima ; Nathan P. Small ; Sharon Thomas ; Gill Sorg ; Greg Smith ; Miguel Silva ; Olga Pedroza ; Robert Garza
Cc: Michael Hays
Sent: Friday, June 21, 2013 11:57 AM
Subject: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal

This makes a lot more sense than just "trusting" the developer. Michael Hays' analysis suggests that the developer would buy the Country Club site at a probably already-agreed-upon bargain price and once the zoning change is in place he can flip it and make a gigantic profit, perhaps double or triple his cost. And whoever buys it will be able to build ANYTHING there once it's zoned commercial. Soooooo...why doesn't the City Of Las Cruces buy it for the short term at the bargain price, get the zoning change and then sell it at a huge profit WITH CONDITIONS as to what can be built there?!

Please read Michael's blog and let us know what you think. [emphases in red **and in bold print** are mine]

I urge everyone to attend the Planning & Zoning Commission meeting this Thursday, June 25, 6 PM in the City Hall chamber.

Thank you.

Charlotte

Begin forwarded message:

From: Hays Michael <whiteknyght@opendoor.com>
Subject: A Warning about the Las Cruces Golf Course Proposal, and a Suggestion
Date: June 21, 2013 11:26:03 AM MDT
To: Hays Michael <whiteknyght@opendoor.com>

Friends,

I have written this blog in a hurry, in anticipation of the Planning and Zoning Commission meeting on the 25th. As someone famous once famously said--I paraphrase--I regret that I did not have the time to make this shorter. And, for myself, I am sorry if it is longer because it is repetitive.

I offer a critique of the proposal itself and a theory of its underlying purposes. I also offer an alternative: city purchase and disposition of the property in a way which can not only serve private-sector interests, but also ensure public-sector interests.

Michael

Bait and Switch – Las Cruces Golf Course Re-Zoning Proposal

As I write this extra blog, I expect the Planning and Zoning Commission to bite, and City Council to swallow, the bait which allows the Galichia developer and Pofahl contractor team to switch plans in developing the site of the defunct Las Cruces Golf Course site. The team has signaled that it intends to offer one plan to secure a zoning change and then to operate according to another plan.

I believe that the site should be a multi-purpose site with mixed-use buildings. But I also believe that Las Cruces should ensure that its private-sector development accords with public-sector interests.

Neither the developer nor the contractor has done much to show the compatibility of the two sets of interests. Galichia has been unresponsive to inquiries from the press and the public. Pofahl has conducted several public meetings. But he has stated that he as developer does not speak for Galichia as developer. Since the developer decides what the contractor does, nothing which Pofahl says necessarily represents anything which Galichia intends. So the public cannot trust that what Pofahl talks Galichia will walk. If the developer and contractor were honest about their purposes, they would not operate in this fashion.

For instance, on Tuesday, 18 June, Pofahl conducted a final, information-only meeting to address many major issues of public concern. However, Pofahl failed to do more than describe minor changes to the site design, which he showed in a brochure available to all. Yet he and his brochure omitted mention or designation of the helipad. And he ruled out questions from attendees because, as is usual in such meetings, he feared that their questions might inform other attendees of issues which they had not considered and compound his problems with the public.

The brochure which Pofahl distributed to attendees was an attractive, four-color pitch for the 110-acre site to be developed for living, working, playing, and shopping. Pofahl described the 30-acre sub-site for a medical complex at one point as an adjunct service for residents, at another point as a regional resource. He has also described it as both a specialized facility for cardiac care and as a full-service facility. What this either-or, both-and double-talk reveals about the developer's or the contractor's real intentions is anybody's guess. Fortunately, a small-print legal advisory note makes clear that the Galichia/Pofahl team plan is puffery:

"All improvements, plans, amenities and landscaping herein are proposed and subject to change without notice per the developers [sic] discretion. There can be no assurance that the current proposed improvements or amenities will be completed."

In short, the attractiveness of the contractor's site design is part of the developer's plan to win a change in the zoning without making any commitment to implement the design. Given the open-endedness of "the developers discretion," the Galichia/Pofahl team can change from this plan to another plan about which no one—not the Planning and Zoning Commission, not City Council, not the citizens—has any knowledge. In effect, the team wants a worthless promise to pay for real benefits: a zoning change which enhances the value of the property.

The Galichia/Pofahl team's approach is a strange one and should create suspicion about its purposes. The team has indicated that the offer to buy the entire 110-acre site is contingent on its rezoning to a high-density residential and commercial site. And it has developed an attractive site design for the entire site. Yet it is making its purchase contingent on the prior approval of rezoning for a 30-acre parcel for a medical complex consisting of a hospital and a seniors' assisted-living facility. The inevitable question is why the team wants prior approval to build a medical facility on a part of the site as a condition of its purchase of the whole site.

My answer is a simple one. Galichia is known for developing or operating medical facilities but not for developing or operating high-density residential and commercial sites. It can easily build a medical and assisted living complex, and it can readily accept the city's requirements for, or restrictions on, the design and development of this parcel. But rezoning of the entire parcel leaves the design and development of the remaining 80-acre parcel entirely to the teams' discretion, without any requirements or restrictions. Although it offers a mixed-use, multi-purpose site design for that parcel, it has indicated that the design is subject to change at the developer's discretion. So many alternative designs and developments are possible, including sale of the land itself to yet another developer and contractor. In short, the Galichia/Pofahl team is using an apparently plausible plan for a 30-acre medical complex and an attractive but commitment-free promise for the 80-acre remainder of the site as the bait to a switch to unfettered and, from the city's and the citizenry's perspective, potentially undesirable disposition, design, and development of the remaining land.

Good reasons exist to question the bona fides of this proposal. Despite Galichia's business in such complexes, its proposal makes dubious business sense in the first place and less public-interest sense in the second place. Of course, the devil is in the details, but it is also in the design. (Many thanks to Connie Potter for calling attention to many legal and technical problems with the medical complex.) Adding a third hospital to two full-service hospitals operating at less than full capacity is unnecessary because more excess capacity and greater competition is likely to jeopardize its and their profitability, even its or their financial viability. If the third hospital achieves viability, it will do so by specializing in expensive procedures, attracting doctors and patients from the other hospitals, and jeopardizing their quality of care and viability. If the third hospital does not achieve viability, it will still have damaged the other two hospitals. Its loss will be modest, however, because the medical complex, if it fails to thrive as intended, can survive by converting its facilities to serve as an office or business park. To repeat, given these obvious risks to all parties, the proposed 30-acre medical complex may be the real bait on the hook for the design and development of a very different kind on the remaining 80-acre parcel.

In all likelihood, the Galichia/Pofahl team has agreed on a purchase price of the golf course site as it is, a price probably substantially less than the original asking price of $7 million though far more than the city's bad-faith offer of $1 million—perhaps in the $4.5-to-$5.5 million-dollar range. If the team gets the zoning change, the value of the site will increase and create an instant potential for profit by reselling parts or all of the 80-acre parcel. Presently, the developer-contractor proposal asks City Council to approve a zoning change which gives away great value and to accept plans subject to change and promises liable to breakage in return. In

the end, the city not only may not benefit, but also may lose in many economic, social, and cultural ways.

There is an alternative. The city can do what it should have done long ago: purchase the site, change the zoning, and make the sale of parts or all of the site contingent on binding conditions on design and development. The city would lose little, if any, money, and might even make some; and would ensure that the site not only serves private-sector interests, but also ensures public-sector interests.

4

Susana Montana

From: Adam Ochoa
Sent: Monday, June 24, 2013 8:11 AM
To: Susana Montana
Subject: FW: Case Z2860

FYI.

Adam Ochoa
Planner
Community Development Department
City of Las Cruces
(575) 528-3204

From: Robert Pennington [mailto:pennington@zianet.com]
Sent: Saturday, June 22, 2013 11:04 PM
To: Adam Ochoa
Subject: Case Z2860

Dear Mr. Ochoa,

I have examined the staff recommendation for the requested Country Club zoning change. I will not speak for or against the change. But I am concerned that the recommendation asserts that the current R-1a zoning is "unreasonable" without providing criteria for determining what distinguishes reasonable from unreasonable.

I hope you will convey my concern to the P&Z Commission and to staff as well so they can clarify.

Thank you.

Robert Pennington, Ph.D.
4555 Panorama Drive
Las Cruces, New Mexico 88011
(575) 373-4959

RE: OUT MIGRATION 2

Total MVRMC Discharges	7,795 AHD.com	Source Data: AHD.COM
Total MMC Discharges	10,431 AHD.com	

Gross Albq Discharges	364	
Less: Gen Surg-Trauma	(6)	Source Data for for ABQ Outmigration: Solucient
Ortho-Surg Trauma	(7)	
Oth Trauma Burns	(2)	
Oth Trauma Head Injury	(2)	
Net Albq. Discharges	347	ABQ outmigration: 1.81%

Gross El Paso Discharges	1,341	
Less: Kindred	(31)	
Univ Behav Hlth	(56)	
Gen Med Psych	(13)	Source Data for El Paso Outmigration: Texas Healthcare Information Council
Gen Surg - Trauma	(17)	
Neurosurg-Trauma	(1)	
Ortho Med-Trauma	(19)	
Ortho Surg - Trauma	(45)	
Oth Trauma - Body Inj	(32)	
Oth Trauma - Burns	(4)	
Oth Trauma - Head Inj	(49)	
Rehab	(15)	
Net El Paso Discharges	1,059	El Paso outmigration: 5.39% or 4.58% is you exclude Obstetrics as new hospital not providing. Down from 25% just prior to MountainView Regional Medical Center opening based on MedPar/HCIA Data utilized by Triad and shared with community.
Total Las Cruces Discharges	19,632	
Alb/El Paso Net Discharges	1,406	
Out Migration %	7.2%	El Paso / ABQ Combined Outmigration: 7.2%

RECEIVED
JUN 21 2013
CITY OF LAS CRUCES
DEVELOPMENT SERVICES

- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Total Cases (ex NB and Neo)	1,341	100.0	100.0	75	100.0	5.6	* 31	100.0	2.3	241	100.0	18.0	223	100.0	16.6
Time Period															
2011Q1	340	25.4	100.0	23	30.7	6.8	5	16.1	1.5	58	24.1	17.1	44	19.7	12.9
2011Q2	330	24.6	100.0	22	29.3	6.7	7	22.6	2.1	63	26.1	19.1	54	24.2	16.4
2011Q3	343	25.6	100.0	11	14.7	3.2	13	41.9	3.8	66	27.4	19.2	61	27.4	17.8
2011Q4	328	24.5	100.0	19	25.3	5.8	6	19.4	1.8	54	22.4	16.5	64	28.7	19.5
Primary Payor															
Blue Cross	31	2.3	100.0	0	0	0	1	3.2	3.2	0	0	0	0	0	0
CHAMPUS/VA	65	4.8	100.0	3	4.0	4.6	1	3.2	1.5	13	5.4	20.0	11	4.9	16.9
Comm HMO	15	1.1	100.0	3	4.0	20.0	1	3.2	6.7	8	3.3	53.3	1	0.4	6.7
Comm Ins	142	10.6	100.0	1	1.3	0.7	5	16.1	3.5	1	0.4	0.7	0	0	0
Comm PPO	218	16.3	100.0	25	33.3	11.5	0	0	0	73	30.3	33.5	66	29.6	30.3
Liability	57	4.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	294	21.9	100.0	5	6.7	1.7	0	0	0	67	27.8	22.8	79	35.4	26.9
Medicare A	342	25.5	100.0	30	40.0	8.8	19	61.3	5.6	56	23.2	16.4	47	21.1	13.7
Medicare B	2	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicare HMO	67	5.0	100.0	4	5.3	6.0	4	12.9	6.0	10	4.1	14.9	11	4.9	16.4
Other	10	0.7	100.0	1	1.3	10.0	0	0	0	7	2.9	70.0	1	0.4	10.0
POS	9	0.7	100.0	0	0	0	0	0	0	0	0	0	4	1.8	44.4
Self Pay/Indigent	72	5.4	100.0	2	2.7	2.8	0	0	0	5	2.1	6.9	3	1.3	4.2
Workers Comp	17	1.3	100.0	1	1.3	5.9	0	0	0	1	0.4	5.9	0	0	0
Product Line															
CARD SVC-CARD EP	2	0.1	100.0	1	1.3	50.0	0	0	0	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	5	0.4	100.0	0	0	0	0	0	0	1	0.4	20.0	0	0	0
CARD SVC-CARD SURG	12	0.9	100.0	0	0	0	0	0	0	1	0.4	8.3	0	0	0
CARD SVC-DRUG-ELUT STENT	4	0.3	100.0	1	1.3	25.0	0	0	0	1	0.4	25.0	2	0.9	50.0
CARD SVC-MED CARD	28	2.1	100.0	1	1.3	3.6	2	6.5	7.1	5	2.1	17.9	9	4.0	32.1
CARD SVC-MED CARD-AMI	3	0.2	100.0	1	1.3	33.3	0	0	0	0	0	0	2	0.9	66.7
CARD SVC-MED CARD-HEART FAILURE	6	0.4	100.0	0	0	0	0	0	0	1	0.4	16.7	1	0.4	16.7
CARD SVC-NON-ELUT STENT/OTH PCI	7	0.5	100.0	4	5.3	57.1	0	0	0	0	0	0	0	0	0

(Continued)

- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Total Cases(ex NB and Neo)	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	* 56	100.0	4.2	156	100.0	11.6
Time Period															
2011Q1	128	31.2	37.6	28	21.5	8.2	4	21.1	1.2	11	19.6	3.2	39	25.0	11.5
2011Q2	99	24.1	30.0	36	27.7	10.9	3	15.8	0.9	10	17.9	3.0	36	23.1	10.9
2011Q3	97	23.7	28.3	34	26.2	9.9	4	21.1	1.2	14	25.0	4.1	43	27.6	12.5
2011Q4	86	21.0	26.2	32	24.6	9.8	8	42.1	2.4	21	37.5	6.4	38	24.4	11.6
Primary Payor															
Blue Cross	7	1.7	22.6	0	0	0	0	0	0	6	10.7	19.4	17	10.9	54.8
CHAMPUS/VA	9	2.2	13.8	13	10.0	20.0	3	15.8	4.6	11	19.6	16.9	1	0.6	1.5
Comm HMO	0	0	0	0	0	0	0	0	0	0	0	0	2	1.3	13.3
Comm Ins	57	13.9	40.1	0	0	0	0	0	0	32	57.1	22.5	46	29.5	32.4
Comm PPO	9	2.2	4.1	31	23.8	14.2	7	36.8	3.2	0	0	0	7	4.5	3.2
Liability	57	13.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	123	30.0	41.8	4	3.1	1.4	4	21.1	1.4	0	0	0	12	7.7	4.1
Medicare A	67	16.3	19.6	56	43.1	16.4	3	15.8	0.9	7	12.5	2.0	57	36.5	16.7
Medicare B	1	0.2	50.0	0	0	0	0	0	0	0	0	0	1	0.6	50.0
Medicare HMO	15	3.7	22.4	20	15.4	29.9	0	0	0	0	0	0	3	1.9	4.5
Other	1	0.2	10.0	0	0	0	0	0	0	0	0	0	0	0	0
POS	0	0	0	3	2.3	33.3	2	10.5	22.2	0	0	0	0	0	0
Self Pay/Indigent	53	12.9	73.6	3	2.3	4.2	0	0	0	0	0	0	6	3.8	8.3
Workers Comp	11	2.7	64.7	0	0	0	0	0	0	0	0	0	4	2.6	23.5
Product Line															
CARD SVC-CARD EP	0	0	0	1	0.8	50.0	0	0	0	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	0	3	2.3	60.0	0	0	0	0	0	0	1	0.6	20.0
CARD SVC-CARD SURG	1	0.2	8.3	1	0.8	8.3	0	0	0	0	0	0	9	5.8	75.0
CARD SVC-DRUG-ELUT STENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD	4	1.0	14.3	5	3.8	17.9	2	10.5	7.1	0	0	0	0	0	0
CARD SVC-MED CARD-AMI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	3	0.7	50.0	1	0.8	16.7	0	0	0	0	0	0	0	0	0
CARD SVC-NON-ELUT STENT/OTH PCI	0	0	0	1	0.8	14.3	0	0	0	0	0	0	2	1.3	28.6

(Continued)

Center - Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Product Line															
ENT-HEAD NECK SURG	5	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-ORAL MAXIL SURG	6	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-OTH ENT	12	0.9	100.0	0	0	0	0	0	0	0	0	0	2	0.9	16.7
ENT-OTOLOGY	9	0.7	100.0	0	0	0	0	0	0	3	1.2	33.3	2	0.9	22.2
GEN MED-DERM	14	1.0	100.0	0	0	0	2	6.5	14.3	1	0.4	7.1	2	0.9	14.3
GEN MED-ENDO	28	2.1	100.0	1	1.3	3.6	1	3.2	3.6	3	1.2	10.7	8	3.6	28.6
GEN MED-GASTRO	53	4.0	100.0	0	0	0	2	6.5	3.8	6	2.5	11.3	20	9.0	37.7
GEN MED-INFECT DIS	30	2.2	100.0	1	1.3	3.3	3	9.7	10.0	4	1.7	13.3	5	2.2	16.7
GEN MED-NEPHROLOGY	17	1.3	100.0	0	0	0	0	0	0	3	1.2	17.6	4	1.8	23.5
GEN MED-OTH GEN MED	9	0.7	100.0	1	1.3	11.1	0	0	0	0	0	0	1	0.4	11.1
* GEN MED-PSYCH	67	5.0	100.0	0	0	0	0	0	0	0	0	0	1	0.4	1.5
GEN MED-PULM	86	6.4	100.0	2	2.7	2.3	10	32.3	11.6	8	3.3	9.3	14	6.3	16.3
GEN MED-RHEUM	5	0.4	100.0	0	0	0	0	0	0	1	0.4	20.0	1	0.4	20.0
GEN MED-SUBST	19	1.4	100.0	0	0	0	0	0	0	1	0.4	5.3	6	2.7	31.6
GEN SURG-ADHESIONS	5	0.4	100.0	0	0	0	0	0	0	2	0.8	40.0	1	0.4	20.0
GEN SURG-APPEND	6	0.4	100.0	0	0	0	0	0	0	3	1.2	50.0	0	0	0
GEN SURG-BARIATRIC/OBESITY	36	2.7	100.0	16	21.3	44.4	0	0	0	8	3.3	22.2	12	5.4	33.3
GEN SURG-BREAST	1	0.1	100.0	0	0	0	0	0	0	0	0	0	1	0.4	100.0
GEN SURG-CHOLE	10	0.7	100.0	1	1.3	10.0	0	0	0	2	0.8	20.0	4	1.8	40.0
GEN SURG-ENDO	4	0.3	100.0	3	4.0	75.0	0	0	0	1	0.4	25.0	0	0	0
GEN SURG-HEPA/PANCR	3	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-HERNIA	4	0.3	100.0	0	0	0	0	0	0	2	0.8	50.0	1	0.4	25.0
GEN SURG-LOWER GI	27	2.0	100.0	0	0	0	0	0	0	4	1.7	14.8	6	2.7	22.2
GEN SURG-OTH GEN SURG	22	1.6	100.0	2	2.7	9.1	0	0	0	4	1.7	18.2	3	1.3	13.6
GEN SURG-OTH GI	1	0.1	100.0	0	0	0	0	0	0	0	0	0	1	0.4	100.0
GEN SURG-SKIN	11	0.8	100.0	0	0	0	2	6.5	18.2	2	0.8	18.2	1	0.4	9.1
GEN SURG-SPLENECTOMY	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRACH	12	0.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRANS	4	0.3	100.0	0	0	0	0	0	0	1	0.4	25.0	0	0	0

(Continued)

Center - Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Product Line	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
ENT-HEAD NECK SURG	0	0	0	4	3.1	80.0	0	0	0	0	0	0	1	0.6	20.0
ENT-ORAL MAXIL SURG	6	1.5	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-OTH ENT	9	2.2	75.0	0	0	0	1	5.3	8.3	0	0	0	0	0	0
ENT-OTOLOGY	3	0.7	33.3	0	0	0	0	0	0	0	0	0	1	0.6	11.1
GEN MED-DERM	2	0.5	14.3	5	3.8	35.7	0	0	0	0	0	0	2	1.3	14.3
GEN MED-ENDO	12	2.9	42.9	0	0	0	0	0	0	0	0	0	3	1.9	10.7
GEN MED-GASTRO	15	3.7	28.3	7	5.4	13.2	1	5.3	1.9	0	0	0	2	1.3	3.8
GEN MED-INFECT DIS	8	2.0	26.7	4	3.1	13.3	1	5.3	3.3	0	0	0	4	2.6	13.3
GEN MED-NEPHROLOGY	5	1.2	29.4	3	2.3	17.6	0	0	0	0	0	0	2	1.3	11.8
GEN MED-OTH GEN MED	2	0.5	22.2	1	0.8	11.1	1	5.3	11.1	1	1.8	11.1	2	1.3	22.2
GEN MED-PSYCH	1	0.2	1.5	0	0	0	0	0	0	54	96.4	80.6	11	7.1	16.4
GEN MED-PULM	41	10.0	47.7	6	4.6	7.0	0	0	0	0	0	0	5	3.2	5.8
GEN MED-RHEUM	2	0.5	40.0	0	0	0	0	0	0	0	0	0	1	0.6	20.0
GEN MED-SUBST	8	2.0	42.1	4	3.1	21.1	0	0	0	0	0	0	0	0	0
GEN SURG-ADHESIONS	1	0.2	20.0	0	0	0	1	5.3	20.0	0	0	0	0	0	0
GEN SURG-APPEND	3	0.7	50.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-BARIATRIC/OBESITY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-BREAST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-CHOLE	0	0	0	3	2.3	30.0	0	0	0	0	0	0	0	0	0
GEN SURG-ENDO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-HEPA/PANCR	2	0.5	66.7	0	0	0	0	0	0	0	0	0	1	0.6	33.3
GEN SURG-HERNIA	0	0	0	0	0	0	1	5.3	25.0	0	0	0	0	0	0
GEN SURG-LOWER GI	8	2.0	29.6	4	3.1	14.8	2	10.5	7.4	0	0	0	3	1.9	11.1
GEN SURG-OTH GEN SURG	10	2.4	45.5	2	1.5	9.1	0	0	0	0	0	0	1	0.6	4.5
GEN SURG-OTH GI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-SKIN	4	1.0	36.4	0	0	0	0	0	0	0	0	0	2	1.3	18.2
GEN SURG-SPLENECTOMY	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRACH	10	2.4	83.3	0	0	0	0	0	0	0	0	0	2	1.3	16.7
GEN SURG-TRANS	0	0	0	0	0	0	0	0	0	0	0	0	3	1.9	75.0

(Continued)

- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	1,341	100.0	100.0	75	100.0	5.6	31	100.0	2.3	241	100.0	18.0	223	100.0	16.6
* GEN SURG-TRAUMA	18	1.3	100.0	0	0	0	1	3.2	5.6	1	0.4	5.6	3	1.3	16.7
GEN SURG-UPPER GI	17	1.3	100.0	3	4.0	17.6	0	0	0	1	0.4	5.9	2	0.9	11.8
GYN-GEN SURG GYN	20	1.5	100.0	1	1.3	5.0	0	0	0	10	4.1	50.0	6	2.7	30.0
GYN-GYN SURG ONC	6	0.4	100.0	0	0	0	0	0	0	2	0.8	33.3	0	0	0
INVALID	4	0.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	2	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-MS	1	0.1	100.0	0	0	0	0	0	0	1	0.4	100.0	0	0	0
NEURO-NERV SYS INFECT	4	0.3	100.0	0	0	0	0	0	0	1	0.4	25.0	0	0	0
NEURO-OTH NEURO	9	0.7	100.0	0	0	0	1	3.2	11.1	0	0	0	3	1.3	33.3
NEURO-SEIZURE/EPILEPSY	16	1.2	100.0	0	0	0	0	0	0	2	0.8	12.5	6	2.7	37.5
NEURO-STROKE TIA	11	0.8	100.0	4	5.3	36.4	0	0	0	2	0.8	18.2	0	0	0
NEUROSURG-BRAIN	25	1.9	100.0	1	1.3	4.0	0	0	0	4	1.7	16.0	0	0	0
NEUROSURG-PERIPH CRAN DIS	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
* NEUROSURG-TRAUMA	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	20	1.5	100.0	1	1.3	5.0	0	0	0	15	6.2	75.0	3	1.3	15.0
OB-DEL	117	8.7	100.0	6	8.0	5.1	0	0	0	57	23.7	48.7	22	9.9	18.8
OB-POST-PART	5	0.4	100.0	0	0	0	0	0	0	4	1.7	80.0	0	0	0
ONC/HEMA-HEMA MED	13	1.0	100.0	1	1.3	7.7	0	0	0	0	0	0	3	1.3	23.1
ONC/HEMA-ONC MED	24	1.8	100.0	0	0	0	0	0	0	0	0	0	11	4.9	45.8
OPHTHAL-MED OPHTHAL	4	0.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
OPHTHAL-SURG OPHTHAL	8	0.6	100.0	0	0	0	0	0	0	0	0	0	1	0.4	12.5
ORTHO-GEN MED ORTHO	19	1.4	100.0	1	1.3	5.3	4	12.9	21.1	1	0.4	5.3	1	0.4	5.3
ORTHO-HAND	5	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ORTHO-JOINT REPL	64	4.8	100.0	1	1.3	1.6	0	0	0	19	7.9	29.7	3	1.3	4.7
* ORTHO-MED TRAUMA	19	1.4	100.0	0	0	0	0	0	0	0	0	0	1	0.4	5.3
ORTHO-OTH SURG ORTHO	13	1.0	100.0	1	1.3	7.7	0	0	0	2	0.8	15.4	0	0	0
ORTHO-SPORTS MED	13	1.0	100.0	0	0	0	0	0	0	1	0.4	7.7	1	0.4	7.7
* ORTHO-SURG TRAUMA	45	3.4	100.0	3	4.0	6.7	0	0	0	1	0.4	2.2	3	1.3	6.7
* OTH TRAUMA-BODY INJ	32	2.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0

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Center - Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Product Line	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
* GEN SURG-TRAUMA	9	2.2	50.0	1	0.8	5.6	0	0	0	0	0	0	3	1.9	16.7
GEN SURG-UPPER GI	4	1.0	23.5	4	3.1	23.5	1	5.3	5.9	0	0	0	2	1.3	11.8
GYN-GEN SURG GYN	2	0.5	10.0	1	0.8	5.0	0	0	0	0	0	0	0	0	0
GYN-GYN SURG ONC	2	0.5	33.3	0	0	0	0	0	0	0	0	0	2	1.3	33.3
INVALID	4	1.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	1	0.2	50.0	1	0.8	50.0	0	0	0	0	0	0	0	0	0
NEURO-MS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-NERV SYS INFECT	2	0.5	50.0	0	0	0	1	5.3	25.0	0	0	0	0	0	0
NEURO-OTH NEURO	3	0.7	33.3	0	0	0	0	0	0	0	0	0	2	1.3	22.2
NEURO-SEIZURE/EPILEPSY	6	1.5	37.5	0	0	0	0	0	0	0	0	0	2	1.3	12.5
NEURO-STROKE TIA	4	1.0	36.4	1	0.8	9.1	0	0	0	0	0	0	0	0	0
NEUROSURG-BRAIN	14	3.4	56.0	5	3.8	20.0	0	0	0	0	0	0	1	0.6	4.0
NEUROSURG-PERIPH CRAN DIS	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
* NEUROSURG-TRAUMA	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	0	0	0	0	0	0	0	0	0	1	1.8	5.0	0	0	0
OB-DEL	8	2.0	6.8	13	10.0	11.1	2	10.5	1.7	0	0	0	9	5.8	7.7
OB-POST-PART	1	0.2	20.0	0	0	0	0	0	0	0	0	0	0	0	0
ONC/HEMA-HEMA MED	8	2.0	61.5	1	0.8	7.7	0	0	0	0	0	0	0	0	0
ONC/HEMA-ONC MED	1	0.2	4.2	2	1.5	8.3	0	0	0	0	0	0	10	6.4	41.7
OPHTHAL-MED OPHTHAL	3	0.7	75.0	0	0	0	0	0	0	0	0	0	1	0.6	25.0
OPHTHAL-SURG OPHTHAL	7	1.7	87.5	0	0	0	0	0	0	0	0	0	0	0	0
ORTHO-GEN MED ORTHO	7	1.7	36.8	1	0.8	5.3	1	5.3	5.3	0	0	0	3	1.9	15.8
ORTHO-HAND	4	1.0	80.0	0	0	0	0	0	0	0	0	0	1	0.6	20.0
ORTHO-JOINT REPL	3	0.7	4.7	14	10.8	21.9	1	5.3	1.6	0	0	0	23	14.7	35.9
* ORTHO-MED TRAUMA	16	3.9	84.2	1	0.8	5.3	0	0	0	0	0	0	1	0.6	5.3
ORTHO-OTH SURG ORTHO	6	1.5	46.2	2	1.5	15.4	0	0	0	0	0	0	2	1.3	15.4
ORTHO-SPORTS MED	8	2.0	61.5	0	0	0	1	5.3	7.7	0	0	0	2	1.3	15.4
* ORTHO-SURG TRAUMA	31	7.6	68.9	1	0.8	2.2	0	0	0	0	0	0	6	3.8	13.3
* OTH TRAUMA-BODY INJ	32	7.8	100.0	0	0	0	0	0	0	0	0	0	0	0	0

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- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	Total Market			DEL SOL MC EL PASO			KINDRED HSP EL PASO			LAS PALMAS MC EL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	1,341	100.0	100.0	75	100.0	5.6	31	100.0	2.3	241	100.0	18.0	223	100.0	16.6
* OTH TRAUMA-BURNS	4	0.3	100.0	0	0	0	0	0	0	0	0	0	0	0	0
* OTH TRAUMA-HEAD INJ	50	3.7	100.0	3	4.0	6.0	1	3.2	2.0	0	0	0	1	0.4	2.0
* REHAB	15	1.1	100.0	2	2.7	13.3	0	0	0	10	4.1	66.7	0	0	0
SPINE-FUSION	63	4.7	100.0	9	12.0	14.3	0	0	0	25	10.4	39.7	7	3.1	11.1
SPINE-MED SPINE	12	0.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
SPINE-OTH SURG SPINE	21	1.6	100.0	0	0	0	0	0	0	7	2.9	33.3	5	2.2	23.8
THOR SURG-OTH THOR SURG	4	0.3	100.0	1	1.3	25.0	1	3.2	25.0	0	0	0	1	0.4	25.0
URO-OTH MALE REPRO	4	0.3	100.0	0	0	0	0	0	0	1	0.4	25.0	1	0.4	25.0
URO-PROSTATE	19	1.4	100.0	1	1.3	5.3	0	0	0	1	0.4	5.3	16	7.2	84.2
URO-URIN SYS	17	1.3	100.0	0	0	0	0	0	0	2	0.8	11.8	8	3.6	47.1
VASC SVC-AMPUT	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
VASC SVC-ART DIS	13	1.0	100.0	1	1.3	7.7	0	0	0	1	0.4	7.7	3	1.3	23.1
VASC SVC-OTH VASC	8	0.6	100.0	0	0	0	1	3.2	12.5	2	0.8	25.0	2	0.9	25.0
**ZIP Code															
88001 LAS CRUCES	390	29.1	100.0	23	30.7	5.9	11	35.5	2.8	75	31.1	19.2	54	24.2	13.8
88005 LAS CRUCES	303	22.6	100.0	17	22.7	5.6	6	19.4	2.0	50	20.7	16.5	46	20.6	15.2
88007 LAS CRUCES	190	14.2	100.0	9	12.0	4.7	6	19.4	3.2	24	10.0	12.6	36	16.1	18.9
88011 LAS CRUCES	236	17.6	100.0	16	21.3	6.8	6	19.4	2.5	48	19.9	20.3	38	17.0	16.1
88012 LAS CRUCES	222	16.6	100.0	10	13.3	4.5	2	6.5	0.9	44	18.3	19.8	49	22.0	22.1

- Texas Data
Inpatient Market Share State Data - All Inpatients
Calendar Year 2011
Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area

	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Product Line	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
* OTH TRAUMA-BURNS	0	0	0	0	0	0	0	0	0	0	0	0	4	2.6	100.0
* OTH TRAUMA-HEAD INJ	42	10.2	84.0	0	0	0	0	0	0	0	0	0	3	1.9	6.0
* REHAB	0	0	0	0	0	0	0	0	0	0	0	0	3	1.9	20.0
SPINE-FUSION	2	0.5	3.2	15	11.5	23.8	2	10.5	3.2	0	0	0	3	1.9	4.8
SPINE-MED SPINE	10	2.4	83.3	1	0.8	8.3	0	0	0	0	0	0	1	0.6	8.3
SPINE-OTH SURG SPINE	3	0.7	14.3	3	2.3	14.3	0	0	0	0	0	0	3	1.9	14.3
THOR SURG-OTH THOR SURG	0	0	0	1	0.8	25.0	0	0	0	0	0	0	0	0	0
URO-OTH MALE REPRO	2	0.5	50.0	0	0	0	0	0	0	0	0	0	0	0	0
URO-PROSTATE	0	0	0	0	0	0	0	0	0	0	0	0	1	0.6	5.3
URO-URIN SYS	1	0.2	5.9	1	0.8	5.9	0	0	0	0	0	0	5	3.2	29.4
VASC SVC-AMPUT	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
VASC SVC-ART DIS	0	0	0	5	3.8	38.5	0	0	0	0	0	0	3	1.9	23.1
VASC SVC-OTH VASC	0	0	0	1	0.8	12.5	0	0	0	0	0	0	2	1.3	25.0
ZIP Code															
88001 LAS CRUCES	136	33.2	34.9	45	34.6	11.5	3	15.8	0.8	17	30.4	4.4	26	16.7	6.7
88005 LAS CRUCES	91	22.2	30.0	19	14.6	6.3	7	36.8	2.3	8	14.3	2.6	59	37.8	19.5
88007 LAS CRUCES	47	11.5	24.7	26	20.0	13.7	5	26.3	2.6	8	14.3	4.2	29	18.6	15.3
88011 LAS CRUCES	66	16.1	28.0	23	17.7	9.7	2	10.5	0.8	8	14.3	3.4	29	18.6	12.3
88012 LAS CRUCES	70	17.1	31.5	17	13.1	7.7	2	10.5	0.9	15	26.8	6.8	13	8.3	5.9

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Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Total Cases (ex NB and Neo)	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
Time Period															
2012Q1	3,046	25.6	100.0	1,210	25.0	39.7	2	28.6	0.1	1,752	26.2	57.5	19	27.9	0.6
2012Q2	3,087	25.9	100.0	1,215	25.1	39.4	2	28.6	0.1	1,754	26.2	56.8	23	33.8	0.7
2012Q3	2,876	24.2	100.0	1,195	24.7	41.6	1	14.3	0.0	1,596	23.8	55.5	14	20.6	0.5
2012Q4	2,895	24.3	100.0	1,219	25.2	42.1	2	28.6	0.1	1,592	23.8	55.0	12	17.6	0.4
Primary Payor															
Blue Cross/Blue Shield	732	6.1	100.0	0	0	0	2	28.6	0.3	668	10.0	91.3	11	16.2	1.5
Champus, Military, VA - Indemnity Plan	4	0.0	100.0	0	0	0	1	14.3	25.0	0	0	0	0	0	0
Champus, Military, VA - Other Managed Ca	3	0.0	100.0	0	0	0	0	0	0	0	0	0	3	4.4	100.0
Champus, Military, VA - Unknown	62	0.5	100.0	0	0	0	0	0	0	56	0.8	90.3	0	0	0
County Indigent - HMO	12	0.1	100.0	12	0.2	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Indemnity Plan	45	0.4	100.0	45	0.9	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Other Managed Care	210	1.8	100.0	194	4.0	92.4	0	0	0	0	0	0	0	0	0
Free	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid - HMO	12	0.1	100.0	0	0	0	0	0	0	0	0	0	11	16.2	91.7
Medicaid - Indemnity Plan	43	0.4	100.0	0	0	0	3	42.9	7.0	0	0	0	0	0	0
Medicaid - Other Managed Care	1,537	12.9	100.0	0	0	0	0	0	0	1,463	21.9	95.2	17	25.0	1.1
Medicaid - Unknown	289	2.4	100.0	0	0	0	0	0	0	288	4.3	99.7	0	0	0
Medicare - HMO	10	0.1	100.0	0	0	0	0	0	0	0	0	0	1	1.5	10.0
Medicare - Indemnity Plan	10	0.1	100.0	0	0	0	1	14.3	10.0	0	0	0	0	0	0
Medicare - Other Managed Care	675	5.7	100.0	0	0	0	0	0	0	660	9.9	97.8	14	20.6	2.1
Medicare - Unknown	2,260	19.0	100.0	0	0	0	0	0	0	2,225	33.2	98.5	0	0	0
Other Government - Indemnity Plan	1	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Other Government - Unknown	2,476	20.8	100.0	2,435	50.3	98.3	0	0	0	34	0.5	1.4	0	0	0
Private Insurance - HMO	398	3.3	100.0	0	0	0	0	0	0	363	5.4	91.2	4	5.9	1.0
Private Insurance - Indemnity Plan	104	0.9	100.0	0	0	0	0	0	0	95	1.4	91.3	0	0	0
Private Insurance - Other Managed Care	965	8.1	100.0	944	19.5	97.8	0	0	0	15	0.2	1.6	4	5.9	0.4
Private Insurance - Unknown	130	1.1	100.0	130	2.7	100.0	0	0	0	0	0	0	0	0	0
Self Pay, No Insurance	829	7.0	100.0	0	0	0	0	0	0	813	12.1	98.1	2	2.9	0.2
Workers Comp - Indemnity Plan	14	0.1	100.0	0	0	0	0	0	0	14	0.2	100.0	0	0	0
Workers Comp - Other Managed Care	1	0.0	100.0	0	0	0	0	0	0	0	0	0	1	1.5	100.0

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Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	(6) UNIV HSP			(7) All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Total Cases(ex NB and Nco)	232	100.0	1.9	64	100.0	0.5
**Time Period						
2012Q1	48	20.7	1.6	15	23.4	0.5
2012Q2	79	34.1	2.6	14	21.9	0.5
2012Q3	50	21.6	1.7	20	31.3	0.7
2012Q4	55	23.7	1.9	15	23.4	0.5
**Primary Payor						
Blue Cross/Blue Shield	37	15.9	5.1	14	21.9	1.9
Champus, Military, VA - Indemnity Plan	0	0	0	3	4.7	75.0
Champus, Military, VA - Other Managed Ca	0	0	0	0	0	0
Champus, Military, VA - Unknown	6	2.6	9.7	0	0	0
County Indigent - HMO	0	0	0	0	0	0
County Indigent - Indemnity Plan	0	0	0	0	0	0
County Indigent - Other Managed Care	16	6.9	7.6	0	0	0
Free	2	0.9	100.0	0	0	0
Medicaid - HMO	0	0	0	1	1.6	8.3
Medicaid - Indemnity Plan	33	14.2	76.7	7	10.9	16.3
Medicaid - Other Managed Care	56	24.1	3.6	1	1.6	0.1
Medicaid - Unknown	0	0	0	1	1.6	0.3
Medicare - HMO	3	1.3	30.0	6	9.4	60.0
Medicare - Indemnity Plan	0	0	0	9	14.1	90.0
Medicare - Other Managed Care	0	0	0	1	1.6	0.1
Medicare - Unknown	30	12.9	1.3	5	7.8	0.2
Other Government - Indemnity Plan	0	0	0	1	1.6	100.0
Other Government - Unknown	7	3.0	0.3	0	0	0
Private Insurance - HMO	20	8.6	5.0	11	17.2	2.8
Private Insurance - Indemnity Plan	9	3.9	8.7	0	0	0
Private Insurance - Other Managed Care	0	0	0	2	3.1	0.2
Private Insurance - Unknown	0	0	0	0	0	0
Self Pay, No Insurance	12	5.2	1.4	2	3.1	0.2
Workers Comp - Indemnity Plan	0	0	0	0	0	0
Workers Comp - Other Managed Care	0	0	0	0	0	0

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Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Primary Payor	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
Workers Comp - Unknown	1,080	9.1	100.0	1,079	22.3	99.9	0	0	0	0	0	0	0	0	0
Product Line															
CARD SVC-CARD EP	17	0.1	100.0	9	0.2	52.9	0	0	0	8	0.1	47.1	0	0	0
CARD SVC-CARD EP-PACEMAKER	46	0.4	100.0	22	0.5	47.8	0	0	0	23	0.3	50.0	0	0	0
CARD SVC-CARD SURG	32	0.3	100.0	12	0.2	37.5	0	0	0	12	0.2	37.5	7	10.3	21.9
CARD SVC-CARD SURG-CABG	71	0.6	100.0	24	0.5	33.8	0	0	0	47	0.7	66.2	0	0	0
CARD SVC-DRUG-ELUT STENT	199	1.7	100.0	111	2.3	55.8	0	0	0	87	1.3	43.7	0	0	0
CARD SVC-MED CARD	592	5.0	100.0	297	6.1	50.2	0	0	0	289	4.3	48.8	0	0	0
CARD SVC-MED CARD-AMI	47	0.4	100.0	19	0.4	40.4	0	0	0	28	0.4	59.6	0	0	0
CARD SVC-MED CARD-HEART FAILURE	217	1.8	100.0	95	2.0	43.8	0	0	0	121	1.8	55.8	0	0	0
CARD SVC-NON-ELUT STENT/OTH PCI	58	0.5	100.0	20	0.4	34.5	0	0	0	33	0.5	56.9	1	1.5	1.7
ENT-HEAD NECK SURG	19	0.2	100.0	8	0.2	42.1	0	0	0	11	0.2	57.9	0	0	0
ENT-ORAL MAXIL SURG	18	0.2	100.0	6	0.1	33.3	0	0	0	11	0.2	61.1	0	0	0
ENT-OTH ENT	42	0.4	100.0	9	0.2	21.4	0	0	0	20	0.3	47.6	6	8.8	14.3
ENT-OTOLOGY	65	0.5	100.0	30	0.6	46.2	0	0	0	34	0.5	52.3	1	1.5	1.5
ENT-TRACH	4	0.0	100.0	0	0	0	0	0	0	3	0.0	75.0	0	0	0
GEN MED-DERM	230	1.9	100.0	104	2.1	45.2	0	0	0	123	1.8	53.5	0	0	0
GEN MED-ENDO	441	3.7	100.0	182	3.8	41.3	0	0	0	248	3.7	56.2	4	5.9	0.9
GEN MED-GASTRO	1,217	10.2	100.0	489	10.1	40.2	0	0	0	706	10.5	58.0	4	5.9	0.3
GEN MED-INFECT DIS	409	3.4	100.0	227	4.7	55.5	0	0	0	178	2.7	43.5	1	1.5	0.2
GEN MED-NEPHROLOGY	503	4.2	100.0	194	4.0	38.6	0	0	0	305	4.6	60.6	1	1.5	0.2
GEN MED-OTH GEN MED	128	1.1	100.0	52	1.1	40.6	0	0	0	69	1.0	53.9	1	1.5	0.8
GEN MED-PSYCH	501	4.2	100.0	15	0.3	3.0	2	28.6	0.4	477	7.1	95.2	0	0	0
GEN MED-PULM	1,271	10.7	100.0	526	10.9	41.4	0	0	0	729	10.9	57.4	2	2.9	0.2
GEN MED-RHEUM	47	0.4	100.0	16	0.3	34.0	0	0	0	26	0.4	55.3	2	2.9	4.3
GEN MED-SUBST	278	2.3	100.0	61	1.3	21.9	0	0	0	217	3.2	78.1	0	0	0
GEN SURG-ADHESIONS	30	0.3	100.0	11	0.2	36.7	0	0	0	17	0.3	56.7	1	1.5	3.3
GEN SURG-APPEND	135	1.1	100.0	63	1.3	46.7	0	0	0	70	1.0	51.9	0	0	0
GEN SURG-BREAST	23	0.2	100.0	9	0.2	39.1	0	0	0	13	0.2	56.5	0	0	0
GEN SURG-CHOLE	183	1.5	100.0	93	1.9	50.8	0	0	0	87	1.3	47.5	1	1.5	0.5
GEN SURG-ENDO	20	0.2	100.0	6	0.1	30.0	0	0	0	14	0.2	70.0	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Primary Payor	232	100.0	1.9	64	100.0	0.5
Workers Comp - Unknown	1	0.4	0.1	0	0	0
Product Line						
CARD SVC-CARD EP	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	0	1	1.6	2.2
CARD SVC-CARD SURG	1	0.4	3.1	0	0	0
CARD SVC-CARD SURG-CABG	0	0	0	0	0	0
CARD SVC-DRUG-ELUT STENT	1	0.4	0.5	0	0	0
CARD SVC-MED CARD	3	1.3	0.5	3	4.7	0.5
CARD SVC-MED CARD-AMI	0	0	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	0	0	0	1	1.6	0.5
CARD SVC-NON-ELUT STENT/OTH PCI	2	0.9	3.4	2	3.1	3.4
ENT-HEAD NECK SURG	0	0	0	0	0	0
ENT-ORAL MAXIL SURG	1	0.4	5.6	0	0	0
ENT-OTH ENT	5	2.2	11.9	2	3.1	4.8
ENT-OTOLOGY	0	0	0	0	0	0
ENT-TRACH	1	0.4	25.0	0	0	0
GEN MED-DERM	2	0.9	0.9	1	1.6	0.4
GEN MED-ENDO	4	1.7	0.9	3	4.7	0.7
GEN MED-GASTRO	13	5.6	1.1	5	7.8	0.4
GEN MED-INFECT DIS	2	0.9	0.5	1	1.6	0.2
GEN MED-NEPHROLOGY	3	1.3	0.6	0	0	0
GEN MED-OTH GEN MED	4	1.7	3.1	2	3.1	1.6
GEN MED-PSYCH	1	0.4	0.2	6	9.4	1.2
GEN MED-PULM	10	4.3	0.8	4	6.3	0.3
GEN MED-RHEUM	3	1.3	6.4	0	0	0
GEN MED-SUBST	0	0	0	0	0	0
GEN SURG-ADHESIONS	1	0.4	3.3	0	0	0
GEN SURG-APPEND	1	0.4	0.7	1	1.6	0.7
GEN SURG-BREAST	0	0	0	1	1.6	4.3
GEN SURG-CHOLE	1	0.4	0.5	1	1.6	0.5
GEN SURG-ENDO	0	0	0	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
GEN SURG-HEPA/PANCR	13	0.1	100.0	2	0.0	15.4	0	0	0	5	0.1	38.5	1	1.5	7.7
GEN SURG-HERNIA	44	0.4	100.0	26	0.5	59.1	0	0	0	17	0.3	38.6	1	1.5	2.3
GEN SURG-LOWER GI	130	1.1	100.0	46	1.0	35.4	0	0	0	71	1.1	54.6	2	2.9	1.5
GEN SURG-OTH GEN SURG	158	1.3	100.0	79	1.6	50.0	0	0	0	66	1.0	41.8	0	0	0
GEN SURG-OTH GI	19	0.2	100.0	11	0.2	57.9	0	0	0	7	0.1	36.8	0	0	0
GEN SURG-SKIN	32	0.3	100.0	11	0.2	34.4	0	0	0	19	0.3	59.4	0	0	0
GEN SURG-SPLENECTOMY	5	0.0	100.0	0	0	0	0	0	0	5	0.1	100.0	0	0	0
GEN SURG-TRACH	26	0.2	100.0	17	0.4	65.4	0	0	0	7	0.1	26.9	0	0	0
GEN SURG-TRANS	4	0.0	100.0	0	0	0	0	0	0	0	0	0	2	2.9	50.0
* GEN SURG-TRAUMA	38	0.3	100.0	16	0.3	42.1	0	0	0	16	0.2	42.1	1	1.5	2.6
GEN SURG-UPPER GI	29	0.2	100.0	17	0.4	58.6	0	0	0	6	0.1	20.7	0	0	0
GYN-GEN SURG GYN	154	1.3	100.0	42	0.9	27.3	0	0	0	98	1.5	63.6	1	1.5	0.6
GYN-GYN SURG ONC	13	0.1	100.0	0	0	0	0	0	0	1	0.0	7.7	4	5.9	30.8
GYN-MED	24	0.2	100.0	9	0.2	37.5	0	0	0	15	0.2	62.5	0	0	0
INVALID	1	0.0	100.0	1	0.0	100.0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	25	0.2	100.0	12	0.2	48.0	0	0	0	13	0.2	52.0	0	0	0
NEURO-MS	10	0.1	100.0	7	0.1	70.0	0	0	0	3	0.0	30.0	0	0	0
NEURO-NERV SYS INFECT	30	0.3	100.0	13	0.3	43.3	0	0	0	13	0.2	43.3	0	0	0
NEURO-OTH NEURO	161	1.4	100.0	88	1.8	54.7	0	0	0	69	1.0	42.9	1	1.5	0.6
NEURO-SEIZURE/EPILEPSY	78	0.7	100.0	31	0.6	39.7	0	0	0	38	0.6	48.7	0	0	0
NEURO-STROKE TIA	261	2.2	100.0	143	3.0	54.8	0	0	0	113	1.7	43.3	0	0	0
NEUROSURG-BRAIN	40	0.3	100.0	27	0.6	67.5	0	0	0	1	0.0	2.5	1	1.5	2.5
NEUROSURG-PERIPH CRAN DIS	19	0.2	100.0	5	0.1	26.3	0	0	0	14	0.2	73.7	0	0	0
OB-ABORT/MISCARR	14	0.1	100.0	8	0.2	57.1	0	0	0	4	0.1	28.6	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	131	1.1	100.0	21	0.4	16.0	0	0	0	105	1.6	80.2	1	1.5	0.8
OB-DEL	1,642	13.8	100.0	642	13.3	39.1	3	42.9	0.2	982	14.7	59.8	0	0	0
OB-POST-PART	25	0.2	100.0	11	0.2	44.0	0	0	0	14	0.2	56.0	0	0	0
ONC/HEMA-HEMA MED	132	1.1	100.0	43	0.9	32.6	0	0	0	82	1.2	62.1	0	0	0
ONC/HEMA-ONC MED	202	1.7	100.0	49	1.0	24.3	0	0	0	120	1.8	59.4	10	14.7	5.0
ONC/HEMA-RAD ONC	1	0.0	100.0	0	0	0	0	0	0	1	0.0	100.0	0	0	0
OPHTHAL-MED OPHTHAL	14	0.1	100.0	2	0.0	14.3	0	0	0	11	0.2	78.6	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	232	100.0	1.9	64	100.0	0.5
GEN SURG-HEPA/PANCR	5	2.2	38.5	0	0	0
GEN SURG-HERNIA	0	0	0	0	0	0
GEN SURG-LOWER GI	9	3.9	6.9	2	3.1	1.5
GEN SURG-OTH GEN SURG	13	5.6	8.2	0	0	0
GEN SURG-OTH GI	1	0.4	5.3	0	0	0
GEN SURG-SKIN	2	0.9	6.3	0	0	0
GEN SURG-SPLENECTOMY	0	0	0	0	0	0
GEN SURG-TRACH	2	0.9	7.7	0	0	0
GEN SURG-TRANS	2	0.9	50.0	0	0	0
* GEN SURG-TRAUMA	5	2.2	13.2	0	0	0
GEN SURG-UPPER GI	5	2.2	17.2	1	1.6	3.4
GYN-GEN SURG GYN	4	1.7	2.6	9	14.1	5.8
GYN-GYN SURG ONC	4	1.7	30.8	4	6.3	30.8
GYN-MED	0	0	0	0	0	0
INVALID	0	0	0	0	0	0
NEURO-DEGEN DISORD	0	0	0	0	0	0
NEURO-MS	0	0	0	0	0	0
NEURO-NERV SYS INFECT	4	1.7	13.3	0	0	0
NEURO-OTH NEURO	2	0.9	1.2	1	1.6	0.6
NEURO-SEIZURE/EPILEPSY	9	3.9	11.5	0	0	0
NEURO-STROKE TIA	5	2.2	1.9	0	0	0
NEUROSURG-BRAIN	11	4.7	27.5	0	0	0
NEUROSURG-PERIPH CRAN DIS	0	0	0	0	0	0
OB-ABORT/MISCARR	2	0.9	14.3	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	4	1.7	3.1	0	0	0
OB-DEL	15	6.5	0.9	0	0	0
OB-POST-PART	0	0	0	0	0	0
ONC/HEMA-HEMA MED	7	3.0	5.3	0	0	0
ONC/HEMA-ONC MED	23	9.9	11.4	0	0	0
ONC/HEMA-RAD ONC	0	0	0	0	0	0
OPHTHAL-MED OPHTHAL	1	0.4	7.1	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
ORTHO-FOOT	5	0.0	100.0	2	0.0	40.0	0	0	0	2	0.0	40.0	0	0	0
ORTHO-GEN MED ORTHO	49	0.4	100.0	24	0.5	49.0	0	0	0	23	0.3	46.9	0	0	0
ORTHO-HAND	2	0.0	100.0	1	0.0	50.0	0	0	0	1	0.0	50.0	0	0	0
ORTHO-JOINT REPL	330	2.8	100.0	161	3.3	48.8	2	28.6	0.6	159	2.4	48.2	1	1.5	0.3
* ORTHO-MED TRAUMA	68	0.6	100.0	37	0.8	54.4	0	0	0	31	0.5	45.6	0	0	0
ORTHO-OTH SURG ORTHO	24	0.2	100.0	7	0.1	29.2	0	0	0	13	0.2	54.2	1	1.5	4.2
ORTHO-SPORTS MED	62	0.5	100.0	41	0.8	66.1	0	0	0	19	0.3	30.6	0	0	0
* ORTHO-SURG TRAUMA	179	1.5	100.0	75	1.5	41.9	0	0	0	97	1.4	54.2	2	2.9	1.1
* OTH TRAUMA-BODY INJ	38	0.3	100.0	24	0.5	63.2	0	0	0	14	0.2	36.8	0	0	0
* OTH TRAUMA-BURNS	3	0.0	100.0	0	0	0	0	0	0	1	0.0	33.3	0	0	0
* OTH TRAUMA-HEAD INJ	22	0.2	100.0	19	0.4	86.4	0	0	0	1	0.0	4.5	0	0	0
* REHAB	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
SPINE-FUSION	166	1.4	100.0	87	1.8	52.4	0	0	0	70	1.0	42.2	3	4.4	1.8
SPINE-MED SPINE	57	0.5	100.0	28	0.6	49.1	0	0	0	27	0.4	47.4	0	0	0
SPINE-OTH SURG SPINE	51	0.4	100.0	23	0.5	45.1	0	0	0	23	0.3	45.1	1	1.5	2.0
THOR SURG-OTH THOR SURG	65	0.5	100.0	28	0.6	43.1	0	0	0	33	0.5	50.8	1	1.5	1.5
URO-OTH MALE REPRO	25	0.2	100.0	9	0.2	36.0	0	0	0	15	0.2	60.0	0	0	0
URO-PROSTATE	60	0.5	100.0	26	0.5	43.3	0	0	0	34	0.5	56.7	0	0	0
URO-URIN SYS	137	1.2	100.0	46	1.0	33.6	0	0	0	84	1.3	61.3	1	1.5	0.7
VASC SVC-AMPUT	8	0.1	100.0	4	0.1	50.0	0	0	0	4	0.1	50.0	0	0	0
VASC SVC-ART DIS	144	1.2	100.0	77	1.6	53.5	0	0	0	63	0.9	43.8	1	1.5	0.7
VASC SVC-OTH VASC	88	0.7	100.0	30	0.6	34.1	0	0	0	58	0.9	65.9	0	0	0
VASC SVC-VENOUS DIS	1	0.0	100.0	1	0.0	100.0	0	0	0	0	0	0	0	0	0
**ZIP Code															
88001 LAS CRUCES	3,847	32.3	100.0	1,272	26.3	33.1	3	42.9	0.1	2,474	37.0	64.3	10	14.7	0.3
88005 LAS CRUCES	2,600	21.8	100.0	969	20.0	37.3	2	28.6	0.1	1,551	23.2	59.7	16	23.5	0.6
88007 LAS CRUCES	1,505	12.6	100.0	632	13.1	42.0	1	14.3	0.1	802	12.0	53.3	18	26.5	1.2
88011 LAS CRUCES	2,183	18.3	100.0	1,112	23.0	50.9	0	0	0	1,007	15.0	46.1	12	17.6	0.5
88012 LAS CRUCES	1,769	14.9	100.0	854	17.6	48.3	1	14.3	0.1	860	12.8	48.6	12	17.6	0.7

Inpatient Market Share State Data - All Inpatients
Calendar Year 2012
Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Product Line	232	100.0	1.9	64	100.0	0.5
ORTHO-FOOT	1	0.4	20.0	0	0	0
ORTHO-GEN MED ORTHO	1	0.4	2.0	1	1.6	2.0
ORTHO-HAND	0	0	0	0	0	0
ORTHO-JOINT REPL	3	1.3	0.9	4	6.3	1.2
* ORTHO-MED TRAUMA	0	0	0	0	0	0
ORTHO-OTH SURG ORTHO	3	1.3	12.5	0	0	0
ORTHO-SPORTS MED	2	0.9	3.2	0	0	0
* ORTHO-SURG TRAUMA	4	1.7	2.2	1	1.6	0.6
* OTH TRAUMA-BODY INJ	0	0	0	0	0	0
* OTH TRAUMA-BURNS	2	0.9	66.7	0	0	0
* OTH TRAUMA-HEAD INJ	1	0.4	4.5	1	1.6	4.5
* REHAB	0	0	0	2	3.1	100.0
SPINE-FUSION	4	1.7	2.4	2	3.1	1.2
SPINE-MED SPINE	2	0.9	3.5	0	0	0
SPINE-OTH SURG SPINE	4	1.7	7.8	0	0	0
THOR SURG-OTH THOR SURG	2	0.9	3.1	1	1.6	1.5
URO-OTH MALE REPRO	1	0.4	4.0	0	0	0
URO-PROSTATE	0	0	0	0	0	0
URO-URIN SYS	5	2.2	3.6	1	1.6	0.7
VASC SVC-AMPUT	0	0	0	0	0	0
VASC SVC-ART DIS	3	1.3	2.1	0	0	0
VASC SVC-OTH VASC	0	0	0	0	0	0
VASC SVC-VENOUS DIS	0	0	0	0	0	0
ZIP Code						
88001 LAS CRUCES	73	31.5	1.9	15	23.4	0.4
88005 LAS CRUCES	47	20.3	1.8	15	23.4	0.6
88007 LAS CRUCES	38	16.4	2.5	14	21.9	0.9
88011 LAS CRUCES	40	17.2	1.8	12	18.8	0.5
88012 LAS CRUCES	34	14.7	1.9	8	12.5	0.5

Las Cruces Country Club Redevelopment
Resident/Community Support Petitions
June 25, 2013

Support for the C-3 zoning for medical use, assisted living and rehabilitation facilities.

Signatures from residents of Las Cruces community and neighborhood surrounding Las Cruces Country Club: 260

Included with signatures are 14 of the 18 owners of town homes on Camino Del Rex that back up to the country club property.

	Status	Name	Address	Petition
1	Owner(s)	Kyu Kelly/Bill Kelly	780 Camino Del Rex	SIGNED
2	Owner(s)	Pam Kelly/Mark Maveety	790 Camino Del Rex	SIGNED
3	Owner(s)	Phillip Larsen	800 Camino Del Rex	SIGNED
4	Owner(s)	Larry Gemoets	810 Camino Del Rex	SIGNED
5	Owner(s)	John/Millie Stevens	820 Camino Del Rex	
6	Owner(s)	Chris Lopez	830 Camino Del Rex	
7	Owner(s)	Charles/Patsy Greene	840 Camino Del Rex	
8	Owner(s)	Richard/Claudia Jensen	850 Camino Del Rex	SIGNED
9	Owner(s)	James/Mary McMullen	860 Camino Del Rex	SIGNED
10	Owner(s)	Keith/Glenda Hansen	870 Camino Del Rex	SIGNED
11	Owner(s)	Billie Ann Haynie	880 Camino Del Rex	SIGNED
12	Owner(s)	Joseph Gonzalez	890 Camino Del Rex	SIGNED
13	Owner(s)	John/Rebecca Mitchener	900 Camino Del Rex	SIGNED
14	Owner(s)	James Monsimer	910 Camino Del Rex	SIGNED
15	Owner(s)	Hector Maese	920 Camino Del Rex	SIGNED
16	Owner(s)	Bernadine Wright	930 Camino Del Rex	
17	Owner(s)	Tom Alexander	940 Camino Del Rex	SIGNED
18	Owner(s)	Jesus/Emma Mora	950 Camino Del Rex	SIGNED

Original petitions held by Susana Montana.

590

Las Cruces Country Club Redevelopment
Resident/Community Support Petition
June 2013

Purpose:

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We believe this project serves to revitalize and bring economic life back to this neighborhood and will offer quality employment opportunities and retail amenities that will again bring homebuyers back to this neighborhood and central core of Las Cruces.

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Signature	Print Name	Address	Date
	Ray Jaramillo	1213 Osage ct. L.C. 88005	6/18/13
Barbara DeDera	Barbara DeDera	3369 Eastridge LC 88005	6/18/13
Mary Nalley	Mary Nalley	1358 Cabin Creek 88012	06/19/13
Crystal DeLa O	Crystal DeLa O	3245 E. University ave	6/19/13
Ana Flores	ANA FLORES	5290 PUEBLO TR. LCNM	6/19/13
Debora Andrews	Debora Andrews	2325 College St. L.C. 88001	6/19/13
Sozette Hall	Sozette Hall	301 Cowper Rd. Las Cruces 88005	6/19/13
Kristen Andrews	Kristen Andrews	2160 Garrison Rd. Las Cruces 88001	6/19/13
Shawna King	Shawna King	2100 Sacks Ln #25 LCNM 88007	6/19/13
Barbara Martinez		235 Dona Ana School Rd LC, NM 88007	6/19/13
Ana Flores	Ana Flores	300 E Thorpe Rd, LCNM 88007	6/18/13
Rhonda Clow	Rhonda Clow	2800 N. Roadrunner Pkwy	6-18-13
Klanese Hatley	Klanese Hatley	3245 E. University Ave	6-18-13
Kelley Witt	Kelley Witt	3266 Executive Hills Rd Apt. C	6-18-13
Melissa Navarro	Melissa Navarro	1810 Colorado Blvd	6-19-13
Brittany Polanco	Brittany Polanco	725 Montana	6-19-13
Crystal Marcha	Crystal Marcha	1751 W. Hadley #3	6-19-13
Jessica Brooks-Pakinkis	Jessica Brooks-Pakinkis	1745 Westmoreland L.C. 88012	6/19/13
	Melissa Pate	3246 ridge line dr	6/19/13

Please call, email or return to Billie Haynie - 880 Camino Del Rex
575-635-8921/billie.haynie@gmail.com

Las Cruces Country Club Redevelopment
Resident/Community Support Petition
June 2013

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Signature	Print Name	Address	Date
Marcy Quijas	Marcy Quijas	18915 Hwy 28 San miguel Nm 88058	6/19/13
Britton Goodwin	Britton Goodwin	557 Cedardale Lp	6/19/13
Amanda Alvarez	Amanda Alvarez	593 Cedardale Lp	6/19/13
Mellissa Kranel	Mellissa Kranel	129 Ridgecrest	6/19/13
Stephanie Wells	Stephanie Wells	1804 Wyoming	6/19/13
Vanessa Diaz	Vanessa Diaz	1647 Mahoney Rd Sp #56	6/19/13

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Signature	Print Name	Address	Date	
	CARL E. JENSEN	2050 FAIRFAX AVE	6/20/2013	
	AVIS J. JENSEN	2050 Fairfax Ave	6/20/2013	
	ERNEST F. OAKELEY	1710 CAMINO DEL REX	6/20/2013	
	KATHRYN JOHNSTON	1710 CAMINO DEL REX	6/20/2013	
	Andrew John	2085 SAN ACACIO ST	6/20/2013	
	Emma S. Mora	241 N. Fairacres Rd, LC	6/20/13	owner
	Jesus (Buzz) Mora	241 N. Fairacres Rd LC	6/20/13	owner
	Richard Ross	1840 San Acacio 88005	6/20/13	
	FRANCINE CHAFFIN	790 Camino del Rex 88001	6/20/13	Rental
	Donald Trotter	790 Camino del Rex 88001	6/20/13	

Town home residents

DocuSign Envelope ID: 24A25958-0CDC-4E73-AB5F-E02CC72336B6

Las Cruces Country Club Redevelopment
Resident/Community Support Petition
June 2013

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Signature	Print Name	Address	Date	
DocuSigned by: Larry B Gemoets 17C0C9E4C38A434...	Larry B Gemoets	5707 N Wade Rd 85743	6/19/2013	owner

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Las Cruces Country Club Redevelopment
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Signature	Print Name	Address	Date	
[illegible]	Harry Hansen	4168 Soto Ct	5-8-13	owner
[illegible]	Becky Mitchener	900 Camino del Rey	5-8-13	owner
[illegible]	Lisa Tillery	1950 Fairfax Ave.	5-8-13	
[illegible]	Kevin Tillery	1950 Fairfax Ave	5-8-13	
[illegible]	Hector Matese	920 Camino del Rey	5-8-13	owner
[illegible]	Rick Jensen	850 " " "	5-8-13	owner
[illegible]	Johnnie Gubanski	1625 Country Club	5-8-13	
[illegible]	Myron McCabe	2640 Desert Dr	5-8-13	
[illegible]	Ralph Miller	1575 Altura Ave	5-8-13	
[illegible]	Sharon White	2055 Arlington Ave	5-8-13	
[illegible]	Pamela Kelly	790 Camino Del Rey	5-8-13	owner
~~Ray Jaramillo~~	—	—		
[illegible]	Ray Jaramillo	1205 E Madrid Ave	5/8/13	
[illegible]	William Kelly	780 Camino Del Rey	8 MAY 13	owner
[illegible]	Elva Granados	920 Camino Del Rey	5-8-13	renter
[illegible]	Jim Monsimer	910 Camino Del Rey	6/6/2013	owner
[illegible]	John Mitchener	900 Camino Del Rey	6-13-2013	owner

Las Cruces Country Club Redevelopment
Resident/Community Support Petition
June 2013

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Signature	Print Name	Address	Date
[illegible]	Frank G Martinez	1545 Country Club Cir.	6·21·13
[illegible]	Edward P. Perez	1515 Altura	6·23·13
[illegible]	Thomas Maese	1530 Altura	6-25-13
[illegible]	Charles L. Folk	2655 Dessert Dr.	6-24-13
[illegible]	Ramiro Garcia	1065 Camino Del Rex	6/24/13
[illegible]	~~Sylvia B Garcia~~	~~1065 Camino del Rex~~	~~6/24/13~~
[illegible]	Sylvia B Garcia	1405 Country Club Cir	6/24/13
[illegible]	Teresa Roman	1045 Camino Del Rex	6/24/13
[illegible]	Riley Roman	1045 Camino Del Rex	6/24/13
[illegible]	Jack Saunders	1650 Camino del Rex	6/24/13
[illegible]	Wylene Saunders	1650 Camino del Rex	6/24/13

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une ~~26~~ 20
City Hall
6 PM
John Stevens

Las Cruces Country Club Redevelopment
Resident/Community Support Petition

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Signature	Print Name	Address	Date
Johnnie Gubanski	Johnnie Gubanski	1625 Country Club Cir	6/12/13
Karla Steen Ziehl	1908 Defiance	Karla Steen Ziehl	6/13/13
Giovanni Padilla	Giovanni Padilla	737 Rouault	6-20-13

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Resident/Community Support Petition

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Signature	Print Name	Address	Date
	Jane William	1920 Tapestry Circle	6-18-13
	NATE OLSEN	4693 Rimrock Dr.	6/18/13
	Cynthia Risner	PO Box 29 Radium Sp	6/18/13
	Beatrice Jenkins	6111 Gesohn	6/18/13
		2501 Millennium St.	6/18/13
	FRANCISCO URUETA	4407 MIRAMAR ARC LC NM 88011	6-18-13
	Hal Cleathorne	5042 Shadow Mountain Rd.	6/18/13

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Signature	Print Name	Address	Date	
Steve Blue	Steve Blue	Box 334 LC. NM 88004	6·22·13	Owner
Ted W. Blue	Ted Blue	Box 669, LC, 88004	6·24·13	
Janie McMullan-Blue	Janie McMullan-Blue	1840 Salinas Dr.	6·24·13	
Mary M McMullan	1535 Frank	Las Cruces	6·24·13	owner

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Signature	Print Name	Address	Date
Joseph M. Holmes	JOSEPH M. HOLMES	1001 N. ALMIJO LC	05/09/13
J.M. Calvert	J.M. Calvert	1229 Mages. LC	5/9/13
[illegible]	John E Anderson	3261 Highridge LC	5/9/13
[illegible]	ERNEST D Smith	828 Roulaut	5-10-13
[illegible]	TOM IZZO	711 EL PRADO LC	5-21-13
Nancy Jenkins	Nancy Jenkins	2377 Cheyenne Dr LC	5-21-13
F.B. Jenkins	FRANK JENKINS	2377 CHEYENNE LC.	5-21-13
Donald G. Johnson	DONALD G. JOHNSON	4351 NAMBÉ ARC, L.C.	6/21/13
Barbara A. Brunette	Barbara A. Brunette	3359 Blueridge Ln, LC	5/21/13
Larry F. Allen	Larry F. Allen	8180 Constitution	5/23/13
[illegible]	JOSEPH NOVAK	265 CARVER RD	5/23/13
Wayne P. Cunningham	Wayne P. Cunningham	601 N. Reymond	5/24/13
T.A. Sandenaw	T.A. Sandenaw	5900 N. Jornada	6/7/13
E.L. Maese	E.L. MAESE	1210 BURKE RD	6/8/13
Debbie Hussan	Debbie Hussan	4650 Whispering Pines Ln	6/8/13
[illegible]	Bruce Erhard	1914 Highland	6/8/13
Jodie L. Eubanks	JODIE L. EUBANKS	1865 LA JOLLA	6/11/13

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Signature	Print Name	Address	Date
Cecilia E. Perez	Cecilia E. Perez	2432 Moon River Loop	6-8-13
Refugio Calzada	Refugio Calzada	STARVIEW #3	6-8-13
Linda Gonzales	Linda Gonzales	1215 Poplar Av	6-8-13
Sally Cadena	Sally Cadena	1215 Poplar Av	6-8-13
Erlinda Gonzales	Erlinda Gonzales	1215 Poplar Av	6-8-13
[illegible]	Daron Gonzales	1371 Espejo Ct	6-8-13
[illegible]	James Carrillo	1371 Espejo Ct	6-8-13
Celia P. Lopez	Celia P. Lopez	4015 Old River Rd	6-8-13
Jeanette Kimble	Jeanette Kimble	4988 Bosworth Rd	6-8-13
[illegible]	Cosimo G. Gonzales	P.O. Box 6 Mesilla Park NM	6-8-13
Gilbert Sanchez	Gilbert Sanchez	PO Box 16663	6-8-13
Joe A. Duran	Joe A. Duran	1000 Cinder Dr Lot N-2	6-8-13
Mike A Burleson	Mike A Burleson	8936 Lisa Ln	6/8/13
Cosme Padilla	Cosme Padilla	201 Montana	6/8/13
Miguel B Cano	Mike Calzada	STARVIEW #9	6/8/13
Guadalupe Holguin	G. Holguin	5670 Mesa Dr.	6-8-13
Refugio C Flores	Refugio C Flores	3413 Winterhaven Dr	6-8-13
Andy Sandoval	Andy Sandoval	3593 Mesa Dr.	6-8-13
Christine Dickson	Christine Dickson	2200 Corey Dr #103	6-8-13
Simon Gallegos	Simon Gallegos	1413 Walden	6-8-13
Rudy Teya	1891 Guamis	1891 Guamis Lane	6-8-13
~~[illegible]~~	~~[illegible]~~	2441 Sonneto Pl	6-8-2013
[illegible]	Edward A Bonine		
Randy Tafoya	Randy Tafoya	5237 Creek Trl	6-10-2013
Kristie Burrows	Kristie Burrows	5237 Creek Trl	6-10-13
Ronnie Tafoya	Ronnie Tafoya	1220 Lewis St	6-10-13
[illegible]	[illegible]	1220 Lewis St	6-10-13

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Signature	Print Name	Address	Date	
Billie Hawnie	Billie Hawnie	880 Camino Del Rey	5/10/13	owner
[illegible]	DAVID W KINKAID	1608 W LENTON AVE	5/20/13	
[illegible]	JOHN R KINKAID	1608 CAMINO DEL REX	5/20/13	
[illegible]	JAMIE STULL	4100 SAN YSIDRO	5/22/13	
Laura Kaczmarek	LAURA KACZMAREK	1905 San Acacio	5/22/13	
RS Gahm	Randy Gahm	880 Camino del Rey	6/4/13	
J. Owen	James Owen	880 Camino Del Rey	6-4-13	
Patricia Livingston	Patricia Livingston	1220 Lewis St.	6-4-13	
Tyler Tafoya	Tyler Tafoya	1220 Lewis St.	6-4-13	
Tackla McGuinness	Tackla McGuinness	1220 Lewis st	6-4-13	
[illegible]	LISA Crawford	4715 BODEA Lane	6/4/13	
Ann Stull	Ann Stull	1905 San Acacio	6/8/13	
Joseph Gonzales	Joseph Gonzales	890 Camino Del Rex	6/8/13	owner
Laura Stull	LAURA STULL	1905 San Acacio	6/11/13	

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Signature	Print Name	Address	Date
[illegible]	CLAYTON WHITE	2310 DESERT [illegible]	6-11
[illegible]	Allen Aligilbers	1176 Lewis St	6-11-13
[illegible]	Charlie Ray	1309 Thomas	6/11/13
[illegible]	Sylvia Lauer	LC NM	6/11/2013
[illegible]	Jerry Lopez	1914 Second Hill [illegible]	6/11/13
[illegible]	Bernie Gonda	2244 Ewing Star	6/11/13
[illegible]	Larry Alves	4825 [illegible]	6/11/13
[illegible]	Chas Brown	1315 Lynx Trl.	6-11-13
[illegible]	[illegible]	3223 Violet Way LC	6-11-13
[illegible]	Bert Bon[illegible]	881 Sanco Ct	6-11-13
[illegible]			
[illegible]	Don Hallem	4003 Elks Dr	6-11-13
[illegible]	Cal Fishel	1936 Mulberry	6-11-13
[illegible]	John Pregrice	4066 Pepper Post Ave	6-11-13
[illegible]	[illegible]	4454 [illegible]	6/11/13
[illegible]	Rick Jensen	850 Camino del Rex	" owner
Paula Moore	Paula Moore	3340 Karen Dr 88001	6/11/13
Linda Hendrix	Linda Hendrix	1089 [illegible] Ct 88001	6/11/13
Mary E. Rohr	Mary Rohr	2370 Cheyenne Ct 88011	6/11/13
[illegible]	Karen Hernandez	1095 E. Taylor Rd. 88007	6/11/13
Rudy Hernandez	Rudy Hernandez	1095 E. Taylor Rd 88007	6/11/13

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Signature	Print Name	Address	Date	
[illegible]	Tony Lopez	1800 Cedar Ct.	6/11/13	
[illegible]	Phil Glenn	2118 Estancia Lc.	6-11-13	
[illegible]	Rick Baker	4890 Calle de Estrella	6-11-13	
[illegible]	Vaughn Larson	2023 Rubina Ct	6-11-13	
[illegible]	David Wiley	2510 Rolling Cliff	6-11-13	
Nell B Rose	Nell B Rose	1510 Country Club Cr.	6-11-13	
[illegible]	Beatrice Chacon	2305 Maxfield Ln	6-11-13	
[illegible]	Tom Alexander	940 Camino Del Rex	6-11-13	owner
[illegible]	Jack Saunders	1650 Camino del Rex	6-11-13	
[illegible]	Steve Livas	3821 Azalea Dr Lc.	6-11-13	
[illegible]	Elaine Tilghman	934 Sumner Pl. LC	6/11/13	
[illegible]	George Soto	810 Slaughter Dr	6-11-13	
[illegible]	Claudia Jansen	850 Camino Del Rex LC	6-11-13	owner
[illegible]	Mike Kelly	1721 Valencia LC NM	6-11-13	
[illegible]	Charles E. Rohr	2370 Cheyenne Dr Las Cruces	6-11-13	
[illegible]	Dale Russell	750 E Monte Vista Pl Las Cruces	6-11-13	
[illegible]	John Sighino	2842 Lookout Rd	6-11-13	
[illegible]	Roger Krenek	1170 Golf Club Rd Las Cruces	6/11/13	
[illegible]	Roy A. Cunliff	224 W. Greening Ave	6-10-2013	

Las Cruces Country Club Redevelopment
Resident/Community Support Petition

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Signature	Print Name	Address	Date
[illegible]	JERRY Smith	4568 MESA CTRL DR	6-11-13
[illegible]	Roy Henry	1089 Nena Ct. LC	6-11-13
[illegible]	JACK ARRINGTON		6-11-13
[illegible]	JON McKinley	2008 Fran	6-11-13
[illegible]	Janet L McKinley	2008 Fran	6-11-13
[illegible]	MADELINE JUSKIS	7470 SIERRA LUL	6-11-13
[illegible]	JOHN HERKERT	2080 PINELOVE WAY	6-11-13
[illegible]	Judy Chadwick	4113 Papago Ct. LC.	6-11-13
[illegible]	M. ROWLANDS	4218 Trillium D	6-11-13
[illegible]	W. ROWLANDS	4218 TRILLIUM D	6-11-13
[illegible]	TF MARSH	979 RIO BRAVO WAY LC	6-11-13
[illegible]	JUNE SANCHEZ	604 La Melodia	6-11-13
[illegible]	VIC SANCHEZ	604 La Melodia	6-11-13
Ramona Padilla	RAMONA PADILLA	3329 Solarridge	6-11-13
Guadalupe Mendez	GUADALUPE MENDEZ	5010 Rock Ct	6-11-13
James Ross	JAMES ROSS	2634 APACHE DR	6-11-13
[illegible]	Edmundo Chavez	1733 Imperial Ridge	6-11-13
[illegible]	Herb Hyde	4019 Pine Needle Road	6-11-13
Rosa V. Apodaca	Rosa V. Apodaca	4640 Salado Creek	6-11-13
[illegible]	Phillip Apodaca	4640 Salado Creek	6-11-13
Annie Monge	ANNIE MONGE	105 Ridgecrest Dr	6-11-13
R. Passafume	R. PASSAFUME	873 Windsor Ct	6-11-13
Marshall Highsmith	MARSHALL HIGHSMITH	2948 ONATE RD	6-11-13

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Signature	Print Name	Address	Date
[illegible]	Jessica Barraza	1632 Birch Ct LC, NM 88001	6/11/13
Karen Stull	KAREN STULL	546 Missouri	6/11/13
[illegible]	Sheena Bowker	1210 Milton #4	6/11/13
Jill Stull	Jill Stull	1479 Parker Rd	6/12/13

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Signature	Print Name	Address	Date	
[illegible]	Robert L. Barnett	2645 Desert Dr	05/09/13	
Marlene McCabe	MARLENE McCABE	2640 Desert Dr.	5/09/13	
[illegible]	Phillip Larsen	800 Camino Del Rex	5/16/13	owner

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Signature	Print Name	Address	Date
Anne McIntosh	Anne McIntosh	4312 Isleta St. Las Cruces	6-11-13
Kent McIntosh	Kent McIntosh	4312 Isleta St. Las Cruces	6-11-13
Ina V White		649 Cielo Vista Ct	6/11/13
James White	James White	649 Cielo Vista Ct.	6/11/13

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Signature	Print Name	Address	Date
Cheryl Starr Marsh	Cheryl Starr Marsh	979 Rio Bravo LC	6/11/13
[illegible]	Carol Krenek	1140 Golf Club Rd	6/11/13
Ron Chadwick	[illegible]	4113 Papago Ct	"

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Signature	Print Name	Address	Date
[illegible]	RAINER SCHMIDT	3810 WESTVIEW AVE	6-6-13
Kristin Davis	Kristin Davis	1886 Taylor Rd, 88007	6/11/13

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Signature	Print Name	Address	Date
Donnie Haynie	Donnie Haynie	PO Box 1647	6/21/13
Debbie Haynie	Debbie Haynie	PO Box 1647	6/21/13
Holly Willemsma	Holly Willemsma	161 Shawnee; LC	6/24/13
Nikki May	Nikki May	520 Sunfish Ct	6/24/13
Don Cundiff	DON CUNDIFF	1740 WESTER	6/24/13
Antonio Jimenez	Antonio Jimenez	119 W Gallagher	6/24/13

Las Cruces Country Club Redevelopment
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June 2013

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Signature	Print Name	Address	Date
	CRAIG BUCHANAN	1912 SAN FERNANDO DR.	6/24/13
	John VASQUEZ	4520 MIRAMAR ARC	6-24-13
	Scotty Hendricks	3088 Cheyenne Dr. LC	6/24/13
	TRAVIS TARRY	617 LA MELODIA DR	6/24/13

Please call, email or return to Billie Haynie - 880 Camino Del Rex
575-635-8921/billie.haynie@gmail.com

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Signature	Print Name	Address	Date
[illegible]	Shannon Sells-Gutierrez	2060 Payne Ct	6/21/13
[illegible]	Evan Sell	1712 Calle de Suenos	6/21/13
[illegible]	Grace De La O	1305 Gardner	6-21-13
[illegible]	Sherry Mackey	2-703 Johnson St	6-21-13
[illegible]	Mark G. Fierro	2060 Payne Ct	6-21-13

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Signature	Print Name	Address	Date
John F. Morgan	John F. Morgan	2035 Arlington Ave.	25 MAY 2013
Catherine A. Morgan	Catherine A Morgan	2035 ARLINGTON	25 May 2013
Don Veazey	Don Veazey	2040 San Acacio	20 JUN 13
Don R Veazey	DON R VEAZEY	2040 San Acacio	20 JUN 13
Paul K. Arthur	Paul K. Arthur	2050 San Acacio	23 Jun 13
Joy L. Arthur	JOY L. ARTHUR	2050 San Acacio	23 JUN 13
James M. Clear	James M. Clear	2525 Scenic Crest Loop LC	23 Jun 13
Urbana O. Clear	Urbana O Clear	2525 Scenic Crest Lp	23 June 13
Kim Carlsen	Kim Carlsen	911 Raleigh Rd	24 June, 13

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Signature	Print Name	Address	Date
John Masterson	John Masterson	2041 Fairfax Ave	20 June 13
Denise Anstine	Denise Anstine	2030 Fairfax	6/20/13
[illegible]	[illegible] FREEMAN	2065 FAIRFAX AV	6/20/13
Sharon Freeman	SHARON FREEMAN	2065 FAIRFAX	6-20-13
Debra S	Debra Stephens	2030 Arlington Ave	6/20/13
Marlys Masterson	Marlys Masterson	2041 Fairfax Ave	6/20/13
Kerrie Vergeer	Kerrie Vergeer	3141 Dyer St.	6/20/13
JoAnn Kloppenburg	JoAnn Kloppenburg	2000 Fairfax	6/24/13
Georgia Taylor	Georgia Taylor	2053 Fairfax Ave.	6/24/13
Ronald J Taylor	Ronald J Taylor	2053 Fairfax Ave	6/24/13

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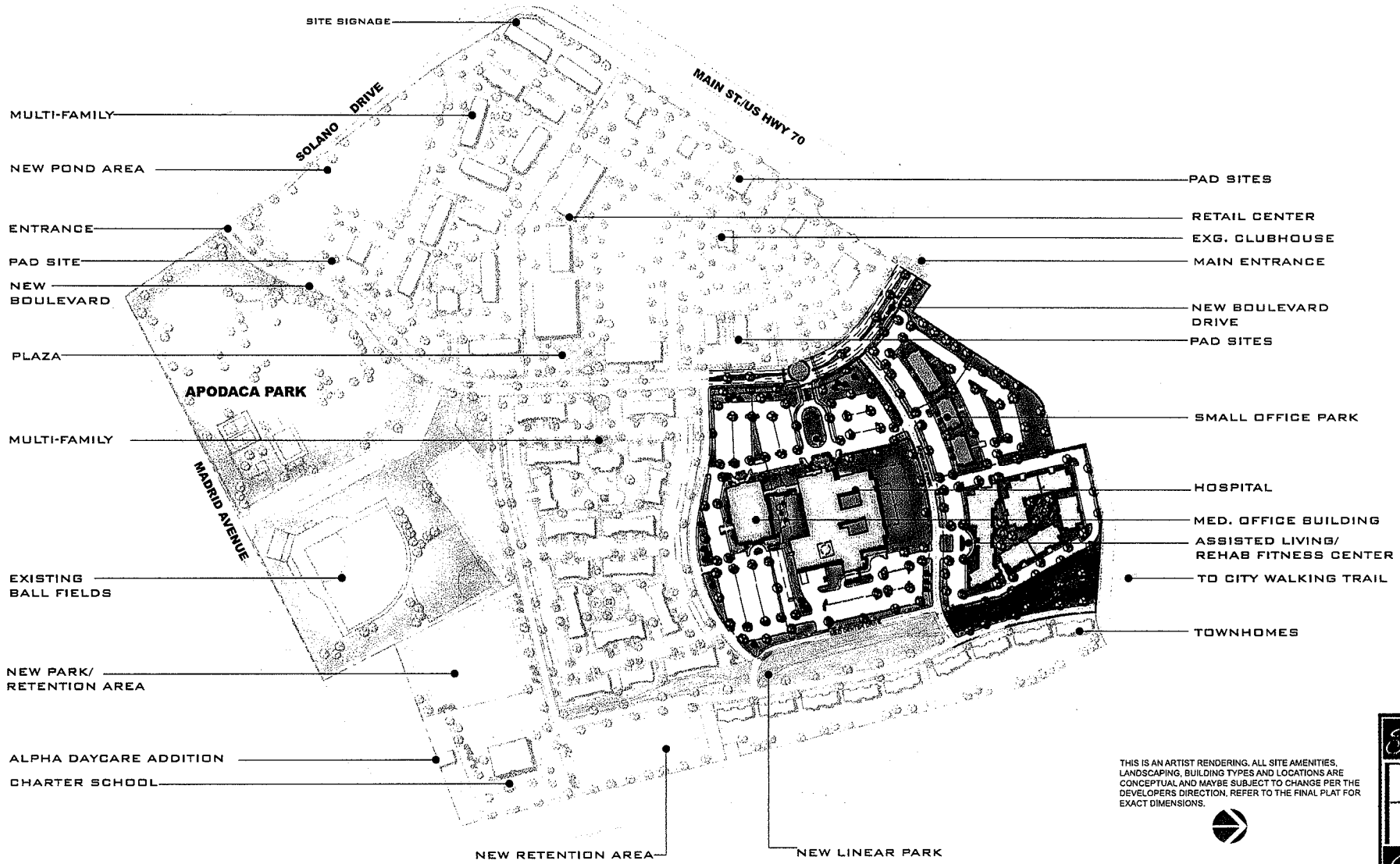
Signature	Print Name	Address	Date
Sandra L Mw	Sandra L Mw	1955 Fairfax	6/21/13
[illegible]	Terri [illegible]	1955 Fairfax	6/21/13
Joshua Tillery	Joshua Tillery	1910 Fairfax	6/22/13
Bethanie Tillery	Bethanie Tillery	1910 fairfax	6/23/13
Ashley Anderson	Ashley Anderson	203 W. Madrid #11	6/24/13
Lisa Tillery	Lisa Tillery	1950 Fairfax Ave.	6/24/13
Kevin L Tillery	Kevin Tillery	1950 Fairfax Ave.	6/24/13
Sherri Good	Sherri Good	1742 Valencia	6/24/13
Steve Good	Steve Good	1742 Valencia	6-24-13
Zach Olson	Zach Olson	1950 Fairfax	6-24-13
Rodney Pollard	Rodney Pollard	3435 Ridgeline	6.24.13
Debbie Pollard	Debbie Pollard	3435 Ridgeline	6.24.13

Please call, email or return to Billie Haynie - 880 Camino Del Rex
575-635-8921/billie.haynie@gmail.com



THIS IS AN ARTIST RENDERING. ALL SITE AMENITIES, LANDSCAPING, BUILDING TYPES AND LOCATIONS ARE CONCEPTUAL AND MAYBE SUBJECT TO CHANGE PER THE DEVELOPERS DIRECTION. REFER TO THE FINAL PLAT FOR EXACT DIMENSIONS.

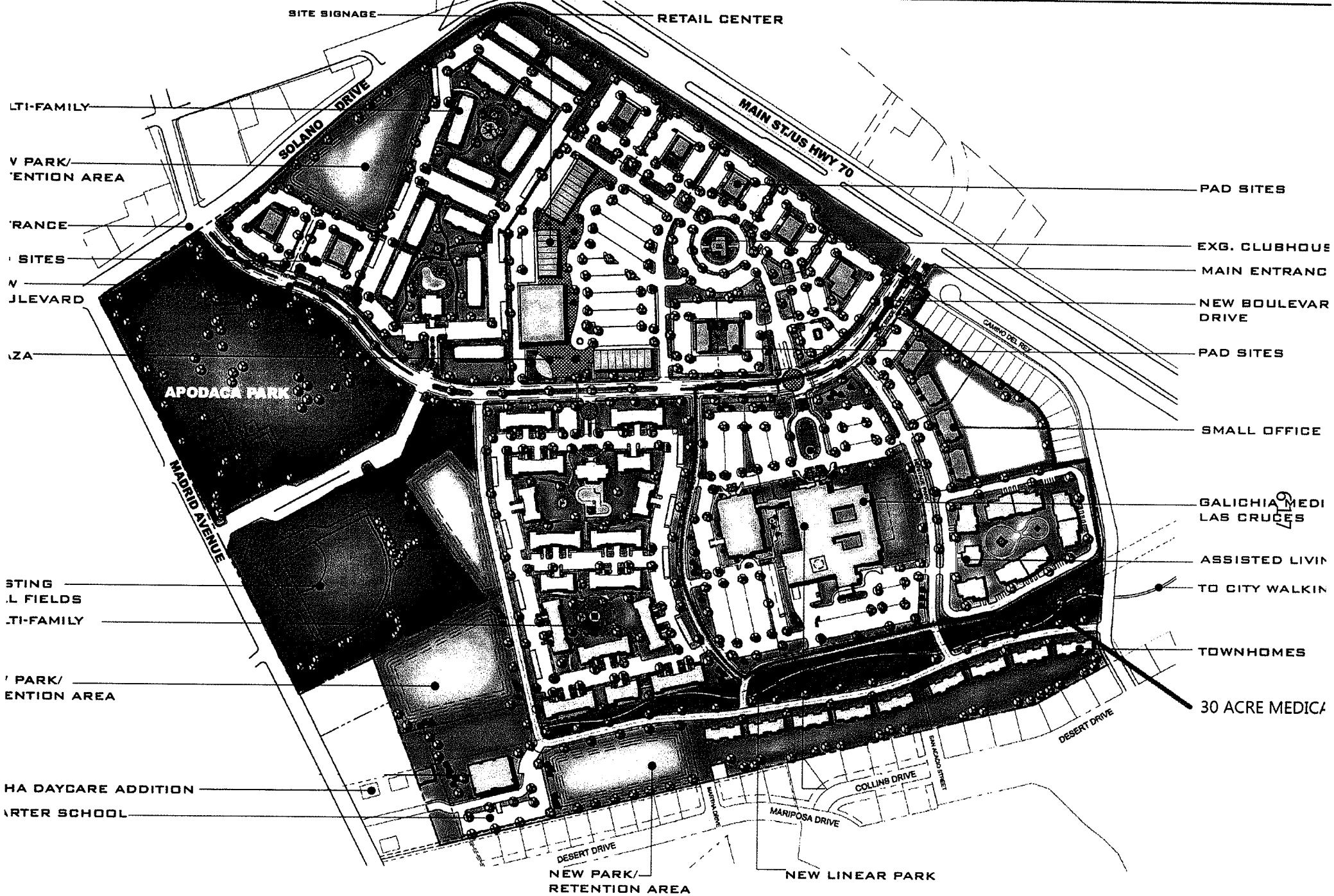
Park Ridge

SPANGENBERG PHILLIPS TICE
SPT
121 N. MEAD, SUITE 201, Wichita, KS 67202
TEL: 316-267-4002 FAX: 316-267-1509

PARK RIDGE - RETAIL/RESIDENTIAL/MEDICAL CAMPUS

LAS CRUCES, NEW MEXICO

17 JUNE 2013



RG PHILLIPS TICE
E 201, Wichita, KS 67202
FAX 316-267-1509

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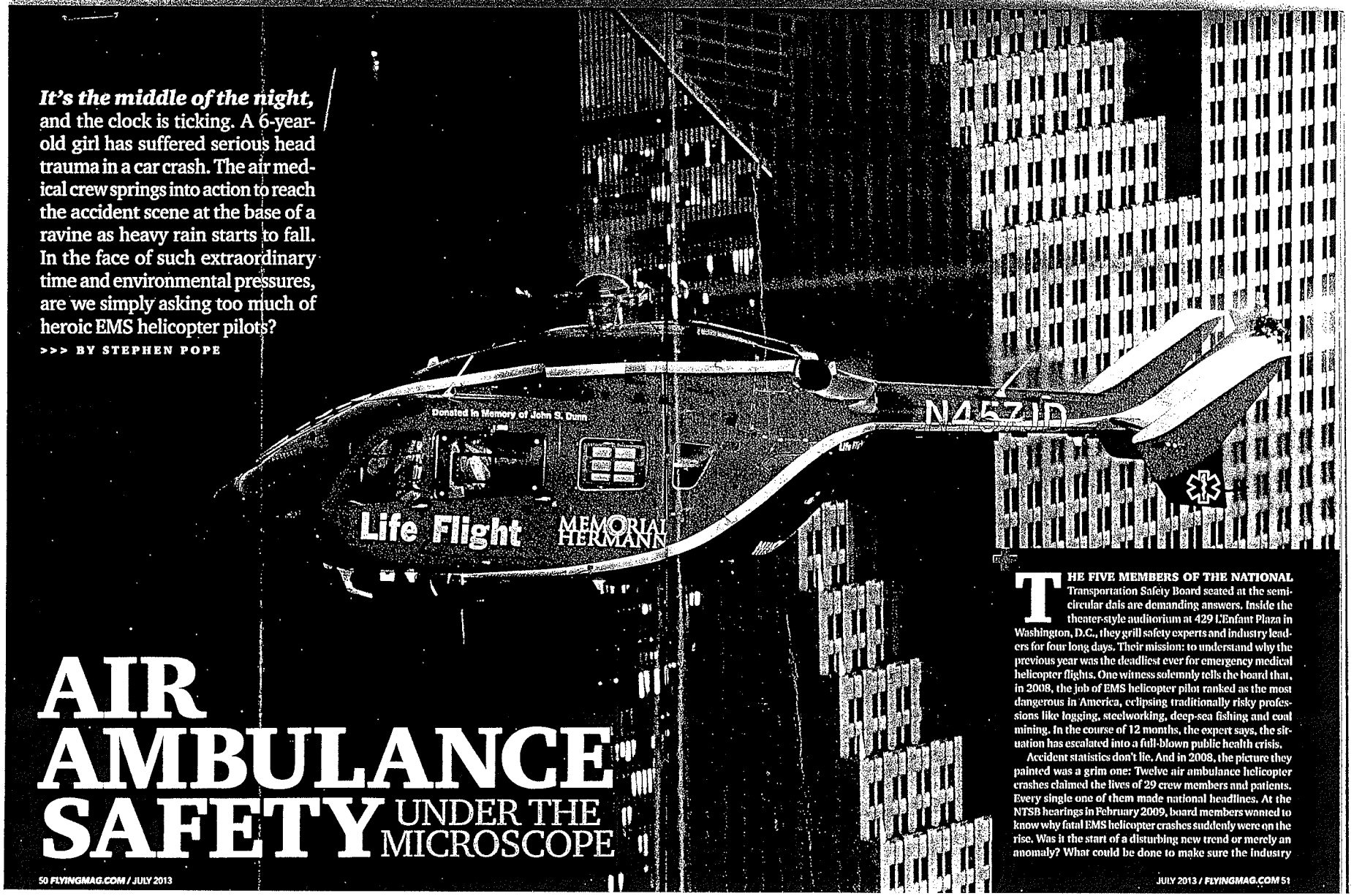
LAS CRUCES, NEW MEXICO



AIR AMBULANCE SAFETY UNDER THE MICROSCOPE

It's the middle of the night, and the clock is ticking. A 6-year-old girl has suffered serious head trauma in a car crash. The air medical crew springs into action to reach the accident scene at the base of a ravine as heavy rain starts to fall. In the face of such extraordinary time and environmental pressures, are we simply asking too much of heroic EMS helicopter pilots?

>>> BY STEPHEN POPE

THE FIVE MEMBERS OF THE NATIONAL Transportation Safety Board seated at the semicircular dais are demanding answers. Inside the theater-style auditorium at 429 L'Enfant Plaza in Washington, D.C., they grill safety experts and industry leaders for four long days. Their mission: to understand why the previous year was the deadliest ever for emergency medical helicopter flights. One witness solemnly tells the board that, in 2008, the job of EMS helicopter pilot ranked as the most dangerous in America, eclipsing traditionally risky professions like logging, steelworking, deep-sea fishing and coal mining. In the course of 12 months, the expert says, the situation has escalated into a full-blown public health crisis.

Accident statistics don't lie. And in 2008, the picture they painted was a grim one: Twelve air ambulance helicopter crashes claimed the lives of 29 crew members and patients. Every single one of them made national headlines. At the NTSB hearings in February 2009, board members wanted to know why fatal EMS helicopter crashes suddenly were on the rise. Was it the start of a disturbing new trend or merely an anomaly? What could be done to make sure the industry

never experienced a repeat of what happened that year? Experts testified it was time for the air ambulance industry "to change the way it does business" by focusing more on safety and less on profits.

Helicopter EMS safety officially made it onto the NTSB's "Most Wanted" list of improvements in the fall of 2008. Dozens of recommendations were under consideration as the news media reported the most heart-wrenching details from each of the crashes that occurred that year. Voluntary industry efforts to reverse the accident trend were having little effect, witnesses told the board. Some advocated for forcing EMS helicopter operators to become safer through regulation.

The emotionally charged hearings shed light on an important issue, but they also failed to tell the whole story. While it's true that the number of fatal air ambulance helicopter crashes was up in 2008, lifesaving flights by EMS helicopter crews were actually becoming safer over time. In fact, an examination of the accident rate per 100,000 hours of flying — the typical barometer for measuring safety in aviation — shows that EMS flying is one of the safer types of operations helicopters are pressed to perform. The most dangerous? Personal helicopter flying by nonprofessionals.

So how then do we explain what happened in 2008? For a start, the air ambulance industry has experienced rapid growth in recent years. In 1980, for example, there were fewer than 50 EMS helicopters operating in the United States. By 1986 the figure had tripled to 150 EMS helicopters. Ten years later there were nearly 300. By the time 2008 rolled around, there were an incredible 668 dedicated EMS helicopters flying for more than 200 hospitals and emergency medical service providers across the nation.

So was 2008 merely a statistical blip, or was it the start of a trend? Again, the numbers paint a more complete picture. In the late 1980s, when there were far fewer EMS helicopters in operation, the total number of fatalities linked to the helicopter EMS industry was actually higher than in the years just prior to 2008, as well as the years after. For example, from 1985 to 1989, there were 52 fatalities caused by EMS helicopter crashes compared with 41 from 2004 through 2007. Total annual flight hours for the helicopter EMS industry, meanwhile, tripled between these time periods.

When we look at the data this way, we can see that the HEMS fatal-accident rate has actually been in steady decline over the past 30 years. Even the serious spike in crashes experienced in 2008 was lower on a 100,000-flight-hours basis than any year in the 1980s. In fact, the overall HEMS accident rate has been consistently lower compared with almost all other types of helicopter flying. The fact is, calling EMS flying the most dangerous job requires a heavy reliance on hyperbole and a creative manipulation of the numbers.

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DISTORTED REALITY?

Still, when you read about an EMS helicopter crash, the chances of it involving fatalities will indeed be higher than for most other types of flying. EMS helicopters experience around 2.0 fatal accidents per 100,000 hours of flying versus about 1.3 for general aviation. The reasons should be fairly obvious: More than half of all EMS helicopter crashes happen at night or in poor visibility, and nearly half of all fatal HEMS crashes occur at accident scenes where the terrain and power lines can pose risks. As a result, when an EMS helicopter goes down, it's often with catastrophic results.

But let's face it. Hearing that EMS helicopter flying can be dangerous probably isn't news to you. Still, it's reasonable to pose the question of whether the air ambulance industry is sometimes unfairly judged because of its high visibility. For decades, professionals within the industry have been seeking to make aeromedical flying safer, yet we rarely see news reports about the tens of thousands of uneventful flights of patients who are safely transported to hospitals by helicopter. When there's a crash of a medical helicopter, we can't avoid hearing about it.

"Despite what we might see on the news, the truth is that the helicopter EMS sector of the industry is not experiencing a disproportionate number of accidents," said Matt Zuccaro, president of the Helicopter Association International (HAI). "It's just that these accidents are so high profile that people assume EMS operations have a poor accident history."

In reality, he notes, personal flying and helicopter flight instruction account for the majority of helicopter accidents. In the first half of this year, there were four EMS helicopter crashes, three of them with fatalities. Yet air ambulance flying is near record levels. Obviously, we'd all like to see the accident rate drop as close to zero as possible, but the good news is that air ambulance safety is improving all the time.

Yet it would be unfair to blame the public for having a false impression of EMS helicopter safety, or even the media for reporting on air ambulance crashes. Especially when a patient is on board, a fatal EMS helicopter crash is inevitably going to attract notice. One tragedy in particular — the Sept. 28, 2008, crash of a Maryland State Police helicopter on an EMS mission at night that killed four people, including an 18-year-old automobile-accident victim — likely caused the NTSB to react with greater scrutiny than others. The story made front-page news in Washington for weeks, after details emerged that the pilot inadvertently flew into fog and three times asked ATC for help diverting to Andrews Air Force Base before crashing into trees in a park.

It was just weeks after this accident that the NTSB added helicopter EMS operations to its Most Wanted list and set the agenda for its four-day EMS helicopter safety hearings. Within a year of the Maryland State Police helicopter crash, the NTSB had developed a long list of safety recommendations for the FAA and EMS helicopter operators, as well as the center that governs Medicare and Medicaid reimbursements. The suggestions ran the gamut, from better cockpit technology to more use of simulators in training to changes in the way the government reimburses for EMS helicopter flights.

>>> Especially in rural areas with population centers spread far apart, the arrival of an emergency medical helicopter often can mean the difference between life and death.

But the NTSB does not have the power to enforce its recommendations. That responsibility belongs to the agencies within the Transportation Department. The FAA has proposed new regulations for the air ambulance industry, and groups including HAI, the International Helicopter Safety Team and the National EMS Pilots Association have presented data showing that the industry has been proactive about improving safety, especially in the time since the NTSB issued its recommendations.

AIR AMBULANCE CRITICS

Yet not everyone agrees with the assessment that helicopter safety is improving. Michael Slack, an aviation trial lawyer who represents victims and their families in personal-injury lawsuits involving EMS helicopter crashes, said pilots continue to make the same mistakes and get themselves into the same predicaments they have for 30 years.

"Generally, the same factors continue to appear in NTSB accident reports over and over," Slack said. "There are variations on low light, low visibility, flight into IMC — all of this is very prevalent in the cases I handle."

Slack said he sees a "disturbing lack of discipline" among pilots involved in fatal EMS helicopter crashes. The most recent example, he said, was the case of a Missouri pilot who the NTSB says was texting on his smartphone before and even during a flight. Investigators said the pilot engaged in an "extensive text conversation" with a female colleague about dinner plans while he was preflighting his helicopter in August 2011. Because he was distracted, the pilot missed opportunities to note that his helicopter lacked enough fuel for the mission, investigators said. All four aboard the helicopter were killed when it crashed after running out of fuel a mile short of the destination.

"How in the world has this sort of thing crept into air ambulance flying?" Slack asks. "Maybe using a personal electronic device in an airliner is OK, but these are pilots who are flying close to the ground in inherently unstable aircraft. It's incredible that this would even be an issue."

Finally, Slack subscribes to a growing philosophy even within the EMS community that pilots should be kept out of the medical-information loop, so that a go/no-go decision is never based on a situation where, say, the patient is a child who is unlikely to survive unless he or she reaches a hospital quickly. The only choice the pilot should make is whether it's safe to accept the flight. He should not assess the condition of the patient. Slack goes a step further, arguing that first responders at the scene shouldn't be allowed to call for a helicopter either, because their judgment may be clouded as well. The final call about whether to transport a patient by air or ground ambulance, he says, should only come from a doctor at the hospital.

Any EMS pilot who's been flying long enough will tell you that the choices they sometimes face can be difficult, regardless of whether the patient is an 8-year-old boy or a 50-year-old man. The National EMS Pilots Association is confronting this issue through its No Pressure Initiative (NPI), launched after a survey of members showed that more than a third "sometimes or frequently pressured themselves to accept or complete flights" and sometimes felt pressure from management to do so. NPI features layers of protection, including risk assessments and en route decision-making tools that are designed to keep pilots from forging ahead into deteriorating weather conditions. The en route tools are similar to the decision height on an ILS approach — if the weather drops below a certain predetermined level, the pilot must turn back.

The largest EMS helicopter operators, meanwhile, are implementing a wide range of safety improvements voluntarily. Based in part on the NTSB's EMS safety recommendations, providers are developing operational Safety Management Systems, investing in cockpit technologies and turning more to simulation in pilot training. At EMS helicopter giant Air Methods' base in Colorado, the company has established an Operations Control Center that is staffed 24/7 to provide pilots with weather reports and other resources they can access before and during a flight. The company recently attained the FAA's highest level for its voluntary Safety Management System.

>>> Last year, air ambulance crews transported more than 300,000 patients to hospitals across the United States, with just two fatal crashes, resulting in four deaths.

IMPROVING SAFETY

Poor weather obviously is the biggest challenge EMS helicopter pilots face, especially when conditions start to deteriorate at night. Accurate weather information is essential to flight safety, because inadvertent flight into clouds or fog can be deadly. While weather information is available for most airports, it's rare at off-airport locations like the scene of a car crash. That's a big part of the reason for the development of the HEMS Weather Tool (available online at weather.aero/hems). Designed to serve the special needs of low-altitude VFR first responders, the tool is capable of overlaying ceiling, visibility, winds, relative humidity, temperature and Nexrad images onto high-resolution base maps, including all streets, hospitals and heliports.

Another special danger to EMS helicopter pilots involves operations into accident scenes and other unprepared landing sites. Helipads are designed on level ground in areas free of wires, trees or other obstacles. When responding to an on-scene call, EMS helicopter pilots often must set down at landing sites that have been neither surveyed for hazards nor otherwise prepared for helicopter traffic. In most cases pilots must rely on what they can see or what first responders on the ground can spot. That's a primary reason many EMS pilots have such bright searchlights and wear night-vision googles.

Still, even with a 100-million-candlepower Nightsun searchlight switched on, terrain can pose a threat, especially in low-visibility conditions. Not surprisingly, controlled flight into terrain is a leading cause of EMS helicopter crashes. All that flying at night can also lead to crew fatigue. Statistics show that almost half of EMS helicopter crashes occur on the "back side of the clock" — the eight hours between 10 p.m. and 6 a.m., the most dangerous time for EMS helicopter operations, since fatigue and darkness are a deadly combination.

The FAA has responded to the NTSB's recommendations with proposals for new regulations aimed at improving EMS helicopter safety. These include a proposed mandate for helicopter terrain awareness and warning systems (HTAWS) in air ambulances; radar altimeters for all Part 135 helicopters; Part 135 weather minimums for all legs of helicopter air ambulance flights; implementation of risk management programs; flight data monitoring devices, such as cockpit voice recorders and digital flight data recorders; and a requirement that pilots in commercial operations demonstrate recovery from inadvertent flight into IMC during annual training.

Another FAA proposal seeks to change the industry's terminology from "helicopter EMS" to "helicopter air ambulance." The change is designed to eliminate references to "emergency," since that can put extra pressure on a pilot to complete a given mission. It all goes back to changing the culture of the industry, which some people wrongly still equate with medevac flying in Vietnam.

Regardless of what critics of the industry might say or the media might report in an overly sensationalist news story, the truth is you can call this type of operation whatever you like, but you have to acknowledge what it really is: For rural communities with population centers spread far apart, an air ambulance can truly mean the difference between life and death when minutes count. In large urban centers, EMS helicopters can respond rapidly to the scene of an accident or quickly transfer a patient from an outlying hospital to a major trauma center with specialized capabilities.

EMS helicopters aren't a marketing gimmick for hospitals, and they don't fly purely to generate profits for their operators. When it comes right down to it, these helicopters exist for one purpose: to save lives. And when we look at all of the data, and not just snippets that suit a particular viewpoint, we find that they perform this mission exceptionally well.

When responding to an on-scene call, EMS helicopter pilots often must set down at landing sites that have been neither surveyed for hazards nor otherwise prepared for helicopter traffic.

>>> Experts believe increased use of simulators with pre-loaded mission scenarios can help improve air ambulance safety.

Impact of Physician-owned Limited-service Hospitals: Wichita, KS Case Study

February 16, 2005

Based on a case study of market dynamics and community impacts completed by McManis Consulting between July and December 2004.

McManis Consulting

Executive Summary

- **Five physician-owned limited-service hospitals opened in Wichita between 1999 and 2003 – two heart hospitals, one spine hospital and two surgical hospitals. ***
- **Physician-owners referred to their own limited-service hospitals patients who:**
  - Needed procedures that were well-paid
  - Had insurance that offered good reimbursement
  - Required procedures that could be scheduled in advance (elective, not emergency)
  - Tended to be in good overall health **
- **Most patients not meeting these criteria continued to be treated at the full-service hospitals.**

* *Four of the limited-service hospitals were established and owned by physicians and local investors. The fifth was a 60/40 joint venture between Via Christi, a full-service healthcare system, and physicians.*

** *Sicker patients admitted to the limited-service hospitals were frequently transferred to the full- service hospitals.*

Executive Summary

- **Impacts included:**
  - A reduction in the financial performance of the area's full-service hospitals
  - Cutbacks in services offered by the full- service hospitals
  - Increased community-wide service capacity for well-reimbursed services but decreased capacity for poorly-reimbursed services
  - High profits at the limited-service hospitals
  - A 15% increase over a 5-year period in the number of cardiac procedures performed in Wichita

Reductions in Services at Wesley Medical Center *

- Laid off 120 full-time equivalent (FTE) employees in 2001 and another 54 FTEs in 2003
- Sold Occupational Medicine Clinic
- Closed Electron Microscopy Research Center
- Closed pharmacy research program

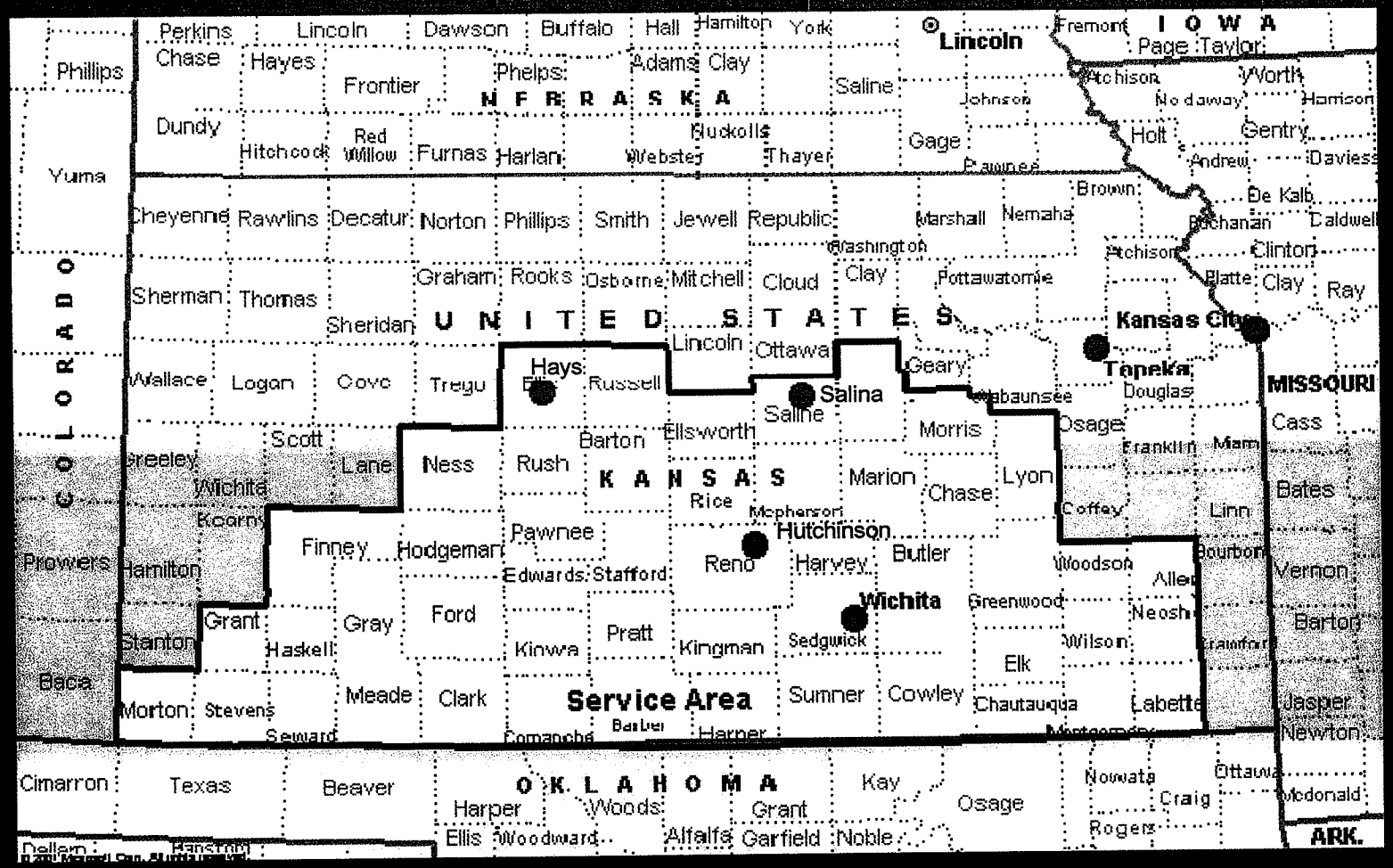
Profitability at Kansas Heart Hospital, 2002 **

Net revenue	$43 million
Net income	$14 million
Profit margin	32%
Net income per admission	$5,261

* *Source: Wesley Medical Center administration.*
** *Source: Medicare cost reports.*

Introduction

Wichita's regional hospitals and physicians serve a population of 1.2 million spread throughout 49 counties in southern Kansas.



The service area as a whole has an aging, slowly declining population; however, the Wichita Metropolitan Statistical Area (pop. 532,000 in 2004) has a younger than average population that continues to grow.

A broad complement of health care facilities serve the region.

Regional hospitals in Wichita:

Via Christi–St. Francis and Via Christi–St. Joseph (total of 965 beds, operated as one system, product of a 1995 merger of two Catholic systems, full range of services, 95,000 emergency visits per year)

Wesley Medical Center (469 beds, owned by HCA, full range of services, 58,000 emergency visits per year)

Other regional referral hospitals in the service area:

Community hospitals in Hutchinson, Hays and Salina

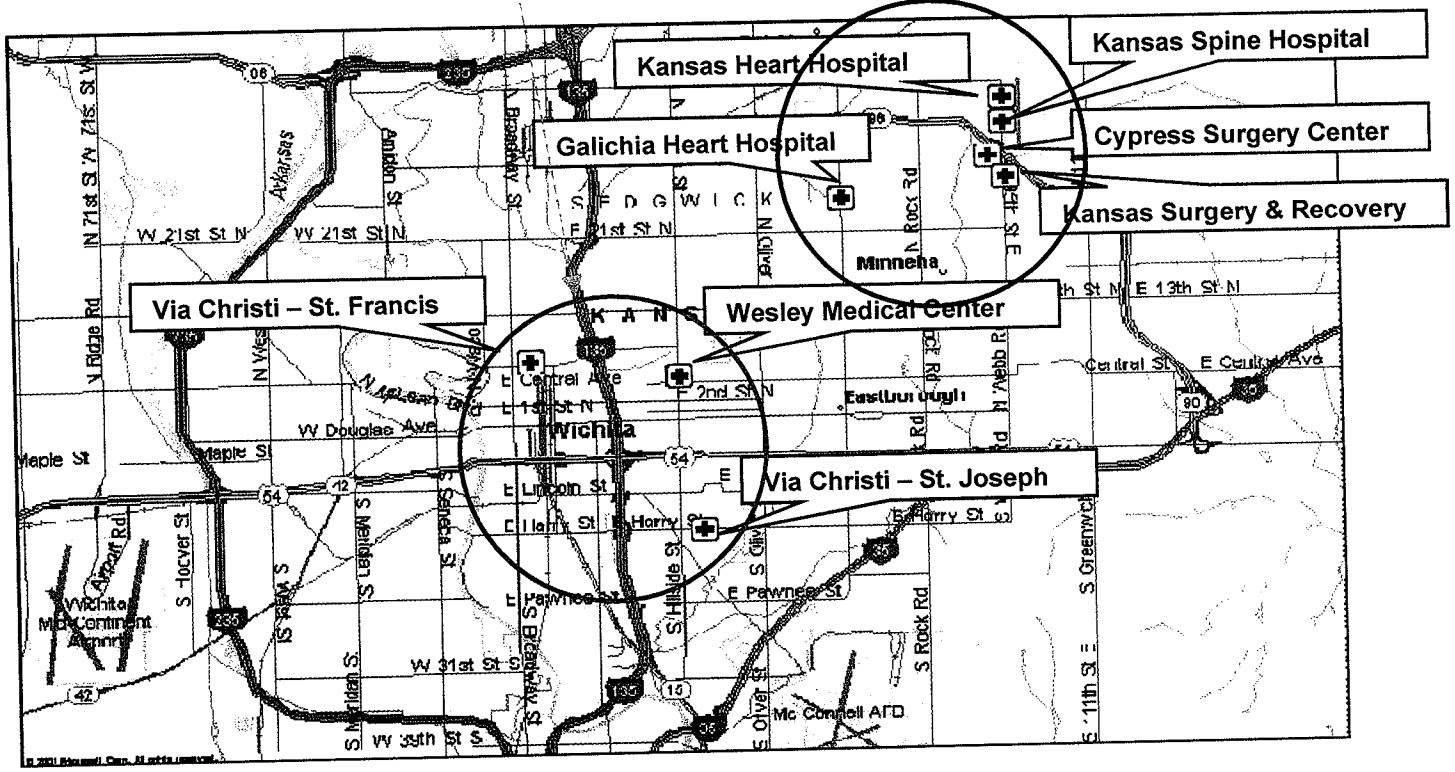
Physician-owned surgical and diagnostic facilities in Wichita:

Six physician-owned surgery centers, one plastic surgery center, two endoscopy centers

Five limited-service hospitals opened in Wichita between 1995 and 2005.

Limited-service Hospital	Emphasized Services	Ownership / Physician Linkages	Capacity	Opening Date
Kansas Heart Hospital	Heart Surgery, Cardiology	Established and owned by 26 cardiac surgeons and cardiologists (who mostly practiced at Via Christi's hospitals) and local investors	54 inpatient beds, 3 operating rooms	1999
Galichia Heart Hospital	Heart Surgery, Cardiology, Other	Established and owned by two physicians and local investors (linked to and supported by the Galichia Medical Group, a 27-physician multi-specialty, "cardiology-based" practice)	55 beds (adding another 27 beds), 2 operating rooms	2001
Kansas Spine Hospital	Spine Surgery	Established and owned by 9 surgeons and local investors	22 inpatient beds, 4 operating rooms, 2 procedure rooms	2003
Kansas Surgery and Recovery Center	Surgery (focus on orthopedics)	60/40 joint venture between Via Christi and orthopedists	24 inpatient beds, 6 operating rooms, 2 procedure rooms	1995
Cypress Surgery Center	Surgery (focus on gynecological surgery)	Established and owned by 31 physicians and local investors	4 inpatient beds, 6 operating rooms	2000

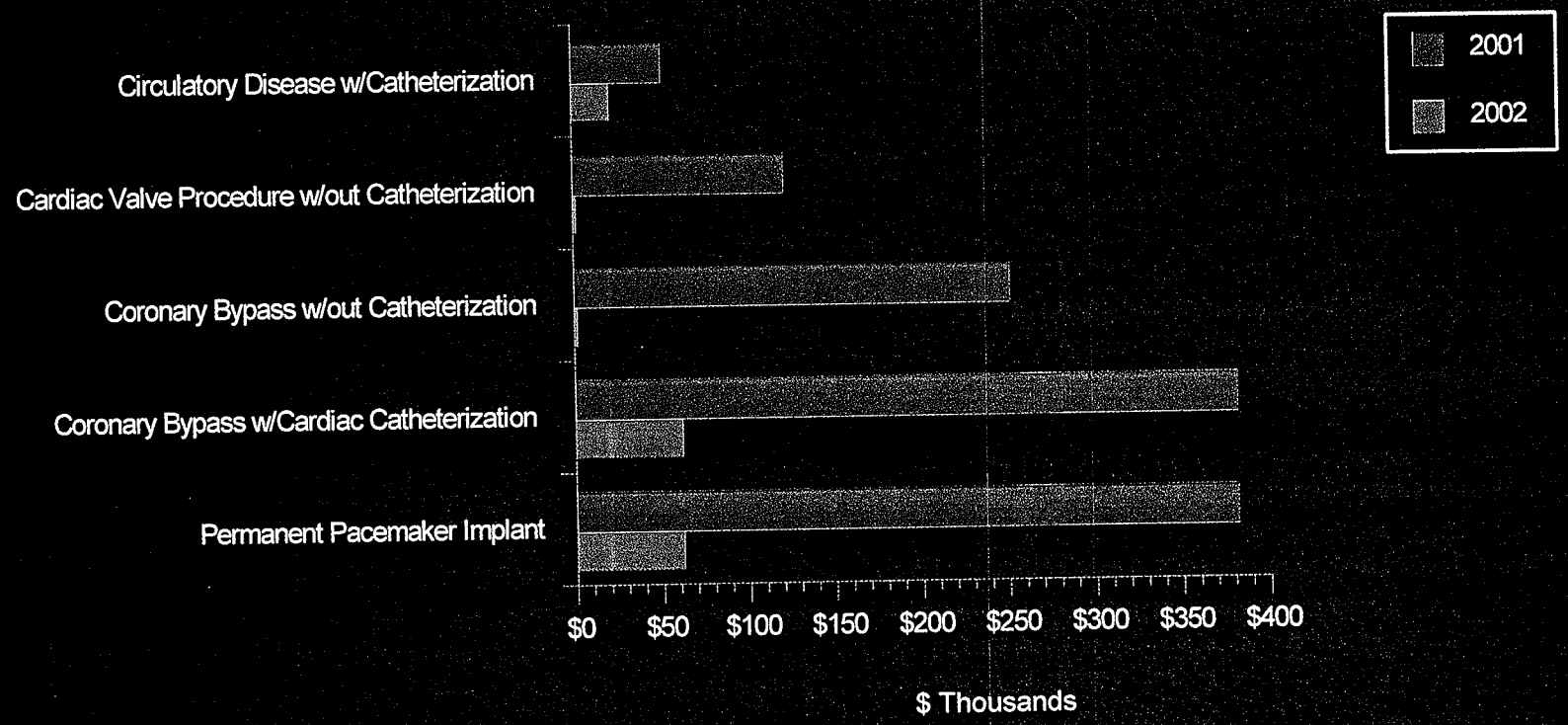
While the community hospitals are located around downtown Wichita, the limited-service hospitals are clustered in Wichita's more affluent northeast quadrant.



Patient Selection

Physician-owners were immediately successful in steering selected patients to the new heart hospitals.

Reductions in Net Revenues from Blue Cross Blue Shield Cardiac Cases at Wesley Medical Center the Year Galichia Heart Hospital Opened



Source: Wesley Medical Center administration. Wesley had a preferred provider relationship with Blue Cross Blue Shield, which meant that patients would normally have to pay more to go to another hospital. However, the heart hospital waived the added fees. This is legal in Kansas but is illegal in some other states.

Patient selection was key to creating high profits in limited-service hospitals ... but adversely impacted the local health care system.

Patient selection tactics by the limited-service hospitals

- Focus on Well-reimbursed Procedures
- Avoid Emergency Cases
- Focus on Patients with Good Reimbursement
- Focus on Patients in Good Overall Health

- resulted in -

High profits for limited-service hospitals and their investors

- but also -

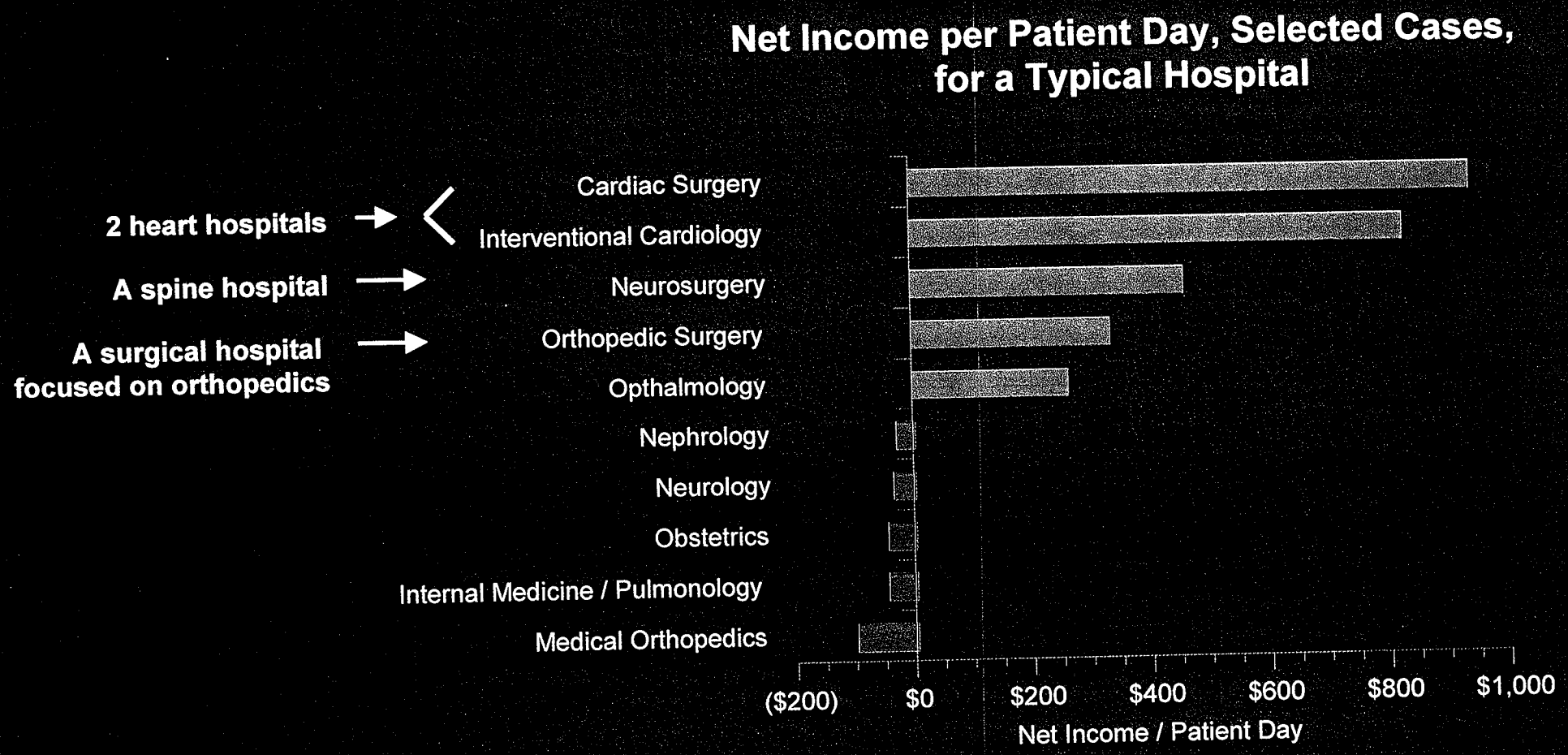
Reduced resources available to meet the community's broader health care needs

Why do these patient selection tactics yield high profits?

Certain services and patients are more profitable than others:

- Procedure-based services -- cardiovascular care, spine surgery, orthopedics, general surgery -- tend to pay more relative to costs than medicine, obstetrics, and behavioral health
- Private payers pay more relative to costs than Medicare and Medicaid
- Fixed payment systems don't reimburse more for sicker patients, except for "outliers"
- The standby capacity for emergency services is costly to maintain and is under-reimbursed
- Not having an emergency department allows a facility to be selective in which patients it serves (in terms of payers, services and acuity level)

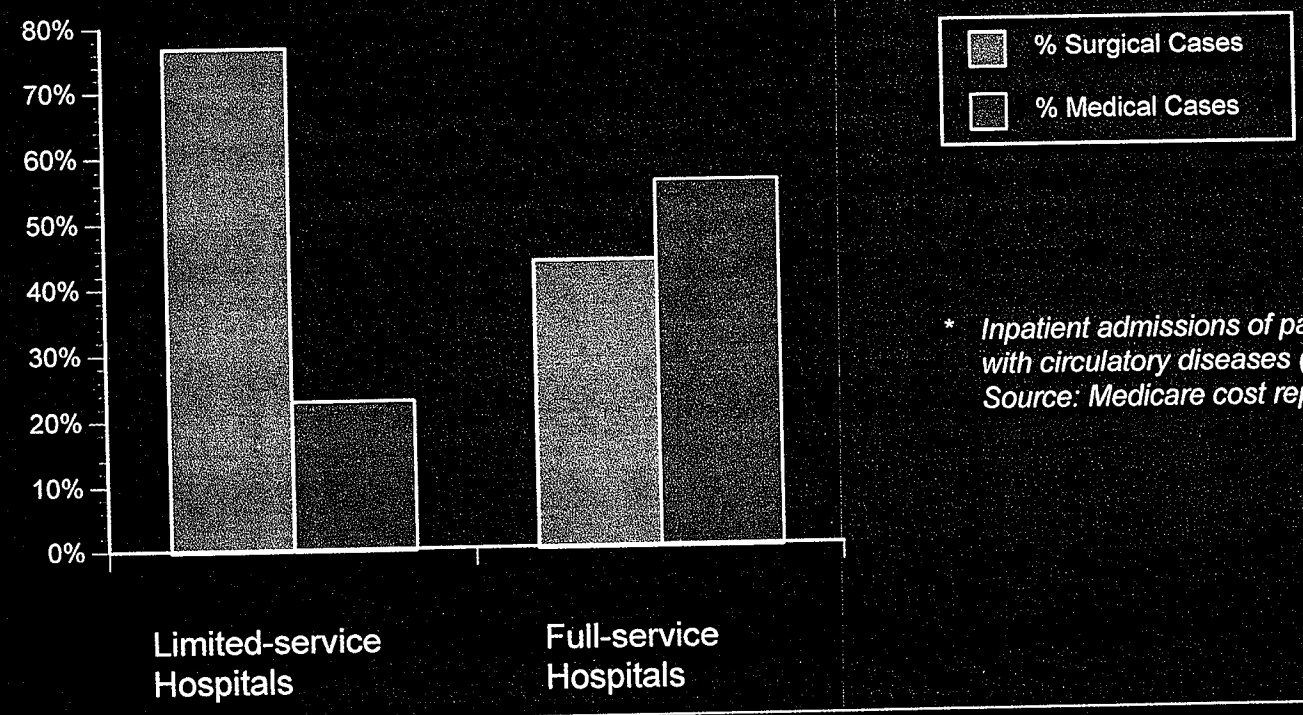
The limited-service hospitals focused on well-paid services provided by community hospitals ...



Source: Advisory Board, 1999.

The heart hospitals focused on the more well-paid surgical (as opposed to less well-paid medical) procedures.

Distribution of Circulatory System Medical and Surgical Cases *



* *Inpatient admissions of patients with circulatory diseases (MDC 5). Source: Medicare cost reports.*

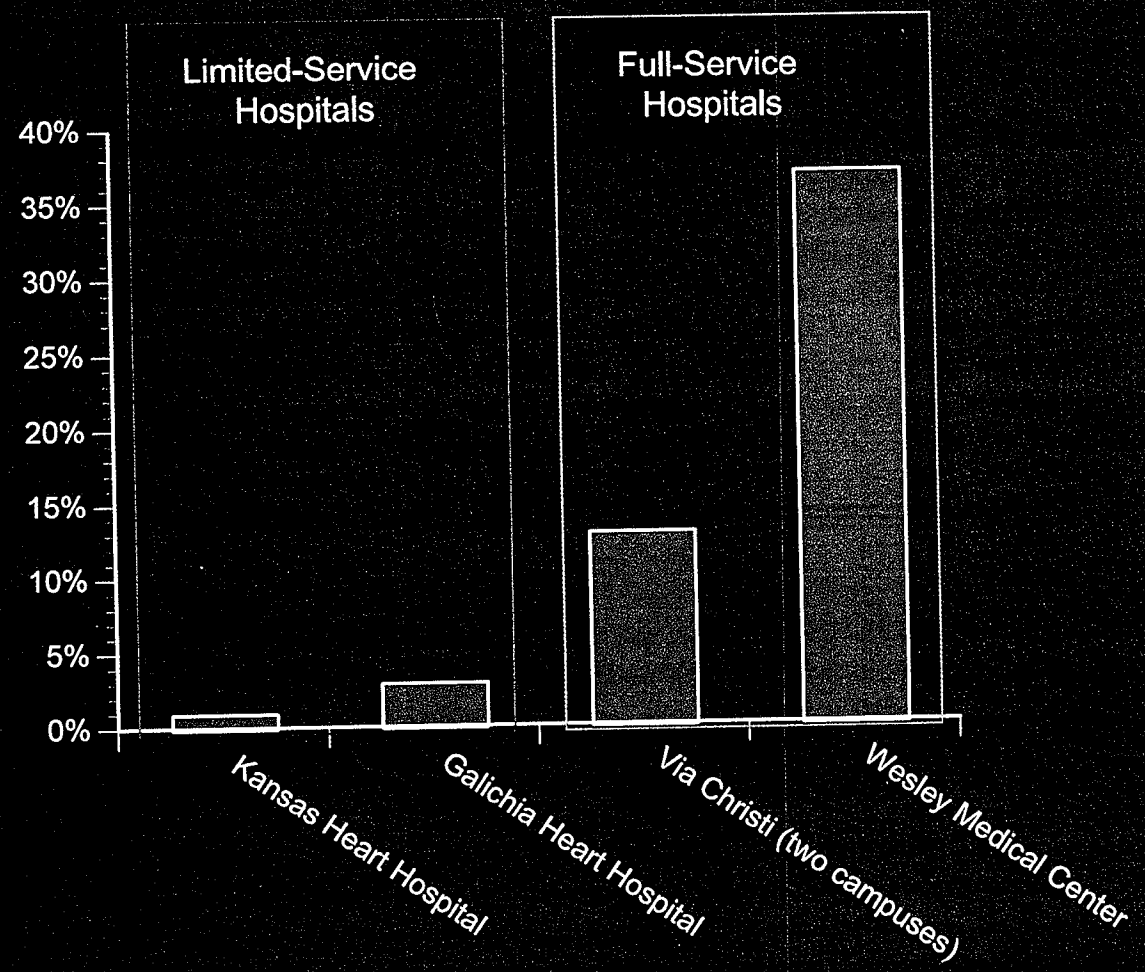
MEDPAC's Findings on Profitability of Heart Cases

"Except for DRG 116, pacemaker implant, all of the surgical DRGs are relatively more profitable than the national average. Medical DRGs are relatively less profitable."

Source: Julian Pettengill, Medicare Payment Advisory Commission, Public Meeting, October 28, 2004.

The limited-service hospitals avoided patients with poor reimbursement.

Medicaid as a Percentage of Total Patient Days, 2002



* *Source: Medicare cost reports., Data Advantage Corporation. Wesley Medical Center's percentage is unusually high for a full-service hospital because of the center's role in neonatal care.*

The limited-service hospitals did not offer emergency services.

Avoiding emergency services allowed the limited-service hospitals to avoid certain costs and scheduling inefficiencies ...

Managers were able to:

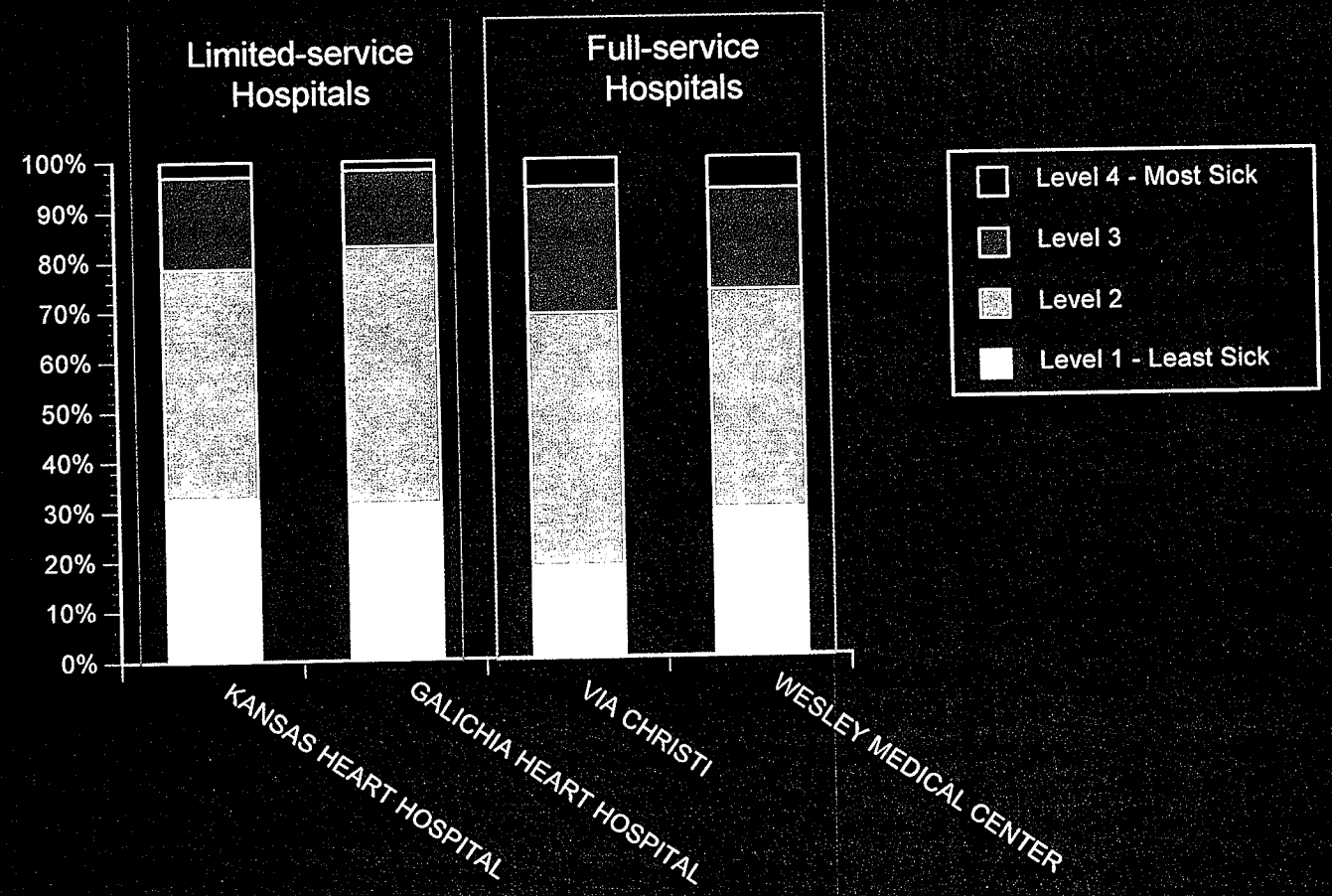
- Avoid purchases of seldom-used equipment
- Plan in advance without the potential for emergency cases to disrupt the schedule
  - → Match staffing to cases, avoiding the costs of standby capacity
  - → Offer an attractive schedule for physicians (free of interruptions)
  - → Provide physicians with a practice environment without the responsibilities of night and weekend call
- Exert control over acuity and payer mix (avoiding EMTALA* mandate)

By contrast, community hospitals must be prepared to handle all emergencies.

* *The Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals with emergency departments to screen and stabilize all patients, regardless of ability to pay.*

Patient selection by physician-owners led to the sickest patients being admitted to the full-service Via Christi.

APR-DRG Mix in Wichita Hospitals (Cardiac Cases)



Source: The Moran Company, analysis of 2003 MEDPAR data. Data are for open heart, cardiology, vascular and thoracic surgery DRGs.

Physicians transferred patients to full-service hospitals when their needs exceeded the capabilities of limited-service hospitals.

Via Christi's Experience with Patient Transfers from Limited-service Hospitals

Limited-service Hospitals	Patients Transferred to Via Christi	Deaths of Transferred Patients at Via Christi	
Kansas Heart Hospital	21	8	38% mortality
Galichia Heart Hospital	18	6	33% mortality
Kansas Surgery and Recovery Center	12	0	

Source: Via Christi administration. Comparable data were not available for Cypress Surgery Center or the Kansas Spine Hospital.

Impacts on the Health Care Delivery System

The limited-service hospitals were quickly profitable.

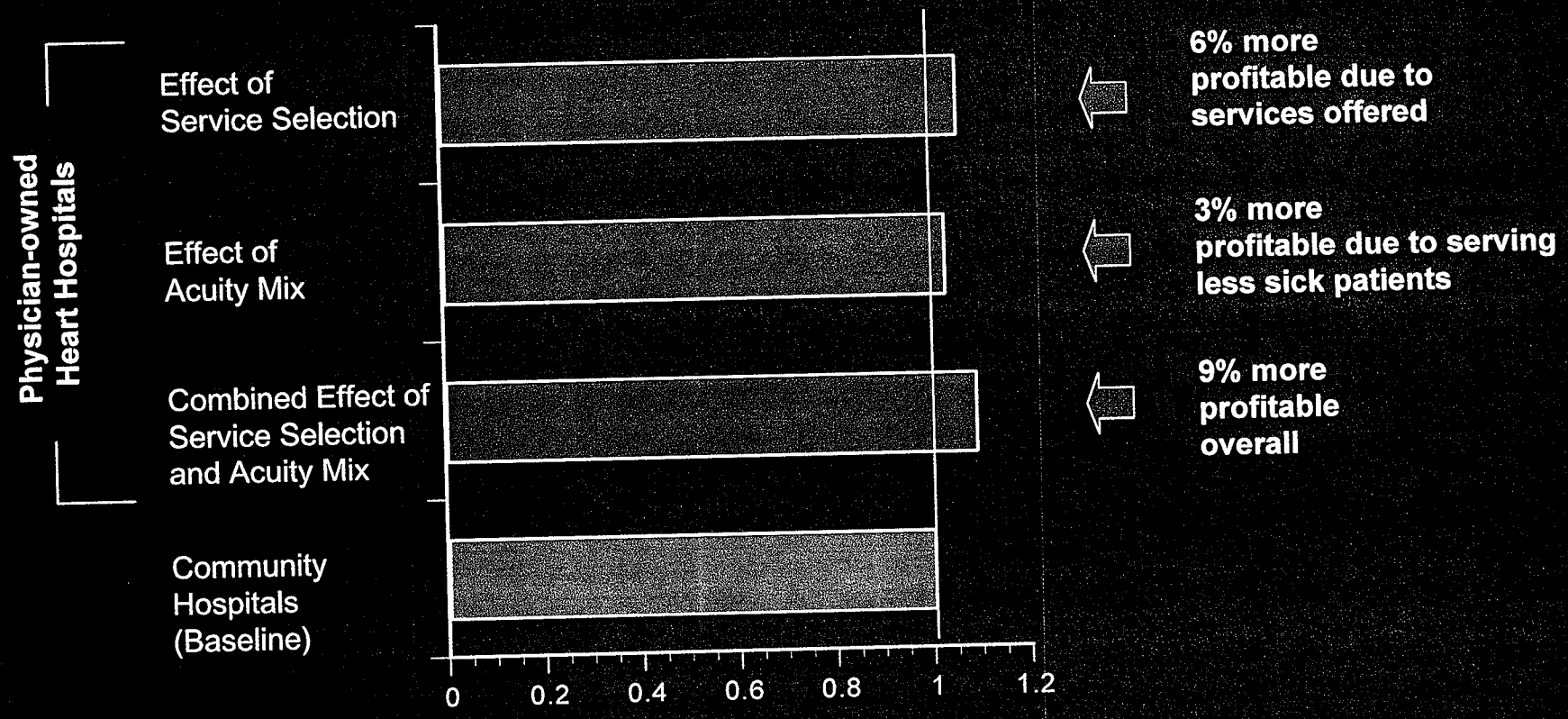
Kansas Heart Hospital Financial Performance, 2000-2002

	2000	2001	2002
Net Revenue	$34 million	$ 40 million	$43 million
Net Income	$12 million	$14 million	$14 million
Profit Margin (Net income / Net Revenue)	36%	34%	32%
Total Discharges	1,980	2,402	2,642
Net Income/Discharge	$6,184	$5,751	$5,255

Source: Medicare Cost Reports, Data Advantage Corporation. The Galichia Heart Hospital and the Kansas Surgery and Recovery Hospital both generated 13% margins in 2002 (the most recent year for which data were available).

Wichita findings are consistent with a recent MedPAC study which found that choosing profitable services and serving less sick patients contribute to higher profits for physician-owned heart hospitals.

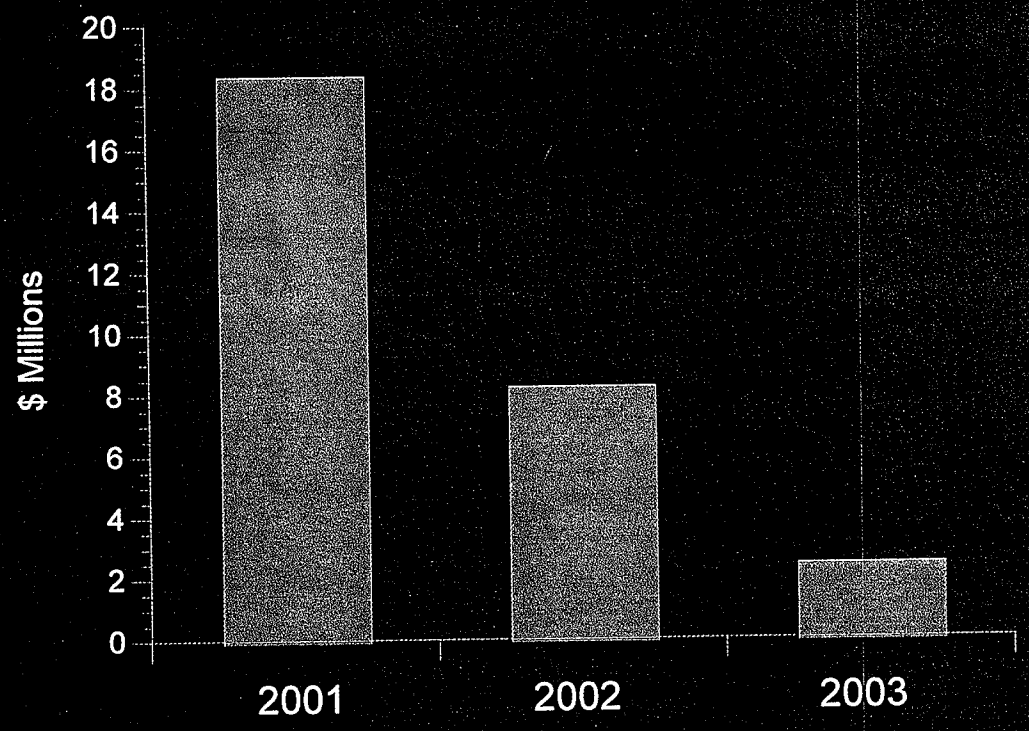
Expected Relative Profitability of Physician-owned Heart Hospitals Given Service Selection and Lower Acuity Mix (Within DRG)



Source: Medicare Payment Advisory Commission (MedPAC), DRG Relative Profitability and Patient Selection in Specialty Hospitals, preliminary data, presented at MedPAC meeting, October 29, 2004

Meanwhile, the full-service hospitals saw corresponding reductions in revenues and net income.

Net Revenues from Wesley Medical Center's Heart Program

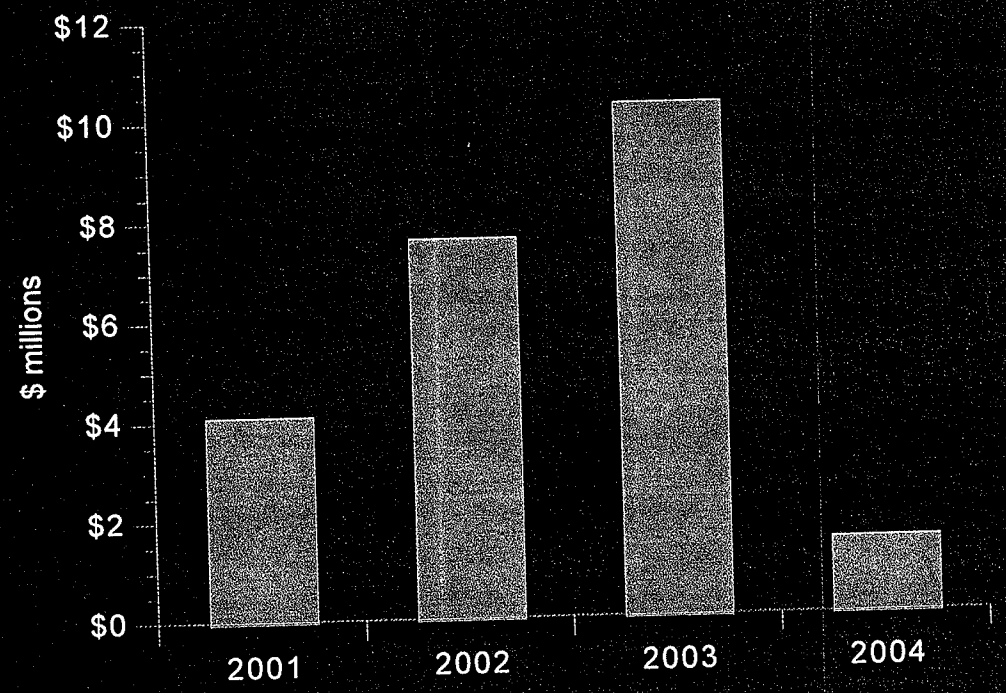


Source: Wesley administration.

Net revenues in Wesley Medical Center's heart program decreased by $16 million after the opening of Galichia Heart Hospital in 2001.

Full-service hospitals' financial position suffered with the introduction of each new limited-service hospital.

Net Revenues from Wesley Medical Center's Neurosurgery Program

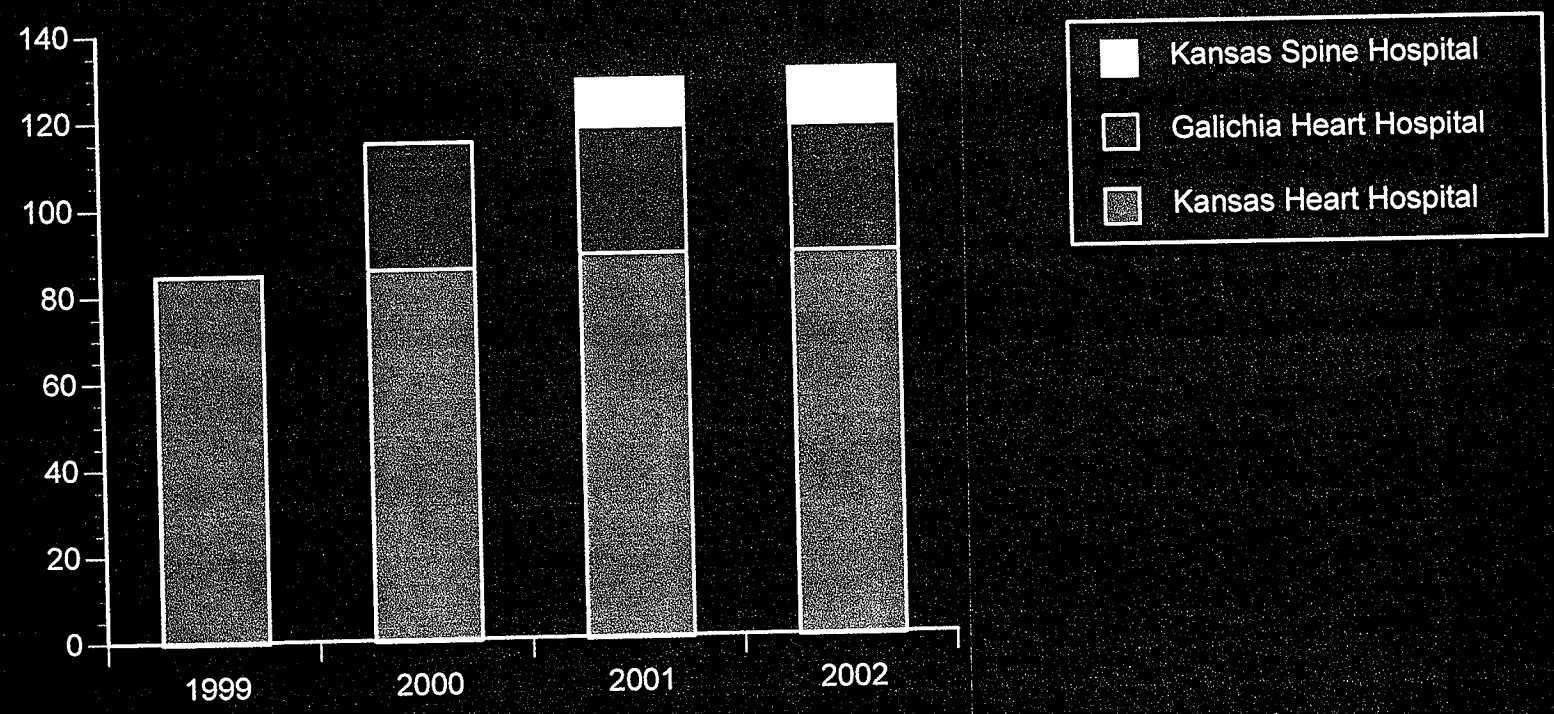


Source: Wesley administration.

Wesley Medical Center's net revenues in neurosurgery dropped $8.8 million after the opening of Kansas Spine Hospital in 2003.

Key staff left the full-service hospitals to join the limited-service hospitals.

Cumulative Staff Losses by Via Christi to Three Limited-Service Hospitals, 1999-2002



Source: Via Christi administration.

Full-service hospitals had to reallocate resources – investing more to rebuild affected services, while cutting back elsewhere.

Wesley Medical Center's Actions Following the Opening of Galichia Heart Hospital and the Kansas Spine Hospital

Competing with Limited-service Hospitals to Maintain Critical Programs

- Increased cath lab staff salaries an average of $2 per hour (cost $2.5 million a year) and paid retention bonuses of $7,500 each

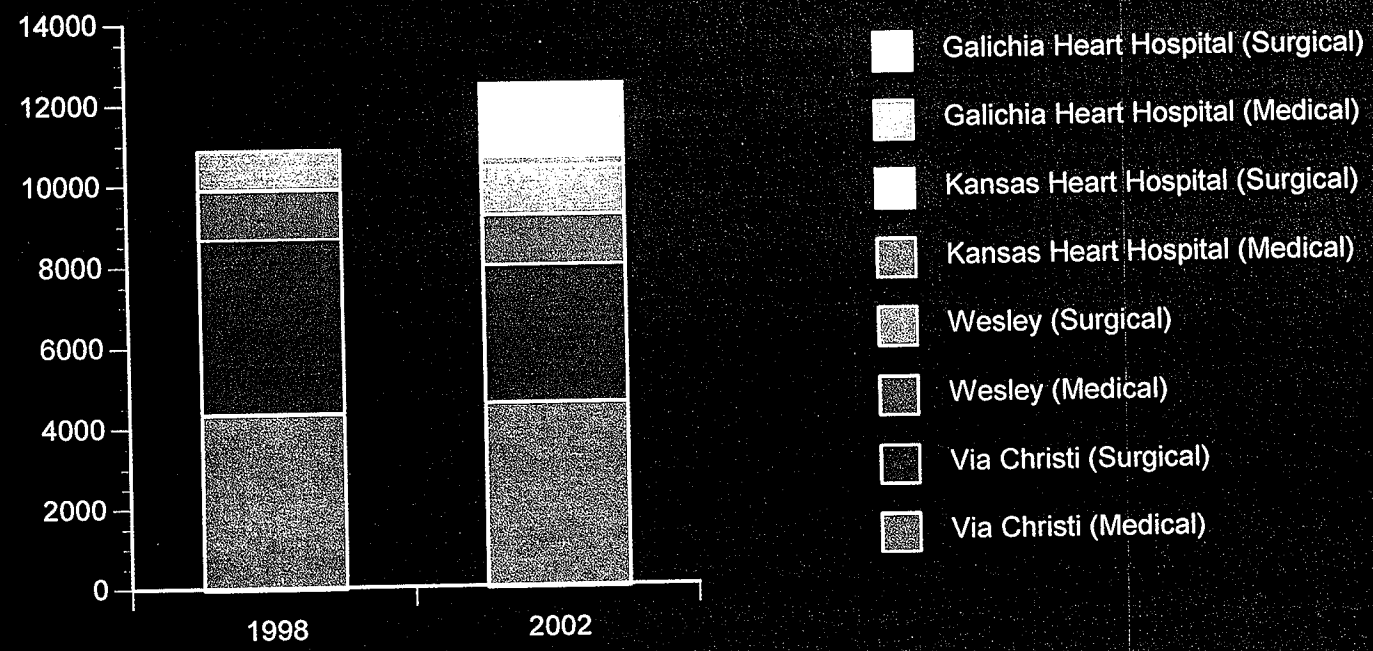
Cutting Back on Other Subisdized Services

- Laid off 120 full-time equivalent (FTE) employees in 2001 and another 54 FTEs in 2003
- Sold Occupational Medicine Clinic
- Closed Electron Microscopy Research Center
- Closed pharmacy research program

Source: Wesley administration.

Total resources increased for services targeted by the limited-service hospitals, and so did the number of cases.

Circulatory Cases in Wichita Hospitals, 1998-2002*



15% increase in circulatory system cases in 4 years

* *Inpatient admissions of patients with circulatory diseases (MDC 5).*
Sources: Medicare Cost Reports, Data Advantage Corporation, Via Christi and Wesley administrations.

Summary

- **Wichita was a highly competitive health care market when five new limited-service hospitals were introduced.**
- **Physician-owners quickly directed selected cases** (involving well-paid procedures, good payers, elective procedures, healthier patients) **to the limited-service facilities, while the remainder continued to be treated at the full-service hospitals.**
- **Competition became more intense for the cases that were targeted by the limited-services hospitals…**
  - Duplicative investments in facilities
  - Intense competition for skilled staff
  - Forgiveness of out-of-network co-pays by the limited-service hospitals
- **Total utilization for these targeted cases increased.**
- **Meanwhile, other services were reduced as health care dollars that had previously been available to subsidize poorly reimbursed services became profits for physician-investors.**

McManis Consulting

For further information, please contact the study authors:

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Greenwood Village, CO 80111
720.529.2110
kmoore@mcmanisconsulting.com
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Or the sponsors:

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Washington, DC 20004
202.626.2329
csteinberg@aha.org

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Attn: Larry Wall
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Greenwood Village, CO 80111
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215 S. 8th Avenue
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Attn: Dave Hewett
3708 Brooks Place
Sioux Falls, SD 57106
605.361.2281
hewett@sdaho.org

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Tuesday, June 18, 2013 4:45 PM
To: Bob Pofahl
Cc: Susana Montana; David Weir
Subject: Building heights & Drain fields

Bob,

We still haven't heard from you regarding the one story Hospital. You indicated that you were going to ask for zoning to build a one story Hospital. As a matter of fact you showed us pictures of a one story building. I've reviewed the latest information I have from City Planning, and it appears you are still asking for buildings to be 45 feet high. We've asked that you amend your zoning application to be for a one story Hospital building, but have not received an answer.

In another matter, I'd like clarification of your e-mail to me describing what your part would be in sewer hook ups for the Townhouse properties, if the situation arises. We have you on record as saying that if you're successful in getting the property re-zoned, and hook-ups become necessary, you will pay for that expense. We took that as meaning there would be no expense to the Townhouse owners. If I'm reading your e-mail correctly, you are proposing to run a sewer line with stubs ("Tees") that property owners could hook up to, 40 feet from the Townhouses. If that's the end of your commitment, that would mean the homeowners would be responsible for digging the trench from the house to the sewer line, connect the line, neutralizing the septic tank, etc. which would cost between $1,700 and $3,000 according to Johnny's Septic. Also there could possibly be an impact fee from the City for $1,165.00 If I'm incorrect in my reading of your e-mail, please point out the errors. We need a clear, simple statement of exactly what your role would be in the event of a situation like this.

Sincerely,

John F. Stevens, Pres.

CCNA

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Wednesday, June 19, 2013 10:42 AM
To: Bob Pofahl
Cc: Susana Montana; David Weir
Subject: Re: Building heights & Drain fields

Bob,

Your answer about the sewer hook-ups is finally put in writing, and is what we had in mind when you made your statement in public several months ago. We thank you for putting this issue to rest. Concerning the height of the proposed Hospital building, we're happy to see in print that you are going to ask for a one story building, but the application for the zoning change still says a 45 foot high building. If you were to decide not to build the Hospital, or were prevented in some other way from building it, most any kind of a building could be built there, and it could be almost any kind of a building, as the property would be zoned C-3 commercial.

Best regards,

John Stevens, Pres.

Country Club Neighborhood Association

On Wed, Jun 19, 2013 at 7:28 AM, Bob Pofahl <bob@picachomountain.com> wrote:
> John,
>
> I hope you were satisfied with the answers to your questions last night.
> As stated in the meeting, we are willing to pick up the expenses for town
> home owners to connect to the new sewer line if our plan is approved. We
> will pick up the expenses to decommission the current tanks and hook into
> the new sewer line. Will also pay the tap fee to the City.
>
> We also acknowledged that the hospital planned for the site will not be
> more than one story and the medical office buildings no more than two
> floors.
>
> Thank you for attending the meeting last night. We are glad, once again,
> to be able to keep the community informed about the progress of the
> redevelopment plans.
>
> Bob Pofahl
> 575-680-8812 mobile
> 575-523-2500 office
> 575-993-5342 fax
>
> Picacho Mountain
> 1340 Picacho Hills Dr.
> Las Cruces, NM 88007
> http://www.cbiholdings.com <http://www.cbiholdings.com/>

Susana Montana

From: Susana Montana
Sent: Thursday, June 20, 2013 8:01 AM
To: CARL JENSEN
Subject: RE: Park Ridge Medical Center (former Country Club site) rezoning

Mr. Jensen, if you like I can forward your email message (below) to the Planning and Zoning Commissioners as a public comment on the rezoning application. The Commission will hear public testimony on the rezoning request at the June 25th public hearing (6 PM, City Hall Council Chambers) and will make a *recommendation* to the City Council. The rezoning application is scheduled to go before the City Council on August 19th (1 PM, City Hall Council Chambers) and it is the *Council* that makes the determination on the re-zoning request. However, both the Commission and the Council take testimony from the public and take very seriously the concerns of neighbors.

If you would like to submit a separate letter or email message to the Commission for the June 25th meeting, I would be happy to forward it to them before the meeting so they have time to read and consider your points. You can also reiterate your concerns at the June 25th Commission meeting.

Please note that though the staff report recommends approval with conditions, the Commission can place new or amended conditions on their recommendation to the City Council, the Commission may recommend denial of the application to Council, or may they vote to table the case for further information from staff or the Applicant. The City Council may place new or amended conditions on any approval of the rezoning, may vote to deny it, or may vote to table it for further information. So, we are still early in the democratic process for this rezoning application. Thank you.

Let me know if you want me to forward your previous email to the Commission or if you want to send a new one. Have a great day.

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
Physical Location: City Hall at 700 North Main Street, Suite 1100
Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
smontana@las-cruces.org
Main Line: (575) 528-3043
Direct Line: (575) **528-3207**
Fax Line: (575) 528-3155
www.las-cruces.org

Susana Montana

From: Susana Montana
Sent: Thursday, June 20, 2013 8:18 AM
To: Connie Potter; Mayor; David Weir
Cc: John Stevens; Carl Baca; Eva Booker; Palmer Clark; Steve Rameriz
Subject: RE: Letter "to whom it may concern" in PDF

Greetings Connie. The Applicant submitted that document as an amendment to his application and it was included within Attachment 5 as part of his application. The Commission will consider it along with all the other materials, including public comments. Your email to David Weir with the web links to the McManis study was included in the public comment Attachment 8

Your comments below can be sent to the Commission in a packet entitled "public comments received after the packet was delivered", as is customary. I compile all the late comments until the Friday before the Commission meeting and then I email the packet to the Commissioners so they have time to read them. After Friday, I cannot be sure that the Commissioners will open their email or have time to read the comments, so I deliver any comments received after then in hard copies that I place in front of their chair at the hearing. This last approach is generally not very effective as they do not have time to thoroughly read those submittals but can only scan them before the case hearing.

Would you like me to send the below message to the Commission or would you like to send me a new message addressed to the Commissioners with the same content? Let me know and I will do so. If Thanks.

Susana Montana, Planner
City of Las Cruces Community Development Department Building & Development Services Division Physical Location: City Hall at 700 North Main Street, Suite 1100 Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002 smontana@las-cruces.org Main Line: (575) 528-3043 Direct Line: (575) 528-3207 Fax Line: (575) 528-3155 www.las-cruces.org

Providing responsive, cost effective and high quality services to the citizens of Las Cruces P Go Green - Please consider the environment before printing this email or any attachments

-----Original Message-----
From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Wednesday, June 19, 2013 9:58 PM
To: Susana Montana; Mayor; David Weir
Cc: John Stevens; Carl Baca; Eva Booker; Palmer Clark; Steve Rameriz
Subject: Letter "to whom it may concern" in PDF

Dear Susana,

I want to express my shock and disapproval at finding within the legal Public documents supposedly comprising the City of Las Cruces' Response to the Park Ridge zoning application, an unsigned, undated (June 2013) letter allegedly from Robert Pofahl addressed "to whom it may concern".

This letter, if it was written by him, is factually anonymous and includes legal opinions, and acts to speak in behalf of entities Mr. Pofahl is on record as have no authority to represent. It has no place in a legal and public city record and I and others oppose its publication, circulation, by our City and its posting on the City of Las Cruces website.

Mr. Pofahl, if he is actually the author, can post it on his own website. Furthermore the City has no more cause to disseminate his opinions than those of the CCNA or any other party to this application other than the City's response.

PLEASE, remove these two pages immediately. They are irrelevant and are spurious and irrelevant. Burying them within the City's response was improper.

Furthermore, Mr. Pofahl held a public meeting June 18, the day after the City stamped the receipt of his ramblings. He should have circulated his opinions at that time.

Sincerely,
Connie J. Potter
2505 Desert Drive
Las Cruces. NM. 88001
524-2443

Sent from my iPhone
Connie J. Potter

Susana Montana

From: CARL JENSEN <jensenc94@yahoo.com>
Sent: Thursday, June 20, 2013 11:37 AM
To: Susana Montana
Subject: Re: Park Ridge Medical Center (former Country Club site) rezoning satisfied

Thank you for your reply . My wife and I took a tour of the project this morning courtesy of Mr. Pofahl. I came away fully
satisfied that the program is good for our area as well as the town .

I signed the petition in support of the project and offered to walk the petition through our neighborhood with some of the data. I am very satisfied with the program now.

From: Susana Montana <smontana@las-cruces.org>
To: CARL JENSEN <jensenc94@yahoo.com>
Sent: Thursday, June 20, 2013 8:00 AM
Subject: RE: Park Ridge Medical Center (former Country Club site) rezoning

Mr. Jensen, if you like I can forward your email message (below) to the Planning and Zoning Commissioners as a public comment on the rezoning application. The Commission will hear public testimony on the rezoning request at the June 25th public hearing (6 PM, City Hall Council Chambers) and will make a *recommendation* to the City Council. The rezoning application is scheduled to go before the City Council on August 19th (1 PM, City Hall Council Chambers) and it is the *Council* that makes the determination on the re-zoning request. However, both the Commission and the Council take testimony from the public and take very seriously the concerns of neighbors.

If you would like to submit a separate letter or email message to the Commission for the June 25th meeting, I would be happy to forward it to them before the meeting so they have time to read and consider your points. You can also reiterate your concerns at the June 25th Commission meeting.

Please note that though the staff report recommends approval with conditions, the Commission can place new or amended conditions on their recommendation to the City Council, the Commission may recommend denial of the application to Council, or may they vote to table the case for further information from staff or the Applicant. The City Council may place new or amended conditions on any approval of the rezoning, may vote to deny it, or may vote to table it for further information. So, we are still early in the democratic process for this rezoning application. Thank you.

Let me know if you want me to forward your previous email to the Commission or if you want to send a new one. Have a great day.

Susana Montana, Planner
City of Las Cruces Community Development Department

MVEDA
nmborderplex.com
P.O. Box 1299 • Las Cruces, NM 88004

June 20, 2013

Planning and Zoning Committee
City of Las Cruces
P O Box 20000
Las Cruces, NM 88004

RE: MVEDA Economic Impact Disclaimer with respect to Parkridge Medical Campus

The economic impact analysis conducted by MVEDA for Parkridge Medical Center campus assumes 100% new incremental business, jobs, capital investment and tax revenue across all its categories, both medical and retail. We advise, however, that it should not be viewed solely in this manner as our modeling does not enable us to incorporate any potential reduction in tax revenue, jobs and capital investment resulting in the "redistribution" of these economic impacts from other existing similar business services in the community. Should the reader of this impact analysis require full net impact, we would recommend conducting further analysis and dialogue with the developer to fully understand which medical and retail services will be new, and not competitive to other local, existing service providers, and to account for that percentage of economic shifts.

Davin Lopez
President and CEO

RECEIVED
JUN 20 2013
CITY OF LAS CRUCES
DEVELOPMENT SERVICES

U.S. Bank Tower
277 E. Amador, Suite 304

PHONE 575.525.2852
TOLL FREE 800.523.6833
FAX 575.523.5707
mveda.com

To: Las Cruces Planning & Zoning

From: John Hummer

Date: June 20, 2013

RE: **Z2860 PARK RIDGE REZONING - CLARIFICATION OF LETTER**

It has been brought to my attention, that a letter has been submitted within a rezoning application to the P&Z by Robert Pofahl, stamped June 17th, whereby he began the letter in paragraph two with these comments:

> *"This project is being driven by the same qualities that drove John Hummer, a long-time family friend of Dr. Galichia, to develop the MountainView Regional Medical Center years ago. A number of people voiced a desire for a new facility in the community to provide services, create jobs and help retain patients in the community that had migrated to other cities for care."*

I would like to point out the following clarifications:

1. Mr. Pofahl and I have not visited about my relationship or my family's relationship with Dr. Galichia nor have we discussed the driving qualities that motivated me as compared to Dr. Galichia. Although I do not consider this relevant to the project, but out of respect for my father, I would like to clarify that it is actually my father, also a physician in Wichita, who has been a long-time *acquaintance* of Dr. Galichia. They both worked in Wichita but in two totally different medical groups. The last time I spoke with Dr. Galichia was in early 2007. I have not seen nor visited with Dr. Galichia since that time nor have I had any business involvement in the current Park Ridge Development. Prior to our visit in 2007, I met Dr. Galichia in 1989 on a couple of occasions during my hospital administrative residency in Wichita.

2. As to the reference, *"a number of people voiced a desire for a new facility (i.e. MountainView)"*, please note that my public comments on this issue referenced a statistically valid community-wide survey conducted by the Gallup Organization. I do not know if a similar type survey was conducted for Park Ridge. And as for the outmigration of patients, we (myself and Triad) publicly disclosed in the year 2000, the amount of patients out migrating from Las Cruces into El Paso and Albuquerque acute care hospitals was 25%. Likewise, I do not know if any current outmigration data has been shared by the Park Ridge developers. The 2000 Gallup survey, along with the outmigration data, was conducted and publicly disclosed to the community from Triad Hospitals, Inc.

I also sent Mr. Pofahl an email respectfully requesting that he correct any future references to the relationship between me, my family and Dr. Galichia.

Thank you for including this in the public record.

John T. Hummer

ALSTON&BIRD LLP

TO: John Stevens, President
Country Club Neighborhood Association
Las Cruces, New Mexico

RECEIVED
JUN 21 2013
CITY OF LAS CRUCES
DEVELOPMENT SERVICES

FROM: Alston & Bird, LLP

DATE: June 21, 2013

RE: Analysis of Proposed Physician-Owned Hospital Development

You have asked us to review the proposed development of a new regional hospital on property that is currently occupied by the closed Las Cruces Country Club (the "Proposed Hospital"). Specifically, you have asked us to focus this review on the federal physician self-referral law (the "Stark Law").

Please note that the information and analysis contained herein is intended for use by CCNA and CCNA is the only party entitled to rely on it.

I. Description of Proposed Development

Based on documents and information you provided, it is our understanding that the Proposed Hospital would provide a full range of services, including emergency room, surgical suites, cardiac catheterization, radiology service, laboratory and pharmacy. Up to twenty (20) local physicians are reportedly being recruited to invest in the development of the hospital, by purchasing an interest in an entity that would acquire the real estate, build the hospital facilities, purchase the hospital equipment, and then lease all of those assets to an operating entity at a "fair market value" rate (the "Proposed Arrangement").

Based on a written prospectus from the Galichia Hospital Group (the "Galichia Group"), it has been involved in developing the Proposed Hospital and would potentially serve as the hospital operator. Written materials from the Galichia Group describe its business model as involving local physicians to become stakeholders, with the physicians getting to work in "their hospital." One part of the Galichia Group's written criteria for entering a market includes:

1. Physicians of the highest quality to partner with

2. Physicians with a substantial patient base

3. Physicians from various and complementary specialties

4. Physicians willing to be stake holders and invest in project

The prospectus also states their "[i]nvestment strategy aligns goals amongst the shareholders, managers, and physicians who drive the revenue and success of the institutions."

II. Summary of Analysis

Changes to the Stark Law by the Patient Protection and Affordable Care Act ("PPACA") have severely restricted the ability of a physician to possess an ownership or investment interest in a hospital to which the physician refers. Based on the facts described above and a review of the Stark law regulations and other related guidance, we believe it is likely that federal regulators would view the physician involvement in the Proposed Hospital as implicating the Stark Law's prohibitions. If so, each physician investor would be prohibited from referring Medicare patients to the Proposed Hospital, and the Proposed Hospital would be prohibited from billing Medicare for any related services. Failure to comply with the Stark Law restrictions could result in significant financial penalties.

The following analysis is based on the Proposed Arrangement as described above. Any analysis of the Stark Law is a very fact sensitive process. It is important that each party considering involvement in an arrangement that might implicate the Stark Law have independent legal counsel review the details of the proposed relationships for compliance with the law.

III. Summary of the Federal Physician Self-Referral Law (the "Stark Law")

Under the Stark Law, a physician is prohibited from (1) making a "referral" of a Medicare patient to an entity; (2) for the furnishing of "designated health services;" (3) if there is a "financial relationship" between the referring physician (or an immediate family member of the physician) and the entity; (4) unless an exception applies.[1]

The Stark Law defines a "referral" to mean a request by a physician for, or the ordering of, or the certifying of the need for, or the establishment of a plan of care including, any designated health service ("DHS") for which payment may be made under the Medicare program.[2]

The Stark Law defines a "financial relationship" to mean either: (1) an ownership or investment interest in the DHS entity; or (2) a compensation arrangement between the

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[1] 42 U.S.C. § 1395nn(a)(1).

[2] The following categories of items and services are considered "DHS" when covered by Medicare: clinical laboratory services; physical therapy, occupational therapy, and speech-language pathology services; radiology services, including magnetic resonance imaging ("MRI"), computerized axial tomography ("CAT") scans, and ultrasound services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment, and supplies; prosthetics, orthotics, and prosthetic devices and supplies; home health services; outpatient prescription drugs; and ***inpatient and outpatient hospital services***. 42 U.S.C. § 1395nn(h)(6); 42 C.F.R. § 411.351 (emphasis added).

physician and the DHS entity. These ownership or investment interests or compensation relationships may be direct or indirect. Further, in describing certain restrictions on physician ownership of a hospital, PPACA focused on physician "ownership or investment interests held in the hospital, ***or in an entity whose assets include the hospital***."[3]

The Stark Law is not intent-based. If a financial relationship exists, the physician cannot make a referral for DHS and the service provider cannot bill the government for the service, even when there is no intent to induce referrals, unless an exception applies. Significant civil monetary and administrative penalties may be assessed for certain violations of the Stark Law, and a person violating the law may be excluded from participation in Medicare and Medicaid.

Under the Stark regulations, a person or entity is considered to be furnishing DHS if it either (1) is the person or entity that has performed services that are billed as DHS; or; (2) is the person or entity that has presented a claim to Medicare for the DHS.[4] The first element of this rule was implemented by the Centers for Medicare & Medicaid Services (the federal agency responsible for drafting Stark regulations) ("CMS") in 2008, based on the agency's "continuing concern about the risk of overutilization with respect to services provided 'under arrangements' to hospitals and other providers..."[5]

Historically, the Stark "whole hospital" exception has allowed a physician to refer a patient to a hospital in which the physician has an ownership interest if he or she is authorized to perform services at the hospital and his or her ownership interest is in the entire hospital.[6] Through PPACA, Congress amended the whole hospital exception in a way that largely prohibits the development of new physician-owned hospitals and places strict limitations on the expansion and operation of existing physician-owned hospitals.[7] On November 24, 2010, CMS issued a Final Rule to implement PPACA's revisions to the whole hospital exception.[8]

Under this Final Rule, in order to satisfy the whole hospital exception, a hospital had to have physician ownership as of March 23, 2010. Furthermore, going forward, the percentage of physician ownership may not exceed the level that existed on that date. Grandfathered hospitals (that had physician ownership on March 23, 2010) were also required to comply with a range of additional regulatory requirements, including restrictions on expansion of its facilities, disclosures of conflicts of interest, and mechanisms to ensure that each physician's ownership arrangement qualified as a "bona fide" investment.

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[3] 42 U.S.C. § 1395nn(i)(1)(D)(i) (emphasis added).

[4] 42 C.F.R. § 411.351 (definition of Entity).

[5] 73 Fed. Reg. 48434, 48721 (Aug. 19, 2008).

[6] 42 U.S.C. § 1395nn(d)(3).

[7] Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 6001.

[8] 75 Fed. Reg. 71800, 72240 (Nov. 24, 2010).

IV. Analysis

A. Review of the Current Regulatory & Enforcement Environment

The regulatory and enforcement environment around physician-owned health care enterprises, as well as other arrangements that potentially implicate federal "fraud and abuse laws," has increased dramatically in the last few years.

For 2012, the Department of Justice reported recovering more than $3 billion from health care fraud related cases, a one-year record. In its March 2013 Semi-Annual Report to Congress, the federal Office of Inspector General, Department of Health and Human Services ("OIG") reported expected recoveries from October 2012 through March 2013 of about $3.8 billion. For the same period, the OIG reported exclusions of 1661 individuals and entities from participation in federal health care programs. Enforcement actions involving Stark Law allegations have also increased, including settlements with hospital chains ranging from $14 million to $25 million and the Tuomey Healthcare System jury trial that resulted in initial Stark Law damages of nearly $40 million, with False Claims Act liability still to be determined.

The Patient Protection and Affordable Care Act ("PPACA"), which passed in March 2010, largely eliminated the development of new physician-owned hospitals in the United States. In addition, on March 26, 2013, OIG published a "Special Fraud Alert: Physician-Owned Entities," which labeled physician-owned distributorships as "inherently suspect." An entry for certain Physician-Owned Distributors also appears on the OIG's 2013 Work Plan, a document outlining the OIG's enforcement priorities for the coming year.

This regulatory and enforcement landscape provides an important backdrop when analyzing any proposed arrangement involving the Stark Law, but particularly in the context of physician investment involving a new hospital, which was the precise subject of PPACA's changes to the Stark Law. Given this recent Congressional action virtually eliminating new physician-owned hospitals, it seems likely that federal regulators will view any arrangement in this area that comes "close to the line" with a significant degree of skepticism and an eye towards protecting the underlying policy interests expressed by Congress through PPACA.

B. The Proposed Arrangement Would Likely Be Viewed as Creating an Ownership or Investment Interest in the Proposed Hospital

The first question in this analysis is whether regulators would view the Proposed Arrangement as equivalent to the physicians acquiring an ownership or investment interest in the Proposed Hospital.[9] If so, the Proposed Arrangement would clearly implicate the Stark Law, including its prohibition that (1) the physician-owners not refer

[9] Without additional information about the structure of the proposed lease payments, we cannot analyze those payments to determine whether or not they satisfy a compensation exception to the Stark Law.

Medicare beneficiaries to the Proposed Hospital and (2) the Proposed Hospital not bill for any of those services.

The definition of "financial relationship" includes both direct and indirect ownership or investment interests. In discussing this definition in 2001, the Health Care Financing Administration (the precursor to CMS) ("HCFA") stated:

> *We believe that limiting the statutory prohibition to direct ownership and compensation arrangements would seriously weaken the statute. Unscrupulous physicians and entities furnishing DHS would simply interpose entities between themselves and funnel the money through them.*[10]

Under PPACA, a section of the Stark Law discussing the whole hospital exception defines the applicable ownership or investment interest as including any interest "held in the hospital ***or in an entity whose assets include the hospital***..."[11] Under the Proposed Arrangement, the physician investors would own interests in an entity whose assets include the hospital, including the real estate, the hospital facilities, and all equipment utilized by the hospital.

In the only published Advisory Opinion examining the question of whether a particular arrangement constituted an ownership or investment interest by physicians, CMS focused, among other things, on whether the physician-shareholders had a "pecuniary incentive to enhance their investment interests . . ."[12] It seems likely that, under the Proposed Arrangement, the physician investors would have a pecuniary incentive to ensure that the Proposed Hospital generated revenue and was profitable. Even if the proposed "fair market value" lease payments were not directly tied to the profitability of the Proposed Hospital, the hospital's success would benefit the physician-investors in at least two ways: (1) it would ensure that the lease remained viable and rent payments continued to flow and (2) it would likely cause the physicians' investment in the underlying real estate to appreciate in value. We believe these are the kinds of economic indicia that would lead CMS, OIG or other regulators to conclude the physician-investors had an ownership or investment interest in the Proposed Hospital, were regulators to analyze the Proposed Arrangement.

Finally, the Galicia Group's own documents illustrate the parties' view of the Proposed Arrangement. The documents state that the physicians will become "stakeholders" and get to work in "their hospital." It is likely that these statements would be viewed by regulators as further evidence that the developers and physicians considered the physicians to be owners of the Proposed Hospital. Furthermore, part of the Galicia Group's stated criteria for entering a new market includes the presence of physicians "with a substantial patient base," who are also "willing to be stake holders and invest in

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[10] 66 Fed. Reg. 856, 867 (Jan 4, 2001).

[11] 42 U.S.C. § 1395nn(i)(1)(D)(i) (emphasis added).

[12] See Advisory Opinion No. CMS-AO-2005-08-01, available at: http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Downloads/MS-AO-2005-08-01.pdf

[the] project." This implies a connection between (a) a potential physician-investor; (b) the size of the physician's patient population; and (c) the Galicia Group's willingness to enter the market. The Group also reports that its "[i]nvestment strategy aligns goals among shareholders, managers, and ***physicians who drive the revenue*** and success of the institutions." (Emphasis added).

This type of connection – between physicians, patient referrals, and investment opportunities – was exactly what Congress hoped to mitigate by passing the Stark Law. As HCFA stated in 2001:

> *Prior to enactment of [the Stark Law] there were a number of studies, primarily in the academic literature, that consistently found that physicians who had ownership or investment interests in entities to which they referred ordered more services than physicians without those financial relationships . . . Increased utilization occurred whether the physician owned shares in a separate company that provided ancillary services or owned the equipment and provided the service as part of his or her medical practice. This correlation between financial ties and increased utilization was the impetus for [the Stark Law].*[13]

C. An Entity That Owns the Real Estate, Hospital Facilities & Equipment Would Likely be Viewed as the Entity That "Performs" the Hospital DHS

In 2008, CMS revised the Stark regulations to address physician-owned entities that were providing services to hospitals "under arrangements." An "under arrangements" arrangement involves a hospital purchasing a health care service (such as dialysis or advanced imaging) for its patients from a third party vendor. The services are then billed by the hospital to third party payers "under arrangements." The under arrangements provider receives a fee from the hospital, generally pursuant to a written services agreement.

CMS became concerned about a proliferation of physician-owned "under arrangements" companies and revised the regulations in 2008 to curtail their use. In preliminary guidance, CMS described this concern as follows:

> *We agree with the commenter that arrangements structured so that referring physicians own leasing, staffing and similar entities that furnish items and services to entities furnishing DHS . . . but [the physicians] do not submit claims raise significant concerns under the fraud and abuse laws and would appear contrary to the plain intent of the physician self-referral law. These structures are particularly problematic because referrals by physician-owners of leasing, staffing and similar entities to a contracting DHS entity can significantly increase the physician-owned entity's profits and investor returns, creating incentives for overutilization and corrupting medical decision-making.*[14]

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[13] 66 Fed. Reg. 856, 859 (Jan. 4, 2001).

[14] 72 Fed. Reg. 51012, 51014 (Sept. 5, 2007).

Prior to 2008, for purposes of Stark, only the entity that submitted a bill to Medicare was considered a DHS entity. This meant a physician-owned under arrangements company was not a DHS entity and therefore the physician could refer patients to the company without violating Stark. By changing the definition of entity to include both the entity that billed the service and the entity that "provided" the service, CMS largely foreclosed the use of physician-owned under arrangements companies.

In its regulatory discussion of this change, CMS specifically declined to provide a specific definition of "perform."[15] While a physician-owned company that provides a narrow, discrete service to a hospital (*e.g.*, the company only leases a single piece of equipment to the hospital) might not be viewed as "performing" the DHS service, we believe the scope of assets being provided under the Proposed Arrangement (the real estate, the hospital facilities, and all equipment) would likely result in the physician-owned entity being viewed as the "performing" entity.

It appears that the Proposed Arrangement is attempting to avoid these regulatory restrictions by breaking apart a hospital's assets between two entities: one that possesses the hospital license and the other that possesses nearly all other assets necessary for operating the hospital, including the real property, the facilities, and the equipment. While not structured as an "under arrangements" arrangement *per se*, we believe it was this type of bifurcation that the 2008 under arrangements rules were attempting to prohibit.

V. Conclusion

Based on the facts that we have been provided (as described above) and available guidance, the Proposed Arrangement appears to be an effort to "end-run" both PPACA's prohibition on new physician-owned hospitals and the 2008 "under arrangements" rule changes.

Given the clear Congressional policy behind the PPACA revisions to the whole hospital exception, and the other guidance discussed above, we believe it is likely that regulators would construe the Proposed Arrangement as creating an ownership interest between any physician investor and the Proposed Hospital, thereby implicating the Stark Law.

Please note that the information and analysis contained herein is intended for use by CCNA and CCNA is the only party entitled to rely on it.

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[15] 73 Fed. Reg. 48434, 48726 (Aug. 19, 2008).

RECEIVED
JUN 21 2013
CITY OF LAS CRUCES
DEVELOPMENT SERVICES

June 19, 2013

To the Editor
Sun News
Las Cruces NM

Because of the complex nature of this topic I request it be printed as Other Views so as to exceed the 300 word limit.

Perspective about rezoning for a physician-investor hospital complex on the Las Cruces Country Club (LCCC) property.

For clarification, I am not simply a "resident on record opposed to any development" as stated by our City Manager, Robert Garza. I have never been "on or off record" opposing any development. In fact, I have worked for over six years with three developers to align their vision with the realities of Las Cruces zoning laws and neighborhood property rights, as former President of the Country Club Neighborhood Association (CCNA), which is a legally recognized entity by the City. I and others in the CCNA have always advocated safe, sustainable development consistent with the neighborhood character as defined in City zoning laws. We have been cordial, collaborative, and reasonable but are as protective of our private property rights as are the potential new LCCC owners.

The LCCC property is currently zone R-1a (medium density residential) for only one home. The Park Ridge application is for rezoning as 23 acres C-3 high-intensity commercial within 25 feet of R-1a homes in the CCNA neighborhood as well as 7 acres C-4 commercial within 50 feet of existing R-1b Townhomes. The application requests approval for a 60 foot high acute care hospital with ER, helipad, and an anticipated nearly 7000 additional car trips per day, 24/7. There is no way into this land except via Main (US 70) and Camino Del Rex and through the Country Club neighborhood.

There are numerous issues involved with this application;

First and foremost, the residents of the CCNA and this County have rights to know the implications of this application as to costs to the City (taxpayers) because infill is exempt from the impact fees and the City is required to pay for all infrastructure without the property boundaries. New "visions" for the entire 110 acres were published, distributed and shown at a public meeting on June 18, 2013, by Park Ridge Development, LLC, without having filed a renewed PUD application. This "vision" includes realignment of public-owned property (Apodaca Park land) that adds a high traffic street north of Apodaca park land without any public input or approval. This secondary access is a requirement to any hospital in this State. CCNA issues such as traffic, noise, safety (helicopter and ambulances), and to other parties concerns about the viability of the two existing safety net hospitals that we have depended on for decades have not been addressed.

The Galichia "prospectus" provided to the City and the media notes entry into a market criteria such as "low barriers to entry, potential to produce strong recurring business earnings, manageable regulatory environment" amongst others. However, three important studies conducted in Kansas and six Midwestern states show that physician-investor, specialty hospitals dramatically and adversely affect the safety-net existing hospitals both financially and through competition for scarce staffing, particularly nurses. The economic analysis included in the City response to the 30 acre proposal for Park Ridge Medical Center is flawed because recent outmigration studies available to this author show barely 6% of patients leaving this area for care, assuring that this proposed hospital's anticipated revenues can only come from the cannibalization of our two existing medical centers' highest payor mix patient base. and staff as is the business model of the physician investor hospital.

http://www.aha.org/content/00-10/Wichita%20Final%20PDF.pdf

http://www.aha.org/content/00-10/Summary%20Report_2-7-05.pdf

http://www.slideshare.net/cardiacinfo/impact-of-physicianowned-limitedservice-hospitals-lincoln-case

Rather than a net gain or even a zero sum effect based on revenue, household incomes, and physician practice collections, the developer has utilized, in a misleading manner, the Mesilla Valley EDA (MVEDA) estimates regarding new jobs, new state and local taxes and could be considered intellectually dishonest because they do not subtract the losses at the two currently economically viable existing hospitals from whence physicians, staff, and patients will be selectively transferred within the city to the new physician investor specialty hospital. MVEDA has clarified such in the public record. Those hospitals, as predicted by past history of these specialty hospital structures and business models, will lose revenue, have to operate at fixed rates of staffing at a loss, and pay increased salaries and (commonly) retention bonuses to keep experienced staff at their facility. It is rudimentary knowledge in healthcare administration that staff retention is less expensive than replacement, with the cost of hiring and orienting a new RN averaging $40,000. That figure is from regions where there is not an acute nursing shortage, which is not the case in Las Cruces.

We should all ask why, for such an important addition to our city's medical infrastructure, the history of the Galichia Group has not been scrutinized? Both in 2000 and 2009, there were large Medicare settlements paid by the Group. The Department of Justice (DOJ) press release of March 3, 2009, reports that Dr. Joseph P. Galichia, M.D. and Galichia Group, P.A. "have agreed to pay $1.3 Million to settle claims that the Group violated the False Claims Act between 2001 and 2006". The release also states that Galichia and Galichia Medical Group agreed to pay more than $1.5 Million in May 2000 for (another) False Claims Act settlement based on "up coding, double billing, and billing for services not provided". Nowhere in the press release does the DOJ exonerate the Physician or the Group. In fact, the DOJ commends the cooperation of the other agencies in "exposing Medicare fraud" which they state is a top government priority.
http://www.justice.gov/opa/pr/2009/March/09-civ-184.html

Furthermore, why is it a secret, when in the local healthcare community it is common knowledge, that the primary physician soliciting investments in this medical entrepreneurial venture is Robert Alan Graor, MD? Is there no one investigating the criminal and medical board history of the lead physician who is asking other local physicians specializing in high compensation, low risk procedures that would siphon this desirable patient population away from our safety net hospitals to join this venture? Although Dr. Graor may well be a fine, compassionate, competent physician, his professional career has left a trail of public documents including court records and State Board of Medicine public documents from both Ohio and New Mexico that challenge his integrity and ethics as well as other flaws. Is this what this city needs for a competing hospital for which there is no demonstrable need?
http://www.circare.org/pd/graor_20041210.pdf
http://www.nmmb.state.nm.us/pdffiles/OldMinutesAgenda/minutes021606.pdf

Final question, if real estate is a great investment for physicians, why do they not build a shopping mall or perhaps a restaurant, instead of a hospital? The aforementioned studies showed that the new physician investor hospitals were extremely profitable and resulted in a 15% increase in invasive cardiac procedures being performed in Kansas City along with a devastating drop in revenue and positive payer mix from the safety net hospitals. Bryan LGH in Lincoln NE lost $10 Million in one year while the new physician specialty hospitals had profit margins averaging around 35%. What could be the most likely causative factor: a sudden epidemic upsurge in angina or increased professional fee revenues? The America Hospital Association studies also showed the most profitable services in this healthcare market were cardiac, orthpaedic, followed by neurologic. What is this proposed specialty hospital going to perform? Mostly elective interventions in this market. The Galichia Group "prospectus" specifically targets Las Cruces for their newest entrepreneurial venture because of its "rapid population and economic growth ". That's surely news to most of us living in the poorest large city in the second poorest state, with the second highest population of uninsured in the entire country.

I care because my husband and I are citizens of this city and taxpayer owners of two Las Cruces homes. Yes, I am acknowledged expert in healthcare economics, but also am the Former: Co-founder and manager of Grande Ronde Airmedical, Trauma System Manager for the State of Oregon, Administrator of ER and Trauma Services at two Level I Trauma Centers: R.E. Thomason and UCI Medical Center; SVP for Bishop + Associates, the nation's preeminent trauma consulting firm which helped design and implement the NM Trauma System; and co-Founder and immediate past CEO of the Trauma Center Association of America, previously the National Foundation for Trauma Care. I know every page of

PPACA because part of my role as NFTC's CEO was to introduce and advocate for the Trauma Center Stabilization Act of 2007 (Murray D-WA, Isakson R-GA), which funds trauma care at $224 Million and is now part of the PPACA.

Even worse. this proposal may actually be a Trojan horse to obtain Commercial High Intensity zoning for the LCCC and its Realtor and Developer (who stand to gain nearly $500,000 each) and then move on to rezone the remaining 80 acres. Should the hospital complex fail to be built (likely under PPACA, legal analysis presented separately), the City and CCNA neighborhood will then left with the LCCC having high intensity commercial zoning status that allows any of the myriad allowable uses that is now plaguing Indian Hollow as a zoning precedent, but on a huge scale and the taxpayors billed for infrastructure.

I won't even get into all of the hazards of airmedical helicopter transport over a residential area into a heavily treed property with high tension power lines. As a former flight nurse and medic, my service's Bell LongRanger would never attempt such a landing, much less in a twin mast rotorwing craft. Read the information about helicopter crashes, hearing and structural damage (120 db) and more, such as loss of property values on the linked website from residents near San Francisco General Hospital, which is over Ten (10) stories tall. We are being asked to believe that landing on the roof of this small hospital will improve safety and mitigate damage to nearby residents.

http://www.stophelipad.org/home.shtml

Regarding statements made by the developer. Mr. Robert Pofahl. It is essential for both the City and its residents to remember that Bob Pofahl is not the owner of the project but the Developer and thus cannot speak to the commitments of the eventual owner. If he claims to be the owner, surely the City has done the most basic of due diligence and pre-qualified and verified Mr. Pofahl's personal financial ability to successfully undertake what he is asking to be zoned. This isn't about a Park, nor about No Growth. It is about why residents must be fully informed about their city and its government. Government should do its due diligence, not private citizens and journalism, to provide exposure or sunshine. It is the American way.

Connie J. Potter, RN, BSN, MBA;HCA
2505 Desert Drive
Las Cruces NM 88001
575-524-2443
cjmpotter@comcast.net

Country Club Neighborhood Association

Comments Regarding Zoning Application for Park Ridge Medical Center

June 25, 2013

I. The Entire 110 acre Country Club Site Should be Considered as a Planned Unit Development, Not Piecemeal in Separate Zoning Applications

-The developer has a contract to purchase all 110 acres of the Country Club site. The developer distributed its latest conceptual rendering of its proposed development of the entire 110 acres at a community meeting held on June 18, 2013.

-The owners submitted a Park Ridge PUD Concept Plan to the City of Las Cruces "(the City") on March 4, 2013. On March 18, 2013, the City released its comments and asked that each comment be addressed with the next submittal. The City's planning staff concluded it "cannot support this application as currently proposed".

-The following concerns were raised by the City regarding the Park Ridge PUD Concept Plan.

-Applicant has not filed waiver requests for design deviations required

-Each requested deviation must be accompanied by specific public benefits.

-A second entrance/exit to the property must be identified.

-The City requested section drawings, illustrations, or plan drawings, including internal circulation plan; complete streets illustrations; detailed section drawings; connectivity to adjacent neighborhoods for all modes of travel; schematic elevation drawings for apartments; renderings/illustrations of "parks, plazas and walking trials"; building footprint conceptual drawing; and landscaping.

-The City requested a green space/open space plan. The only open spaces appear to be drainage facilities and the adjacent public park.

-The City requested noise impacts for day and night use of the heliport in decibels.

-The City requested written approval from Design Review and Approval Board to be submitted with any permit application submitted to the City.

-ADA is missing throughout.

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-Driving lane and sidewalk widths are too narrow, insufficient bike lanes. The city has requested drawings showing internal bike and pedestrian access, circulation and exit.

-3-foot parkways are inadequate to accommodate a tree.

-Signage details and locations are missing.

-The City requested "a schedule for phasing of development and full-build out".

-The City requested the developer identify types of regional shopping and entertainment.

-The City noted the lack of affordable housing in the proposed development.

-Instead of responding to the City's comments, applicants submitted a Zoning Application for 30 acres of the Country Club site on April 22, 2013, representing Phases I and 2 of the Park Ridge PUD.

-The original Park Ridge PUD Concept Plan included a realignment of Madrid Avenue at Solano and relocation of Apodaca Park. Residents are concerned that the developer and the City may be continuing negotiations without community input on these drastic changes to one of the city's largest and oldest parks.

-Section 38-49 of the Zoning Code states that the "PUD process shall be required for those proposed developments that are to be subdivided and multi-phased and that request three or more deviations to planning-related minimum development standards". The Park Ridge project is to be "subdivided and multi-phased" and is requesting "three or more deviations to planning-related minimum development standards", based on their original Park Ridge PUD Concept Plan. "All contiguous property owned or legally controlled by the developer shall be included within the PUD."

-The City's Planning Commission Staff Report talks about the Purpose and intent Statements of the Zoning Code, which include "mitigate congestion", "prevent overcrowding of land", "avoid undue concentration of population", "ensure development proposals are sensitive to the character of existing neighborhoods", "conserve the value of buildings and land", "reduce noise, glare and odor" and "mitigate conflicts among neighbors". These objectives can only be met if the proposed development is evaluated as the planned unit development it is.

-Instead of approving a development plan for less than a third of the site, the development plan for the full 110 acres needs to be presented for a thorough assessment of the total economic, environmental, social and traffic impacts of the fully

developed site *before* any zoning changes are approved. The highly visible central location of the site makes this all the more imperative.

II. The Zoning Application is Incomplete

-The Country Club property is located within the Infill Development Overlay District; however, applicant chose to use the standard zone change process.

-Section 38.10 of the Zoning Code requires applicants appearing before the Planning and Zoning Commission for zoning district changes, special use permits, planned unit developments and variances to include the following with their application.

1) Site plan – at adequate scale; with improvements and setbacks; dimensions of buildings; existing and proposed vehicular circulation systems, including parking, storage, service, and loading areas; major points of access, including street pavement width and right-of-way; a landscaping plan; pedestrian and bicycle circulation systems; arrangement of all open space, common recreational and private open space; architectural renderings, with illustrations of all exterior building materials and colors, site lighting, sign location, materials, color, size, shape and lighting; a drainage facilities plan and environmental impact statement.
2) Description and justification of requested variances.
3) Application signed by all property owners of record.
4) Special use permits and variances.
5) Planned unit developments and variances.

Applicant has not provided any of the above.

-The City's Planning Commission Staff Report on this Zoning Application recommends conditional approval, but references the need for construction drawings, a traffic study, and a utility master plan for the entire 110 acres. These should be provided for review *before* the Zoning Application is approved.

-The City's Planning Commission Staff Report on this Zoning Application states that the application meets the Comprehensive Plan Land Use Element related to serving "commercial demand". No proof of demand for a third hospital has been provided, such as a market study or any other indicator of demand.

-The Zoning Application does not include a second entrance/exit into the proposed development. The rendering of the proposed development provided at the June 18, 2013 community meeting shows this second entrance/exit as the road along the north border of Apodaca Park that begins at the intersection of Solano and Madrid. The

increase in traffic congestion at this location will pose a threat to the children and families that use Apodaca Park.

-Since no second entrance/exit has been included in the application, no traffic study has been conducted and no detailed site plan has been provided (including existing and proposed vehicular circulation systems, parking, storage, service, and loading areas; major points of access, including street pavement width and right-of-way; pedestrian and bicycle circulation systems), it cannot be determined whether the Comprehensive Plan Transportation Element which seeks to "attain maximum vehicular movement and minimum congestion in a cost effective, timely, and environmentally sound manner" is possible with this development.

-For the reasons stated above, it cannot be determined whether the Comprehensive Plan Transportation Element which seeks to make "reasonable accommodations for alternative modes to access the site" is possible with this development.

-Because the application is incomplete, it cannot be determined whether the proposed development would meet the Comprehensive Plan Economic Development Element that requires "the City receives a direct or foreseen benefit in exchange for creative and unique designs that differ from mandatory development requirements."

-The City's Planning Commission Staff Report includes the following Planning and Zoning Commission criteria for decisions.

1) Adverse impacts on adjoining properties.
2) Unreasonable increases in traffic in public streets.
3) Increased danger of fire or endangering public safety.
4) Orderly and phased growth and development.
5) Unreasonable impairment of established property values within the surrounding area.

It is our position that an incomplete application for a portion of the total planned development is insufficient for the P&Z Commission to properly apply these criteria.

III. C-3 and R-4 Zoning Requested in Zoning Application for 30 Acres of Country Club Site is Too High

-C-3 and R-4 zoning is too high density for the location and surrounding neighborhood. Immediately east of the property is zoned R-1a for single-family residential. West and south of the property included in the Zoning Application is the remainder of the golf course, which is zoned R-1a. The only commercial zoning is C-2 and C-3 zoning north of the property on Main Street.

-The Zoning Application anticipates approximately 6,950 trips per day, which is expected to increase traffic on residential streets near property.

-As noted by Paul Michaud, Senior Planner, in the Planning Commission Staff Report "the site is not technically along a Principal/Major Arterial once you subdivide the parcels and that the proposed uses are not exactly at the intersection of Main St and Solana Dr."

-With regard to the heliport, the City's Planning Commission Staff Report provides conflicting information.

> "It should be noted that a heliport is not a use by right; rather, approval of a Special Use Permit (SUP) by the planning and Zoning Commission (P&Z) during a public hearing is required for the use of a heliport in the C-3C zone. SUPs are not a part of this zone change and will be processed as a separate application." (Page 2 of 11)

> "The conditional zoning would allow by right a heliport, ordinarily allowable with a special use permit, and the assisted living facility, which is currently allowed only in R-2, R-3 and R-4 zones." (Page 1 of Long Range Planning Comments)

-C-2 zoning would be sufficient for the one story hospital the developer claims it intends to build. Although the developer's current renderings reflect a one story hospital, C-3 zoning will allow structures up to 60 feet, which would not meet the Comprehensive Plan Land Use Element related to "compatibility with the existing architecture" and "character of the surrounding neighborhood", which is predominately R-1a single-family. Furthermore, the developer's current renderings include the disclaimer: "ALL IMPROVEMENTS, PLANS, AMENITIES AND LAND USES HEREIN ARE PROPOSED AND *SUBJECT TO CHANGE WITHOUT NOTICE PER THE DEVELOPERS DISCRETION.* THERE CAN BE NO ASSURANCE THAT THE CURRENT PROPOSED IMPROVEMENTS OR AMENITIES WILL BE COMPLETED." (Emphasis added.)

-The highest intensity uses, including the hospital and heliport, are to be 80 feet from existing townhomes. With the ability to build up to 60 feet, residents of the townhomes are concerned about the loss of their views. Residents prefer a park or residential development behind the townhomes.

-There are serious concerns about having a heliport in such a high density area. There are safety issues (utility wires and nearby properties). The noise can cause hearing loss. The extra lighting required will contribute to light pollution in the neighborhood.

-The developers are proposing to include high-end retail, but have not disclosed who or what type of high-end retail. Kary Bulsterbaum, associated broker with Steinborn TCN Commercial Real Estate, expressed his doubts about the developer's ability to attract high-end retail. Las Cruces has proven unable to attract high-end retail, in general, and there is a higher probability for high-end retail in the Telshor and Lohman corridor up to Sonoma Ranch.[1]

-We are concerned that this zoning application is really a Trojan Horse. Zoning would allow undesirable uses if a hospital is not built, unless zoning is conditional for a hospital only. This appears to be what happened with Indian Hollow. The zoning application said the tenant would be an upscale "mini Trader Joe's". That tenant pulled out, but C3 zoning remains. Currently, there is a posting at the site of a notice of an application for a liquor license.

-Concerns about runoff and flooding, especially at Three Crosses and North Alameda. The Las Cruces Country Club and Apodaca Park have served as the location for runoff from the country club neighborhood. If fully developed without a means to divert this runoff, it will end up in the Three Crosses and North Alameda area, which is also being developed with high intensity residential.

IV. Feasibility of physician-owned/investor hospital

-The Galichia Hospital Group is "partnering with over 20 local physicians who are investing in the real estate and equipment", which would make this a physician-owned hospital.[2][3] They have described the proposed Park Ridge Medical Center to the City as "a cross between the Ritz Carlton (Hotel) and a hospital".[4]

-Section 877 of the Social Security Act (Stark law) prohibits a physician from making referrals for certain "designated health services" payable by Medicare to an entity with which the physician has a financial relationship. Stark included a "whole hospital" exception, which was limited by the Patient Protection and Affordable Care Act (PPACA) Section 6001 to physician-owned hospitals with a Medicare provider number before December 3, 2010. A hospital which does not meet this exception will not be able to accept Medicare referrals from any physician owner or person related to the physician owner. This ban on physician-owned hospitals has halted construction on over 30 facilities.[5]

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[1] Steve Ramirez, ***Ambitious rezoning: City to review plans for property*** (Las Cruces Sun-News, June 2, 2013)
[2] Galichia Hospital Group prospectus
[3] Steve Ramirez, ***Ambitious rezoning: City to review plans for property*** (Las Cruces Sun-News, June 2, 2013)
[4] Steve Ramirez, ***New hospital would look to serve niche market*** (Las Cruces Sun-News, June 2, 2013)
[5] Baker Donelson, ***Thirteen Things Providers Should Know About Stark Law and Physician Ownership Changes Under Health Reform***

-NM certification of a hospital owned or operated by Galichia Hospital Group is questionable, based on their history of Medicare/Medicaid fraud, according to sources at the New Mexico Department of Health Medicare Compliance Division.

-We disagree with the City's Planning Commission Staff Report's conclusion that the proposed development meets the Comprehensive Plan Land Use Element objective that the use serves commercial demand. There has been absolutely no proof of demand for a third hospital.

-We believe the proposed hospital will adversely impact the two existing hospitals in Las Cruces. Memorial Medical Center currently has an occupancy rate of less than 50% and Mountain View Regional Medical Center is about 2/3 full.[6] Physician-owned hospitals often cherry pick the highest paying patients, leaving other hospitals with lower paying Medicare/Medicaid patients and sicker emergency patients. Also, it would increase competition for staff, especially nurses. In a Lincoln case study, two physician-owned hospitals had a negative impact on the financial performance of the two existing full-service hospitals; and higher labor costs and staff shortages. Elective cases were lost to the physician-owned hospitals, leaving a stronger concentration on emergency cases. The physician-owned hospitals also hired away a lot of nurses and clinical staff from the existing full-service hospitals.[7] In a Witchita case study, the five physician-owned hospitals that opened between 1999 and 2003 also had a negative impact on the financial performance of the existing full-service hospitals, with reductions in revenues and net income; led to cut backs in services offered by the full-service hospitals; and a high number of key staff left the full-service hospitals to join the physician-owned hospitals.[8]

v. Concerns about Investors and Developer

-The Galichia Hospital Group has two settlements with the Department of Justice for Medicare/Medicaid fraud. The first was a $1.3 million settlement in 2000 for false claims filed between 1993 and 1998. The second was a $1.3 million settlement in 2009 for false claims filed between 2001 and 2006.[9]

-Dr. Robert Alan Graor is the primary investor seeking physician investors for Park Ridge Medical Center. Dr. Graor has been convicted of embezzlement of over $1 million from the Cleveland Clinic. The State of Ohio first suspended his medical license for 5 years, then permanently revoked his license to practice medicine in 2003 for embezzlement and ongoing misrepresentations that he was board certified. State

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[6] Steve Ramirez, ***New hospital would look to serve niche market*** (Las Cruces Sun-News, June 2, 2013)
[7] http://www.slideshare.net/cardiacinfo/impact-of-physicianowned-limitedservice-hospitals-lincoln-case
[8] http://www.aha.org/content/00-10/Wichita%20Final%20PDF.pdf
[9] Steve Ramirez, ***Concerns raised about new hospital proposal*** (Las Cruces Sun-News, June 9, 2013)

Medical Board members referred to "a pattern of deception", "continued dishonesty" and "deception after deception after deception".[10] In 2006, the New Mexico Medical Board placed Mr. Graor's license on indefinite probation, issuing a Stipulated License requiring a mental health evaluation and participation in NM MTP, full disclosure of disciplinary history to all employers and associates, Board approval of practice settings and other monitoring requirements.[11]

-Concerns related to Las Cruces developer Robert Profahl's Enchanted Desert subdivision at Picacho Mountain. Only 24 homes sold in 4 years. This development was also supposed to include upscale shopping and restaurants that never materialized. In May 2012, the developer sold over 171 acres of undeveloped lots at Enchanted Desert subdivision to the Village of Hatch, making the property exempt from property taxes. The Village of Hatch will have to install all basic infrastructure, such as water, sewer and paved roads. The contract includes a provision that gives Profahl the option to repurchase the land in the future.[12]

-On March 4, 2013, Park Ridge submitted the Park Ridge Planned Unit Development Plan Concept Plan to the City of Las Cruces. On March 14, 2013, Park Ridge held a community meeting, where it presented a draft map of the proposed development. The map presented at the community meeting on March 14, 2013 was not the same as that submitted to the City of Las Cruces on March 4, 2013. It did not include the proposed changes to Madrid and Apodaca Park. This misrepresentation calls into question the integrity of the developer and its representatives.

CCNA is in favor of sustainable development of the Country Club property that is safe and consistent with the neighborhood character.

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[10] http://www.circare.org/pd/graor_20041210.pdf

[11] http://www.nmmb.state.nm.us/pdffiles/OldMinutesAgenda/minutes021606.pdf

[12] Steve Ramirez, ***Developer optimistic about sale of land near Las Cruces to Hatch*** (Las Cruces Sun-News, November 10, 2012)

HEALTHCARE COMPONENT OF ZONING

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Connie J. Potter, RN, BSN, MBA;HCA
Chair, CCNA Infrastructure Committee

There is No Need for Another Hospital in Las Cruces

Current (2011) data shows total outmigration since MountainView Regional Medical Center built has dropped from 25% to less 7%

- El Paso: 5% excluding OB which Galichia Medical Center apparently will not provide
  - Trauma care
  - Many for convenience for extended families
- Albuquerque: 1.8%
  - ***LAS CRUCES HAS NO TRAUMA CENTER***
  - 13 Trauma
  - 2 Burns (Trauma)
  - 2 TBI (Trauma)

- *Source: AHA.com, Solucient, and Texas Healthcare Information Council*

Impact on Safety Net Hospitals and Increase Cost of Care when Specialty Limited Service Hospitals Enter the Market

- Four communities studied
  - Black Hills, SD; Lincoln NE, Oklahoma City, OK & Wichita KS (*McManus Consulting, AHA, et al)*
- Collectively 18 physician-investor specialty service hospitals opened 1995-2005
- 3 communities had 2 safety net hospitals, one (OC) had ten full service hospitals
  - OC market experienced an additional 7 physician owned/investor small specialty hospitals

Key Factors in Specialty Physician Investor Hospitals

Patient selection by redirecting physician practice

- "the ability to schedule consecutive cases without pre-emption by emergency procedures" ***(IPO to Investors, Black Hills Surgery Center)***
- Patient selection tactics yield high profits at expense of broader healthcare needs
  - Focus on well reimbursed procedures
  - Focus on patients with Good Reimbursement
  - Avoid emergency cases (transfer anything complex via EMTALA)
  - Focus on patients in overall good health

Physician Investors Move Patients at Will to "Their Hospital"

Bryan LGH, Lincoln NE cardiac surgeries

- 1999 = 1512 procedures
- 2004 = 60 after NHI opened its new heart hospital "One great cardiac program became two good programs"

- Focus on well reimbursed procedures
  - All case studies showed pattern
  - 4 Heart Hospitals = net income/case $8,285
  - 3 Neurosurgery = net income/case $3,430
  - 6 General Surgery = net income/case $3,300

Physician Investor Specialty Hospitals Serve More Commercial and Fewer Medicaid Patients

- Leaves the full service safety net hospital with predominance of Medicare, Medicaid, and Self Pay
- Offer limited emergency services
  - EMTALA requires acceptance of transfers if hospital doesn't offer service 24/7
    - ***OB, Pediatrics, complex medical***
  - Specialty hospitals entry point is through physician offices who can pre-screen for complexity and co-existing conditions
  - Refer complex cases to tertiary safety net hospitals
  - Higher profit margin of 3-7% compared to 0% at community hospitals

Focus on Profits, not Patients

"And the last thing and the easiest thing is money. There'll be a lot of money out there… Why go to a surgical facility? Profit, profit, profit."

– Larry Teuber, Founding Partner of Black Hills Surgery Center, addressing the American Association of Neurological Surgeons Annual Meeting, 2000

Impact, Declining Finances and Resources at Safety Net Hospitals

"The Nebraska Heart Hospital doesn't provide anything we don't already have in the community… fragmentation spreads out the business, erodes margins and puts quality at risk…"

Lincoln Physicians at Bryan LGH, Lincoln NE

Net Incomes at Safety Net Hospitals Dropped Drastically

- Wesley Medical Center, Wichita KS
  - Net income fell $16 Million after the opening of Galichia Heart Hospital in 2000
- Rapid City Regional Medical Center
  - Net income fell $18 Million after opening of Black Hills Surgery Center
  - BHSC income grew by the SAME AMOUNT

Safety Net Hospitals Cut Staff and Patients Have Access Problems

- Key physician investors/owners opted out of community emergency call
- Trauma centers closed or reduced their level from II to III (OK)
- OK Trauma System nearly disintegrated
  - Required a $6 Million taxpayer Medicaid bailout ***(Bishop + Associates)***

Critical Unprofitable Services Cut

- Behavioral health
- Trauma
- Subsidized services for Low Income population
  - Outpatient clinics, outreach, prenatal
  - Health education and wellness
- Medical education
- More borrowing with downgrading of some bond ratings

Wesley in Wichita: Layoffs and Stiff Competition for Essential Staff

Wesley: laid off 120 FTEs in 2001 and 54 more in 2003

Sold occupational health

- Closed electron microscopy research
- Closed Pharmacy research
- Closed outpatient pharmacy
- Downsized other unprofitable programs
- Increased cath lab salaries $2/hr. (cost $2.5 Million) and paid retention bonuses of $7,500 each

Specialty Hospitals Decrease Utilization at Safety Net Facilities and Increase Overall Cost of Care

"This now doubles (or more) the capital investment in the community… to provide the same services."

Senior Manager, Blue Cross Blue Shield of Kansas

Specialty Hospitals Raise Issues of Over-Utilization

- Black Hills region
  - Outpatient surgeries up 120%
  - Inpatient surgeries up 50%
- The Dartmouth Atlas places the four cases above the 65th percentile for targeted procedures (back, coronary bypass, hip replacements, etc)
- Rapid City hit the 99th percentile for back surgery

Helipad Presents Extraordinary Risks: Source: StoptheHelipad.com

- Airmedical crashes are 14x that of general aviation
- Research shows no better outcomes from air transport
- Cost is >$25,000 per flight
- Data shows hearing damage occurs at 80 db and helicopter landing is 120 db
- Structural damage occurs to neighboring buildings
- Loss of property values near source of noise
- Trees and high tension lines make GMC an unsafe landing site
- Other hospitals average only 30 flights/month
- Flights over residential neighborhood, Park and schools are inherently unsafe

MVEDA Revenue Forecast

- MVEDA did not consider that few to none of the patients, procedures, visits would be new to the community
- Staff and physicians are already in practice here and paying taxes
- Income and revenue stream for Galichia Medical Center and its clinics will be derived from the existing practices and patients currently treated locally

MVEDA Analysis Totals 2013-2015*

*BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS WHICH WILL HAVE EQUAL OR GREATER NET LOSSES

Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
456 GMC	$61,454,300	$136,512,190	$6,459,444	$4,861,336
54 **Parkridge Medical Office**	$7,169,668	$15,926,422	$1,221,392	$ 924,423
61 **Assisted Living Center**	$8,193,907	$18,201,625	$1,317,447	$1,049,337
45 Transitional Rehab	$6,145,430	$13,651,219	$ 526,569	$ 444,113

MVEDA Analysis Totals 2013-2015*

*BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS THAT WILL HAVE EQUAL OR GREATER TOTAL NET LOSSES

Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
20 - Build to Suit #1	$2,663,020	$ 5,915,528	$ 219,213	$ 170,637
44 – Build to Suit #2	$5,940,528	$13,196,178	$ 804,657	$ 484,689
175 – Build to Suit #3	$23,537,482	$52,329,673	$1,367,394	$1,102,505
20 – Build to Suit #4	$ 2,663,020	$ 5,915,528	$ 177,779	$ 140,567

Flawed Economic Analysis

Rather than a net gain or even a zero sum effect based on revenue, household incomes, and physician practice collections, the <u>developer</u> has utilized, in a misleading manner, the Mesilla Valley EDA (MVEDA) estimates regarding new jobs, new state and local taxes and could be considered intellectually dishonest because they do not subtract the losses at the two currently economically viable existing hospitals from whence physicians, staff, and patients will be selectively transferred within the city to the new physician investor specialty hospital. MVEDA has clarified such in the public record.

Summary

- Lack of need for specialty hospital services negatively impacts safety net hospitals
- Cost of labor for lost staff, recruitment and orientation, bonuses at OU cost over $2.5 Million
- Las Cruces has a severe nursing shortage already and competes with El Paso for its nursing resources. The closure of the DCCC nursing program exacerbated this problem
- Physician community is typically divided and devicive after these healthcare situations occur

??????????????

Economic Development Element to Zoning

Goal 1: To provide strong development policies that allow the retention, expansion, and attraction of existing and new businesses and industries to Las Cruces.

Fundamental Zoning Question

How does a third hospital, with no new healthcare services, utilizing and shifting the same local physicians and hospital workforce, in a community with significant excess capacity and only 7% outmigration, meet this important criteria for approval? Does it help retain and expand Memorial Medical Center and its vital services?

Country Club Neighborhood

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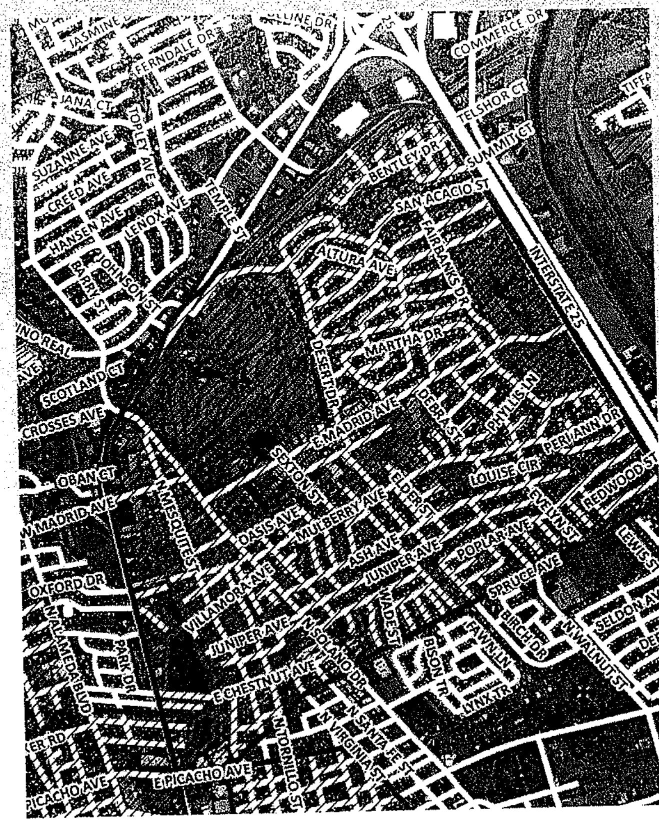
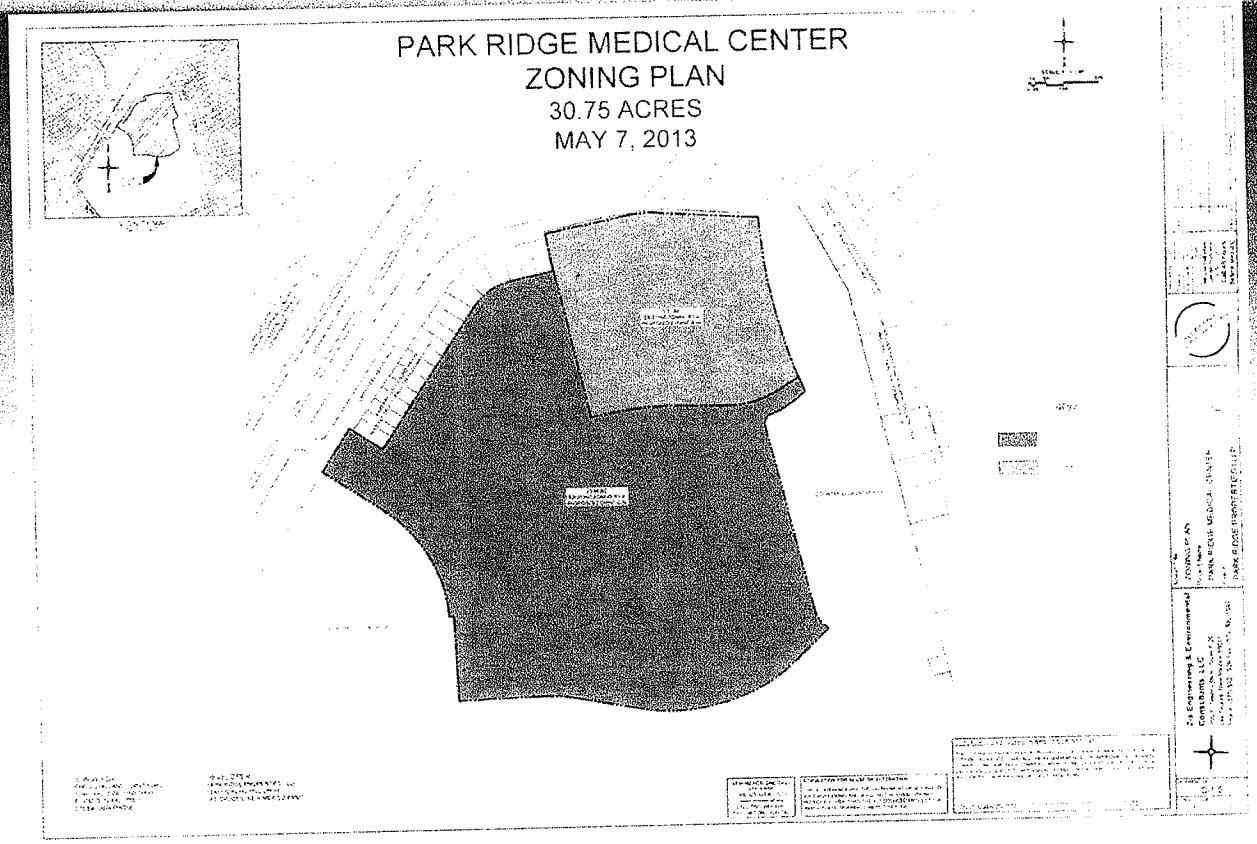
Country Club Neighborhood Association Boundaries



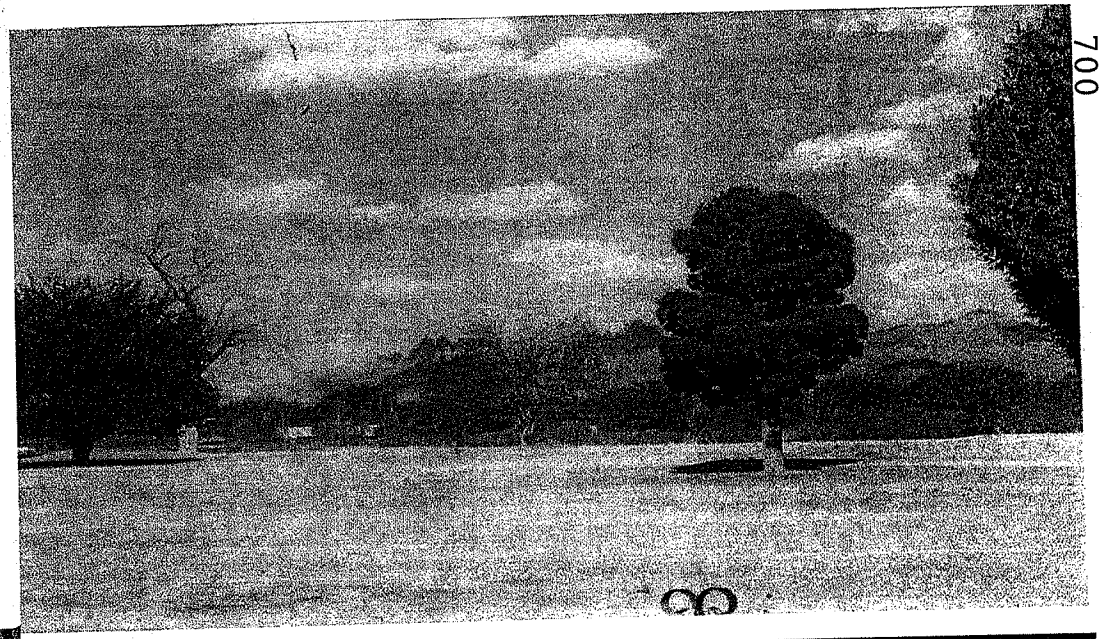
CCNA represents over 700 homes, with an average density of 3 homes per acre.

Park Ridge Proximity to R-1



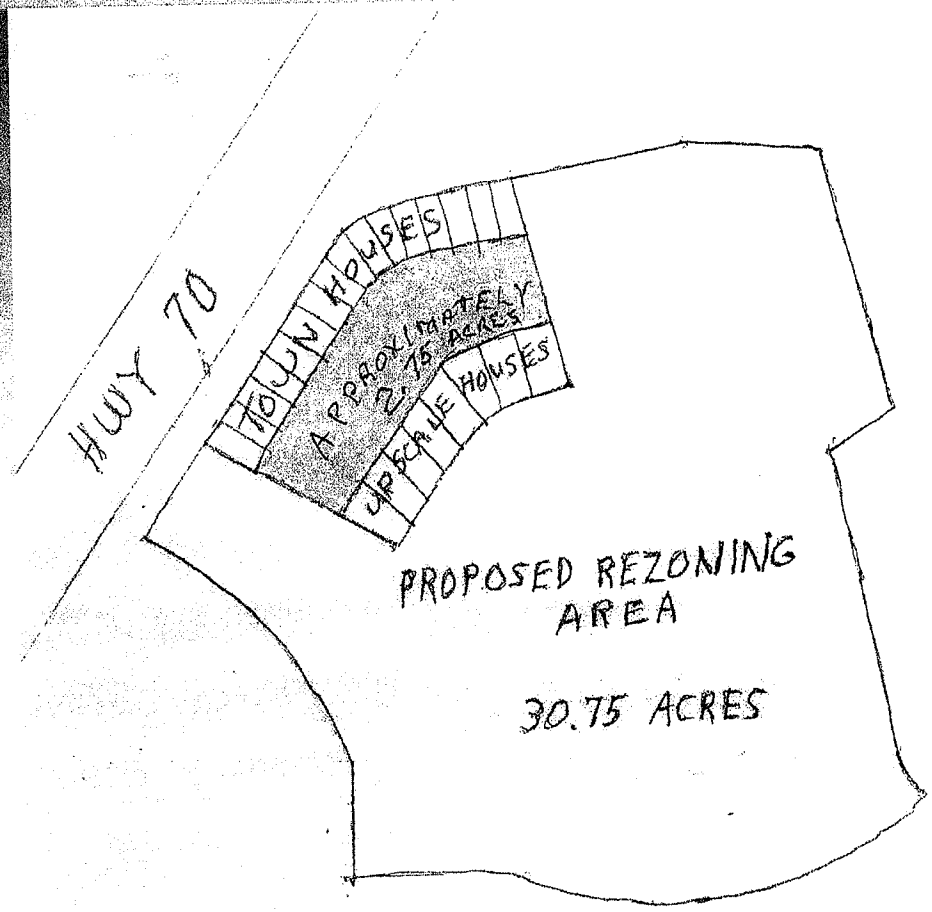
80 Ft. setbacks, 25 Ft. Green Barrier

R-1 Existing Beautiful Views



City Recommends Small Parks

"consider usage, fit within the neighborhood, and environmentally friendly design"…. "Preserve and respect scenic views, sites, and corridors in a manner that reasonably compensates, provides incentives, maintains similar existing rights, or in another similar manner that balances the public and property owner interests".



CCNA is in Favor of Development

CCNA members voted unanimously in favor of "sustainable development of the Country Club property that is safe and consistent with the neighborhood character." (June 10, 2013)

CCNA has worked with three (3) developers since 2006.

CCNA Members are Concerned

Entire site should be considered as PUD

30 acre zoning application is incomplete

C-3 and R-4 zoning is too high for the entire site

Feasibility of physician-owned/investor hospital

Concerns with investors and developer

Original PUD Application

Original 110 acre PUD Concept Plan filed March 4, 2013

City raised numerous concerns

- No waiver requests for design deviations
- City requested development schedule, drawings and plans (open space plan, flood plan, noise impacts, ADA, etc.)

City planning staff "cannot support this application as currently proposed".

Traffic Issues

Second needed entrance/exit not identified

Driving lanes and sidewalks too narrow

Bike lanes insufficient

Parkways inadequate for promised trees

No vehicular, bicycle and pedestrian circulation plans

No streets illustrations

No traffic mitigation plan to keep non-residents off Country Club minor residential streets

Zoning Application

Instead of responding to the City's comments on its PUD application, a zoning application was submitted on April 22, 2013 for 30 acres, representing phase 1 & 2 of the PUD.

The entire 110 acre development needs a thorough assessment of economic, environmental, social and traffic impacts.

Zoning Application is Incomplete

Applicant has not provided a site plan at adequate scale with

-improvements and setbacks

-architectural renderings and dimensions of buildings

-vehicular, pedestrian and bicycle circulation

-landscaping, open space and drainage facilities plans

-site lighting and signage

-environmental impact statement

City Response to Zoning Application

City planning staff recommends conditional approval, but references the need for:

- construction drawings
- traffic study
- utility master plan for entire 110 acres

CCNA believes the above should be provided *before* approval, not *after.*

C-3 and R-4 Zoning is too High Density

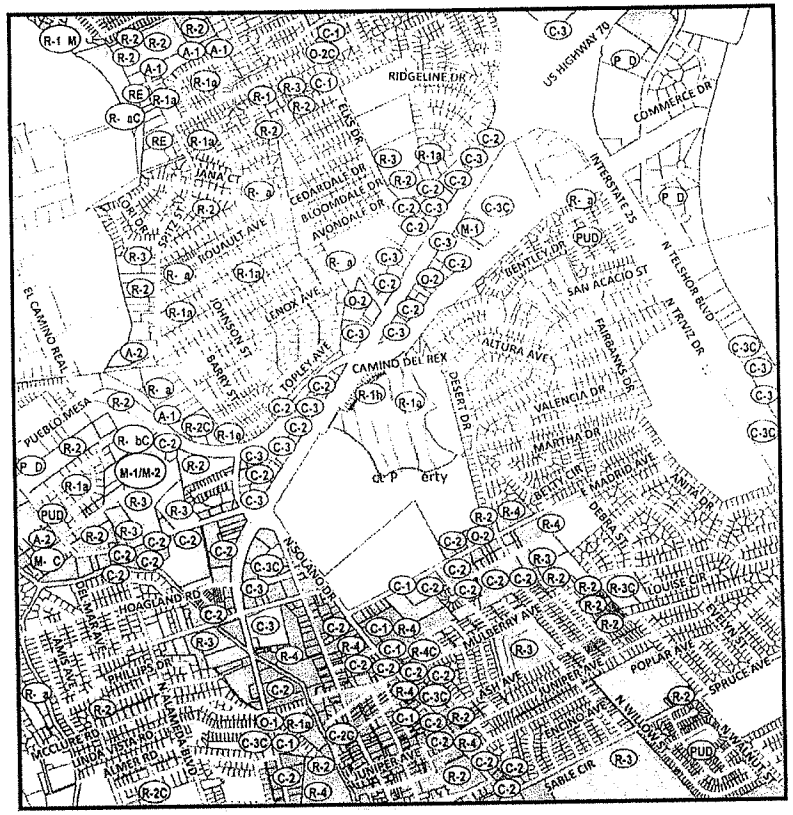
All property east of the proposed development is zoned R-1a

South and southwest of the property is the rest of the golf course (R-1a) and C-1 and C-2 zoning on Madrid and Solano

Properties along Main Street north of the property are zoned C-2 and C-3

C-2 would be sufficient for the one story hospital that the developer says it intends to build

Existing Zoning



Impact on Townhouses

The planned two-story Assisted Living buildings will:

- surround the R-1b townhomes
- block existing views of the townhomes, diminishing their value
- produce noise and traffic 24/7 with staff shift changes, visitors, medical personnel, and suppliers

Traffic Issues

Zoning application estimates 6,950 trips per day.

An existing traffic study shows streets in the Country Club neighborhood are already used frequently by non-residents to get to school and to East Las Cruces.

Residents are concerned about ambulances and other traffic using neighborhood streets (to avoid stop lights, US 70 construction and congestion), posing a safety hazard to children and elderly pedestrians in the Country Club neighborhood.

Drainage Issues

Madrid to Mesquite is a Flood Plain/Zone

Development will alter this land from 10% retention to +30% runoff – a 40% increase

Madrid and Solano are already inadequate for runoff

Trojan Horse

Zoning can become a Trojan Horse, if hospital isn't built but land remains C-3/R-4 High Intensity Zoning

Full development instead of phases would provide some protection to residents and taxpayers from Trojan Horse development

- Indian Hollow: zoned for "mini Trader Joe's, now Liquor store and ???

Susana Montana

From:	Susana Montana
Sent:	Tuesday, July 02, 2013 11:15 AM
To:	bob@picachomountain.com; gvelez@ziaeec.com; Carl Jensen; Clark; Connie Potter; John Stevens; Lipson; Peter Goodman; Tamie Smith; White Knyght
Cc:	Katherine H. Rogers; Robert Kyle; David Weir; Harry (Pete) Connelly; Rusty Babington; Esther Martinez-Carrillo; Linda Lewis
Subject:	Park Ridge Medical Center rezoning application, Case No. Z2860 public comments for City Council
Attachments:	PZC Notice of Decision Z2860.pdf

Greetings folks. The Park Ridge Medical Center rezoning application was recommended for conditional approval by the Planning and Zoning Commission on June 25, 2013 (see attached Notice of Decision).

Greetings folks.

The current schedule for City Council review of the Park Ridge Medical Center rezoning application is August 5th for a "first read" during which the City Councillors will determine whether they have enough information in their case report packet to place the rezoning request on the agenda for a future public hearing. Please note that the case report packet for this "first read" Council meeting will include all the information that the Planning and Zoning Commission saw and heard at the June 15th public hearing. If you are satisfied with the materials and comments you presented to the Planning and Zoning Commission then you need not repeat them as the Council will receive those comments.

However, if you wish to send new materials or comments for the City Council, I will include them in the case report that goes to the Councillors, through the City Clerk's Office, for their August 5th "first read" meeting and their August 19th "action" public hearing **if you provide them to me by 5 PM, Friday, July 12, 2013**.
I can be reached at the mailing address, physical address, phone number or email address noted below. Because the public hearing on the rezoning is a quasi-judicial hearing, you may not contact individual City Councillors individually about this rezoning application. You may testify at the August 19th public hearing (tentative date) and you may submit written materials to me by July 12th if you want the Councillors to review the material in advance of the public hearing.

Please forward this message to other persons who may be interested in providing written materials and comments to the City Council in their case report packet.

Thank you for your attention and participation in this process.

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
Physical Location: City Hall at 700 North Main Street, Suite 1100
Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
smontana@las-cruces.org
Main Line: (575) 528-3043
Direct Line: (575) 528-3207
Fax Line: (575) 528-3155
www.las-cruces.org

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Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Wednesday, June 19, 2013 7:28 AM
To: John Stevens
Cc: Susana Montana; David Weir
Subject: Re: Building heights & Drain fields

John,

I hope you were satisfied with the answers to your questions last night.
As stated in the meeting, we are willing to pick up the expenses for town home owners to connect to the new sewer line if our plan is approved. We will pick up the expenses to decommission the current tanks and hook into the new sewer line. Will also pay the tap fee to the City.

We also acknowledged that the hospital planned for the site will not be more than one story and the medical office buildings no more than two floors.

Thank you for attending the meeting last night. We are glad, once again, to be able to keep the community informed about the progress of the redevelopment plans.

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Dr.
Las Cruces, NM 88007
http://www.cbiholdings.com <http://www.cbiholdings.com/> http://www.picachomountain.com <http://www.picachomountain.com/> blog.picachomountain.com <applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.c
om>

On 6/18/13 4:44 PM, "John Stevens" <johnmill9@toast.net> wrote:

>Bob,
>

>We still haven't heard from you regarding the one story Hospital. You
>indicated that you were going to ask for zoning to build a one story
>Hospital. As a matter of fact you showed us pictures of a one story
>building. I've reviewed the latest information I have from City
>Planning, and it appears you are still asking for buildings to be 45
>feet high. We've asked that you amend your zoning application to be
>for a one story Hospital building, but have not received an answer.
>
>In another matter, I'd like clarification of your e-mail to me
>describing what your part would be in sewer hook ups for the Townhouse
>properties, if the situation arises. We have you on record as saying
>that if you're successful in getting the property re-zoned, and
>hook-ups become necessary, you will pay for that expense. We took that
>as meaning there would be no expense to the Townhouse owners. If I'm
>reading your e-mail correctly, you are proposing to run a sewer line
>with stubs ("Tees") that property owners could hook up to, 40 feet
>from the Townhouses. If that's the end of your commitment, that would
>mean the homeowners would be responsible for digging the trench from
>the house to the sewer line, connect the line, neutralizing the septic
>tank, etc. which would cost between $1,700 and $3,000 according to
>Johnny's Septic. Also there could possibly be an impact fee from the
>City for $1,165.00 If I'm incorrect in my reading of your e-mail,
>please point out the errors. We need a clear, simple statement of
>exactly what your role would be in the event of a situation like this.
>
>Sincerely,
>
>John F. Stevens, Pres.
>
>CCNA

Sec. 28-90. Refunds and interest; enforcement.

(a) All deposits required by this division shall at a customer's request be refunded or applied to the customer's account after 13 consecutive, prompt monthly payments. Where a deposit has been refunded and the customer is subsequently delinquent for two consecutive months, a new deposit shall be required.

(b) Interest shall be credited on all deposits at a rate to be set forth by the city council by resolution from time to time, and may be credited to the customer's account on an annual basis. Unrefunded deposits and interest accumulated thereon shall be applied to final billings. Interest shall not be paid on any deposits that are refunded within 90 days of the deposit date.

(c) Interest on deposits shall be earned from the deposit date to the final service date.

(d) Unclaimed deposits and interest refunds shall be handled as specified by law.

(e) Failure to make a deposit as set forth in this division shall result in refusal or termination of services.
(Code 1988, § 29-65)

Sec. 28-91. Effect of transfer, moving.

There shall be no transfer or so-called transfer from one location to another of deposits made for utility service, and in each case the transfer shall be considered a new application for service and shall be treated as such. When premises are vacated, any amounts due for water service shall be paid in full, and utility service shall not be commenced at another place until this is done. Such removal from one place to another shall be considered as a new request for utility service, and applicants shall be required to make the current deposit that shall be in effect at the time such request is made.
(Code 1988, § 29-66)

Secs. 28-92—28-120. Reserved.

ARTICLE III. SEWERS

Sec. 28-121. Use mandatory.

(a) It shall be mandatory for owners or occupants within the city to connect to the city sewer system unless such premises commence at a point beyond 200 feet from the nearest point to which a connection with the sewer system could be made or unless access to the city sewer system is not available due to insufficient grade or right-of-way limitations.

(b) It shall not be mandatory for owners or occupants of such premises to connect to the city sewer system if the premises are connected to a properly maintained and functioning septic system until such time as:

(1) The septic system ceases to function or to be properly maintained; or

(2) The owner or occupant is required to apply to the state for a permit to modify the existing septic system.

(Code 1988, § 29-151)

Sec. 28-122. Septic tanks.

Owners or occupants of premises which do not adjoin streets and alleys where sewer pipes are laid or whose premises lie more than 100 feet beyond such sewer pipes shall construct and install plumbing to proper septic tanks in a manner prescribed by the city manager and in compliance with the state code.
(Code 1988, § 29-152)

Sec. 28-123. Outdoor privies.

The construction or use of outdoor privies or toilets is expressly prohibited.
(Code 1988, § 29-153)

Sec. 28-124. Connections.

Connections to the city sewer system shall be made in a manner and with such materials as are prescribed by the city manager.
(Code 1988, § 29-154)

Chapter 28 of the City of Las Cruces Municipal Code, Article III, Sewers

Sec. 28-121. - Use mandatory.

(a) It shall be mandatory for owners or occupants within the city to connect to the city sewer system unless such premises commence at a point beyond 200 feet from the nearest point to which a connection with the sewer system could be made or unless access to the city sewer system is not available due to insufficient grade or right-of-way limitations.

(b) It shall not be mandatory for owners or occupants of such premises to connect to the city sewer system if the premises are connected to a properly maintained and functioning septic system until such time as:

(1) The septic system ceases to function or to be properly maintained; or

(2) The owner or occupant is required to apply to the state for a permit to modify the existing septic system.

(Code 1988, § 29-151)

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(Code 1988, § 29-152)

As far as cost to connection city sewer – If there is no main line extension needed (meaning sewer stub-out to the property), each property owner will pay a sewer impact fee when signing up for a sewer account. This fee is based on water meter size which, for the majority of residential homes, the fee is $1,165. Then there is a monthly sewer charge based on the average of Dec, Jan and Feb (winter months) water usages. There will also be plumbing cost to connect sewer plumbing line from house to the stub-out. This cost could vary from lot to lot depending on landscape and distance.

As far as cost to abandon septic system – New Mexico Environment Department (NMED) requires the septic tank to get pumped out, drill couple of holes on the bottom, fill with sand/dirt and abandon in place. It could cost a few hundred dollars and the home owners can quotes from local septic companies.

Meei Montoya, P.E.; Operations Engineer, Las Cruces Utilities, Regulatory Environmental Services & Technical Support, (575) 528-3525

Susana Montana

From: Susana Montana
Sent: Wednesday, June 12, 2013 10:44 AM
To: Tomlasc@aol.com
Subject: RE: sewer connection issues

All good points. Your concerns can and should be addressed in any Memorandum of Understanding or contract between yourself as homeowner and the developer who installs the sewer line in your drainage easement. The City would not be involved in those negotiations.

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
Physical Location: City Hall at 700 North Main Street, Suite 1100
Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
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From: Tomlasc@aol.com [mailto:Tomlasc@aol.com]
Sent: Wednesday, June 12, 2013 10:40 AM
To: Susana Montana
Subject: Re: sewer connection issues

Susana: A remaining concern I still have with the info you sent me is that of existing Septic System maintenance. i.e. if a homeowner elects to keep his/her existing septic system, he/she should be assured that unrestricted future access to the system for maintenance purposes needs, including drain field replacement, will be guaranteed. I certainly would not want to see a future situation where the components of my Drain Field need to be replaced results in a determination by the City that my Septic System is no longer functioning and I must therefore connect to the City System. Thanks for your prompt attention to my concerns on this issue.

Tom Alexander

In a message dated 6/12/2013 8:10:01 A.M. Mountain Daylight Time, smontana@las-cruces.org writes:

> Greetings Tom. Thank you for your phone call about the sewer connection offered by the rezoning Applicant (see attached).

I am copying John Stevens so he can forward this message and attachment to other Camino del Rex homeowners via his email list.

If you have a working septic system you do not have to connect to the sewer line that the Park Ridge developer is proposing to install in the 40 foot septic drainage easement behind the townhomes. Of course, if the sewer line is installed the homeowners should make sure that the sewer main line does not damage any septic drainage pipes for the homeowners that wish to keep their working septic systems. That is for the homeowners and the developer to negotiate.

For homeowners who wish to connect to the sewer system, the attached document describes the hook-up fee and what must be done to de-activate and abandon the septic system. Please pass this information on to your neighbors. Thanks and have a great day.

Susana Montana, Planner

City of Las Cruces Community Development Department

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INTRANET EDITION

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-----Original Message-----
From: Bob Pofahl <bob@picachomountain.com>
To: John Stevens <johnmill9@toast.net>
CC: Susana Montana <smontana@las-cruces.org>, David Weir
<dweir@las-cruces.org>
Subject: Re: meeting
Date: Mon, 10 Jun 2013 20:50:30 +0000

John,
In response to your email, we checked the survey and the current easement of record for the drain field is 40 feet. If we obtain the property and rezoning, we will bring the sanitary sewer line and stub outs behind all the town homes. This will allow each town home owner to connect to that line.

The sewer line will be done when we commence construction on the parcels behind the town homes. We've already been in discussions with City staff for several months regarding the sanitary sewer line.

Thank you.

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Drive
Las Cruces, NM 88007
http://www.cbiholdings.com <http://www.cbiholdings.com/>
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blog.picachomountain.com
<applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.c
om>

On 6/9/13 11:20 AM, "John Stevens" <johnmill9@toast.net> wrote:

>On Thu, Jun 6, 2013 at 5:33 PM, John Stevens <johnmill9@toast.net> wrote:
>> On Thu, May 30, 2013 at 4:35 PM, John Stevens <johnmill9@toast.net>
>>wrote:
>>> ---------- Forwarded message ----------
>>> From: John Stevens <johnmill9@toast.net>
>>> Date: Tue, May 28, 2013 at 2:19 PM
>>> Subject: Re: meeting
>>> To: Bob Pofahl <bob@picachomountain.com>
>>> Cc: Susana Montana <smontana@las-cruces.org>, David Weir
>>><dweir@las-cruces.org>

>>>
>>>
>>> Bob,
>>>
>>> I would appreciate an answer to this e-mail.
>>>
>>> John Stevens,Pres.
>>>
>>> CCNA
>>>
>>> On Wed, May 15, 2013 at 5:02 PM, John Stevens <johnmill9@toast.net>
>>>wrote:
>>>> Bob,
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>>>> The officers of CCNA met with City planning today, and the subject of
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>>>> field easements came up. It was stated that our drain field
>>>>easements were
>>>> for 50 feet, and you were offering a 40 foot open space-green space
>>>>barrier
>>>> behind our townhouses. One member said that you had stated verbally
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>>>> you make that statement, but we would like something in writing to
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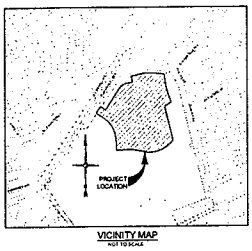
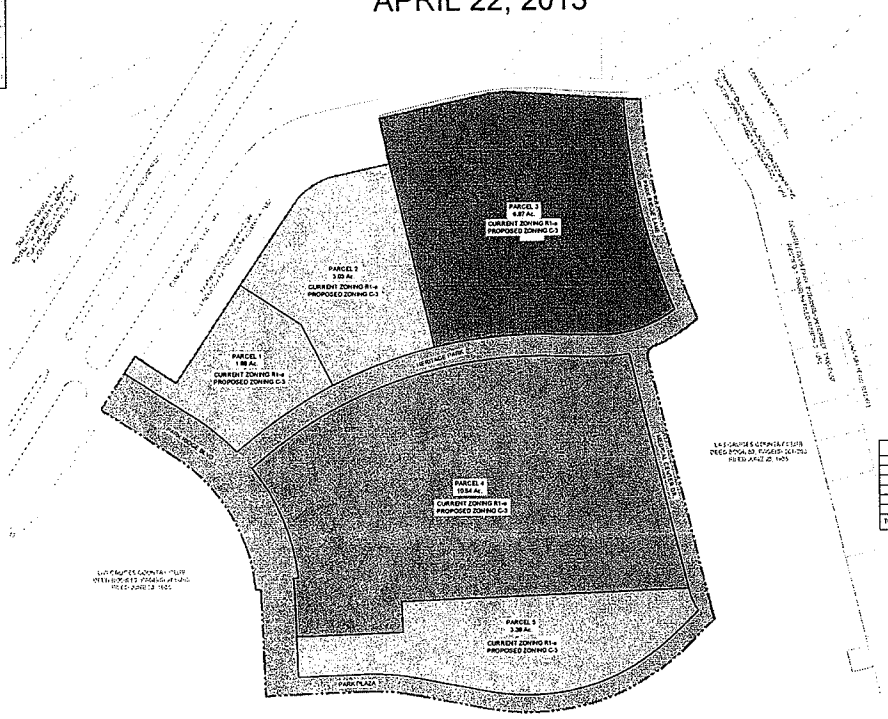
>>>> so we won't have to visit it again.
>>>>
>>>> Best regards,
>>>>
>>>> John Stevens, Pres.
>>>>
>>>> Country Club Neighborhood Association
>>>>
>>>>

PARK RIDGE MEDICAL CENTER
ZONING PLAN
30.745 ACRES
APRIL 22, 2013



VICINITY MAP
NOT TO SCALE



SCALE: 1" = 100'

LEGEND

- C-3 HOSPITAL
- C-3 OFFICES
- C-3 ASSISTED LIVING
- C-3 ROADS

LAND USE PERCENTAGES

PARCEL	ACREAGE	CURRENT ZONING	PROPOSED ZONING	PROPOSED LAND USE
PARCEL 1	1.975	R1-A	C-3	OFFICES
PARCEL 2	3.001	R1-A	C-3	OFFICES
PARCEL 3	9.870	R1-A	C-3	ASSISTED LIVING
PARCEL 4	10.547	R1-A	C-3	HOSPITAL
PARCEL 5	3.398	R1-A	C-3	OFFICES
PARCEL 6	5.040	R1-A	C-3	N/A
TOTAL ACREAGE	30.745			

SURVEYOR
PRECISION LAND SURVEYORS
10441 VALLE DE ORO DRIVE
EL PASO, TEXAS 79927
575 640.0474 PHONE

DEVELOPER:
PARK RIDGE PROPERTIES LLLP
1340 PICACHO HILL DRIVE
LAS CRUCES, NEW MEXICO 88007

NEW MEXICO ONE CALL
1-800-321-ALERT(2537)
CALL TWO WORKING DAYS BEFORE YOU DIG.

STIPULATION FOR REUSE OR ALTERATION
THESE DRAWINGS ARE THE INSTRUMENT OF SERVICE OF ZIA ENGINEERING AND SHALL NOT BE USED FOR ANY PURPOSE OTHER THAN THE REFERENCED PROJECT FOR WHICH THESE DRAWINGS WERE CREATED.

CITY OF LAS CRUCES ZONING ADMINISTRATOR APPROVAL
THIS ZONING PLAN HAS BEEN APPROVED BY THE ZONING ADMINISTRATOR OF THE CITY OF LAS CRUCES, AND ALL THE REQUIREMENTS FOR APPROVAL IN THE ABOVE ZONING PLAN HAVE BEEN COMPLIED WITH TO THE SATISFACTION OF THE CITY OF LAS CRUCES SUBJECT TO ANY AND ALL CONDITIONS REQUIRED BY THE PLANNING AUTHORITY FOR APPROVAL OF THIS ZONING PLAN.

ZONING ADMINISTRATOR DATE

REVISIONS

Date:	Comment

Designed By: GV
Drawn By: HG
Approved By: TJ
Date: 4/22/13
Call Two Working Days Before You Dig 1-800-321-2537 (ALERT) N.M. 811

File ID: R:\LCC 13\SDC-C1.0 Cover.dwg

REVIEW ONLY
NOT FOR CONSTRUCTION

Sheet Title: ZONING PLAN
Project Name: PARK RIDGE MEDICAL CENTER
Client: PARK RIDGE PROPERTIES LLLP

Zia Engineering & Environmental Consultants, LLC
755 S. Telshor Blvd., Suite F-201
Las Cruces, New Mexico 88011
Phone: (575) 532-1526 Fax: (575) 532-1527

DRAWING NO C-1.0
SHEET 1 OF 1

Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Monday, June 10, 2013 2:51 PM
To: John Stevens
Cc: Susana Montana; David Weir
Subject: Re: meeting

John,
In response to your email, we checked the survey and the current easement of record for the drain field is 40 feet. If we obtain the property and rezoning, we will bring the sanitary sewer line and stub outs behind all the town homes. This will allow each town home owner to connect to that line.

The sewer line will be done when we commence construction on the parcels behind the town homes. We've already been in discussions with City staff for several months regarding the sanitary sewer line.

Thank you.

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

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om>

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>>> Date: Tue, May 28, 2013 at 2:19 PM
>>> Subject: Re: meeting
>>> To: Bob Pofahl <bob@picachomountain.com>
>>> Cc: Susana Montana <smontana@las-cruces.org>, David Weir
>>><dweir@las-cruces.org>

>>>
>>>
>>> Bob,
>>>
>>> I would appreciate an answer to this e-mail.
>>>
>>> John Stevens,Pres.
>>>
>>> CCNA
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>>>>
>>>> Best regards,
>>>>
>>>> John Stevens, Pres.
>>>>
>>>> Country Club Neighborhood Association
>>>>
>>>>

Susana Montana

From: Susana Montana
Sent: Wednesday, May 08, 2013 3:25 PM
To: David Weir; Katherine H. Rogers; Robert Kyle
Cc: Willie Roman
Subject: FW: Traffic
Attachments: RE: Park Ridge Medical Center rezoning

The rezoning application does not require a TIA. The City's Traffic Engineer and NM DOT has agreed that a condition on the rezoning would state something to the effect that at the first Site Plan or construction permit for any development within the rezoning area would require a TIA which would address the full build-out of the rezoning area. Willie does have concerns about the 6,000 ADT generated by the medical campus, so a TIA would have to be approved by him prior to approval of any permit for the medical center.

Shall I convey this approach to John Stevens?

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
Physical Location: City Hall at 700 North Main Street, Suite 1100
Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
smontana@las-cruces.org
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Fax Line: (575) 528-3155
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---

From: David Weir
Sent: Wednesday, May 08, 2013 1:40 PM
To: 'John Stevens'
Cc: Susana Montana; Katherine H. Rogers
Subject: RE: Traffic

John: I have asked Susana to assist with the review of the TIA when it is provided. I also received your earlier e-mail in regards to the P&Z meeting and Public notice. Thank you for working with staff on this case.

David

From: John Stevens [mailto:johnmill9@toast.net]
Sent: Wednesday, May 08, 2013 1:30 PM
To: David Weir
Cc: Susana Montana; Connie and Murray Potter
Subject: Traffic

David,

We would appreciate it if you could expedite the TIA report to us. We received the notice that the P & Z meeting has been set ahead to June 25th. Thank you.

John Stevens, Pres.

CCNA

Susana Montana

From:	Rusty Babington
Sent:	Monday, July 01, 2013 3:18 PM
To:	Susana Montana
Cc:	Harry (Pete) Connelly; Esther Martinez-Carrillo; Linda Lewis; David Weir; Katherine H. Rogers
Subject:	RE: Recommendation for zoning change: Las Cruces Country Club

Susana:

I think the normal rule is 7 minutes subject to questions per public speaker. If a person/association needs more time, they need to submit a written application to the City Clerk who forwards the request to the Mayor. Mayor controls how much time a person gets to speak.

Rusty

W.R.Babington Jr.
Deputy City Attorney
City Attorney's Office
City of Las Cruces
P.O. Box 20000
Las Cruces, NM 88004
rbabington@las-cruces.org
575.541.2128
575.541.2017 Fax

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From: Susana Montana
Sent: Monday, July 01, 2013 2:58 PM
To: Rusty Babington
Subject: RE: Recommendation for zoning change: Las Cruces Country Club

They asked for two 10-minute time slots as association representatives at the P&Z meeting. Does the Council offer similar extended time slots for presentations from organizations?

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
Physical Location: City Hall at 700 North Main Street, Suite 1100
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From: Rusty Babington
Sent: Monday, July 01, 2013 2:19 PM
To: Susana Montana
Cc: Harry (Pete) Connelly
Subject: FW: Recommendation for zoning change: Las Cruces Country Club

Susana: I talked with Pete about the "recommendation". My analysis is below. In a nutshell, it isn't an appeal, they (the Association) doesn't have to do anything and they have the opportunity to speak in a public forum at the 2nd reading.

Give me a call.

Rusty

W.R.Babington Jr.
Deputy City Attorney
City Attorney's Office
City of Las Cruces
P.O. Box 20000
Las Cruces, NM 88004
rbabington@las-cruces.org
575.541.2128
575.541.2017 Fax

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From: Rusty Babington
Sent: Monday, July 01, 2013 1:37 PM
To: Harry (Pete) Connelly
Subject: Recommendation for zoning change: Las Cruces Country Club

Pete:

Susana sent the following request to us:

> Does the Country Club Neighborhood Association have a "right" to appeal the P&Z Commission's recommendation of approval to the City Council on the rezoning? An appeal would assure the CCNA their "time" to address the issues they deem important on this rezoning. I know that they can speak to Councillors as part of the August 19th rezoning public hearing but can they speak to the Council as part of the August 5th "first reading"?

I just want to be sure that if they are entitled to an appeal that they do not miss any appeal deadline if one is available to them.

I have reviewed the Case # Z2860 which is described as a rezoning. The applicant decided to use standard zoning process instead of the infill process. LCMC Sec 38-10 governs the responsibilities of P&Z commission. Section 38-10.B.2.b states that P&Z Commission "shall recommend to the city council approval, denial or modifications of all requests"...for zoning changes. Section 38-10.B.2.c. states that when P&Z commission recommends denial of any matter, no appeal to City Council is required. As P&Z commission is making a recommendation, City Council would review either a recommendation to approval or denial of a zoning change. There is no "appeal" and accordingly no appeal deadlines.

As you pointed out, since this is a zoning change and a change to the existing zoning ordinance, the change goes before Council with two readings required.
The first reading receives no public comment. (the August 5th reading). The 2nd reading is open to public comment and the Neighborhood Association would be given the opportunity to address City Council subject to any time limitations the Mayor imposes for public comments on the zoning change. The City Council should receive the minutes of the P&Z commission meeting of 25 June 2013 for their review.

Rusty

W.R.Babington Jr.
Deputy City Attorney
City Attorney's Office
City of Las Cruces
P.O. Box 20000
Las Cruces, NM 88004
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575.541.2128
575.541.2017 Fax

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Susana Montana

From: Robert Kyle
Sent: Thursday, May 09, 2013 8:14 AM
To: Susana Montana; David Weir
Cc: Katherine H. Rogers
Subject: RE: CCNA request

My understanding is the association is responsible to notify the membership. We will send notice in accordance with our requirements and they can notify any extras...

Robert Kyle, AICP, CBO
Building & Development Services Administrator
Chief Building Official

From: Susana Montana
Sent: Wednesday, May 08, 2013 3:19 PM
To: David Weir
Cc: Katherine H. Rogers; Robert Kyle
Subject: RE: CCNA request

The Country Club Neighborhood Association is a registered neighborhood association with the City and the contact person is John Stevens. John has received email notice of the PUD and rezoning applications, and the scanned PDF applications, which he sends on via email to his neighborhood assn.. members via email. John and Millie's address is included in the 114 owners of property located within the 250 foot radius of the 110-acre Country Club property.

Mailing to each property owner within the association's boundary (see attached slides) would be in the hundreds. I won't create a mailing list for that extent unless you tell me because it is agony to produce those mailing lists. I await your instructions.

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
Physical Location: City Hall at 700 North Main Street, Suite 1100
Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
smontana@las-cruces.org
Main Line: (575) 528-3043
Direct Line: (575) 528-3207
Fax Line: (575) 528-3155
www.las-cruces.org

City of Las Cruces
People Helping People

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From: David Weir
Sent: Wednesday, May 08, 2013 1:05 PM

To: Susana Montana
Cc: Katherine H. Rogers; Robert Kyle
Subject: FW: CCNA request

FYI

From: John Stevens [mailto:johnmill9@toast.net]
Sent: Wednesday, May 08, 2013 11:18 AM
To: David Weir
Subject: CCNA request

Mr. Weir,

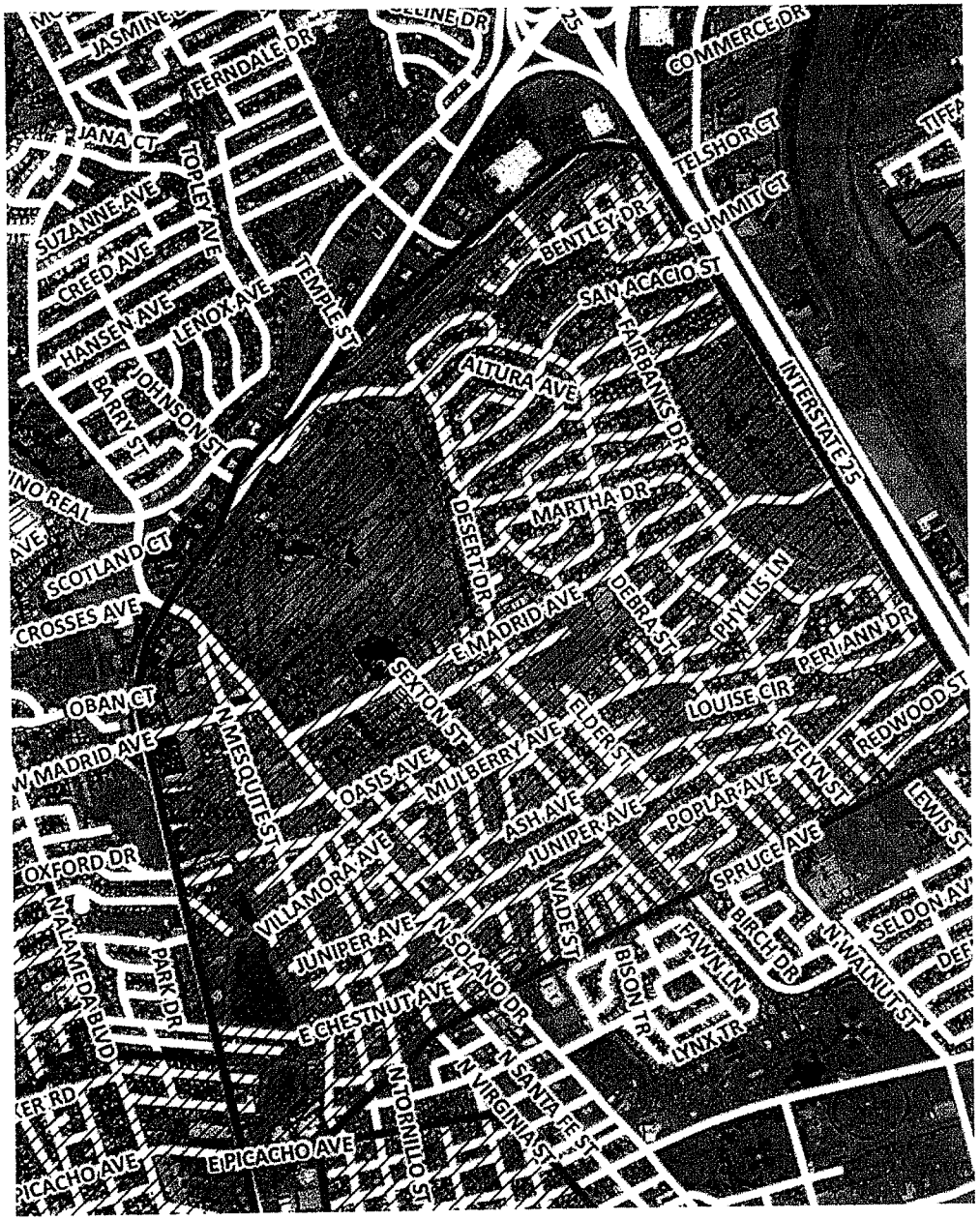
Nice talking on the phone yesterday, and your information that the P & Z meeting for the re-zoning of the 30 acres of LCCC property will not take place until sometime in June, made it unnecessary for me to request more time to prepare, at this time. My 2nd request is for the size of the area for people to be informed of the meeting to be enlarged from 150 feet from the border of the proposed development to something that would include more than those of us who live on Camino Del Rex and Desert Drive. Our Association which is recognized by the City of Las Cruces encompasses the area of Main Street, Triviz, and Spruce. We would ask for at least that area to be included in any notifications, and also include an area across Main St. (Hwy. 70) because that area would also be affected by the increase in traffic, and especially the noise and possible danger of helicopter flights that are connected with the proposed Hospital with a helipad.

If I haven't made this clear, please give me a call at 524-8506. I'm sure we'll be talking quite frequently in the future.

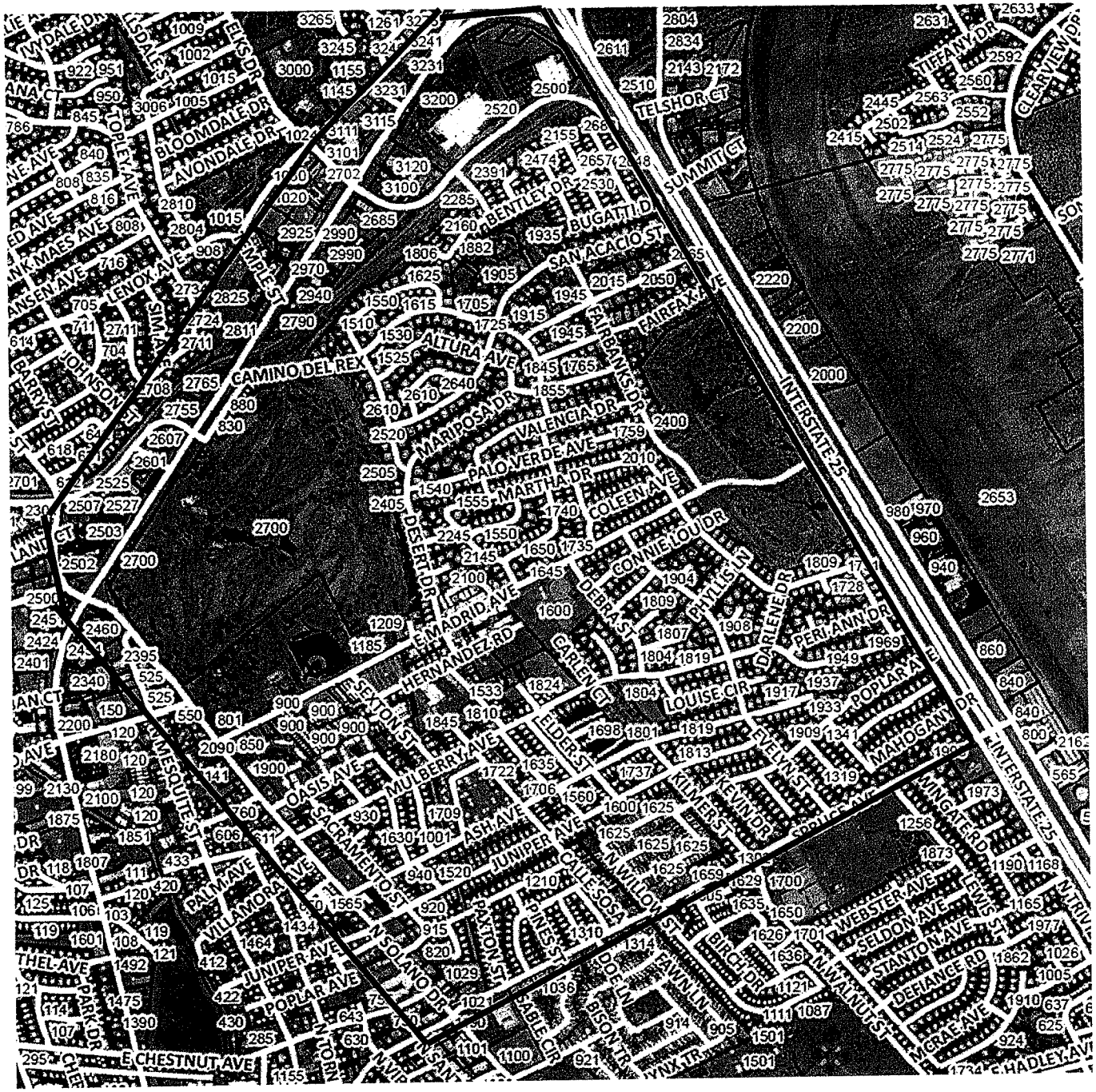
Respectfully,

John Stevens, Pres.

Country Club Neighborhood Association



Country Club
Neighborhood Association
Boundary



Requested
Mail notice area

ARTICLE II. ADMINISTRATION OF THE ZONING CODE

Sec. 38-10. Planning and Zoning Commission

A. CREATED. A Planning and Zoning Commission is created by the City Council with the adoption of this Code. The Planning and Zoning Commission shall review the planning, zoning and platting of the City, investigate any related problems and make recommendations to the City Council.

B. DUTIES.

1. FINAL ACTION. The Planning and Zoning Commission shall take final action on the following:
   a. All Special Use Permits, Master Plans (except as part of an annexation request), Subdivisions (except Alternate Summary Plats and Final Plats as defined in the City's Subdivision Code and subdivisions requesting three or more waivers to planning-related issues), and Final Site Plans of Planned Unit Developments (unless the Final Site Plan is submitted with the Concept Plan),
   b. Within the Infill Areas, all Infill development proposals, and associated variances,
   c. All variances on property whether stand alone or that require a Special Use Permit or where a Planned Unit Development is proposed,
   d. All challenges to administrative decisions or interpretations of the Zoning Code, Sign Code, or Landscape provisions of the City Design Standards,
   e. Appeals of design-related interpretation disagreements between the City staff and the University Avenue Corridor Citizens' Design Review Committee,
   f. Appeals of City staff decisions on matters associated with the Avenida de Mesilla Gateway Overlay Zone District,
   g. Appeals of City staff decisions on matters associated with the Lohman Avenue Overlay District, and
   h. All matters submitted pursuant to Section 3-19-11 NMSA.

   Any decision of the Planning and Zoning Commission may be appealed to the City Council in accord with Section 38-13.

2. RECOMMENDATION TO CITY COUNCIL.

   a. The Planning and Zoning Commission, with the assistance of City staff and interested persons, shall recommend the Comprehensive Plan to the City Council. In discharging this duty, the Commission shall consult with and coordinate the planning activities of departments and agencies of the City to assist in the development of the Comprehensive Plan. In its planning activities, the Commission shall take due cognizance of the planning activities of adjacent units of government and other affected public agencies. The Commission shall periodically review the plan and recommend amendments whenever necessary. The Plan may be prepared and adopted in sections, each of which relates to a major subject of the Plan or to a major

geographical section of the City. Before adopting the Comprehensive Plan or any section of amendment of the Plan, the Commission shall hold at least one public hearing. The Comprehensive Plan or any section thereof shall be adopted by a majority of all members of the Commission. A copy of the Plan or of any section or amendment thereof adopted by the Commission shall be sent to the City Council for consideration. Until adopted by the City Council, the Plan shall constitute only the recommendation of the Planning and Zoning Commission.

b. The Planning and Zoning Commission shall recommend to the City Council approval, denial or modification of all requests for Zoning Code amendments, Sign Code amendments, zone changes, annexations (a master plan that is part of an annexation request), initial zonings, the Concept Plan (and Final Site Plans if submitted with the Concept Plan) of Planned Unit Developments, and associated variances. As noted in Sec. 38-10B.1.b, the Planning and Zoning Commission shall take final action on all requests regarding Infill Parcels.

c. When the Planning and Zoning Commission recommends denial of any matter on which the City Council takes final action, an appeal to City Council is not required.

d. Community Development Department staff may make a recommendation, if applicable, on any matter to come before the Planning and Zoning Commission.

C. APPLICATION PROCEDURES.

Planning and Zoning Commission. Application for all zoning district changes, annexations, initial zonings, special use permits, planned unit developments, Sec. 38-10 variances, and Zoning Code and Sign Code text amendments shall be submitted to the Community Development Department. The submittal requirements for the above-listed requests include, but are not limited to, the following:

a. Zoning District Changes, Annexations (Refer to Chapter 37, Article IX: Annexations, of the Subdivision Code), Initial Zoning and Sec. 38-10 variances:

1) Official Zoning application and Development Statement,
2) Submittal fee,
3) Notarized affidavit,
4) Copy of property's survey and legal description:
An accurate and complete boundary survey shall be made of the land to be developed. Property lines shall be shown giving the bearings in degrees, minutes and seconds. Distances shall be shown in feet and hundredths. Curved boundaries or lines on the survey shall provide sufficient data to enable the re-establishment of curves on the property. The location and description of all monuments set or found shall be included where applicable.
5) Copy of site plan, if applicable:

The site plan shall be at a scale that adequately represents the information as determined by the Community Development Director or designee. The plans shall be prepared on sheets of paper that are at least 8 1/2" x 11" in size. Copies provided shall be legible and of a good quality, with no limit to the number of sheets used. The plans shall indicate the following:

a) Title of site plan.
b) Total acreage of site.
c) Date of preparation, north arrow, written and graphic scale.
d) Identification of site by lot, block, subdivision, if applicable.
e) Name and address of property owner.
f) Name and address of applicant, if applicable.
g) Name and address of consulting firm or representative, if applicable.
h) Location and type of all land uses.
i) All site improvements with all setbacks indicated.
j) Dimensions of all buildings.
k) Existing and proposed vehicular circulation systems, including parking areas, storage areas, service areas, loading areas, and major points of access, including street pavement width and right-of-way.
l) A landscaping plan, to include the location, size, common name, and biological name of all landscaping materials.
m) Where applicable, pedestrian and bicycle circulation system, and its relation to surrounding circulation.
n) Where applicable, location and arrangement of all open space, common recreational space, and private open space.
o) Architectural renderings or artistic drawings. The drawings shall be prepared on sheets of paper that are at least 8 1/2" x 11" in size. Copies provided shall be legible and of a good quality, with no limit to the number of sheets used. The drawings shall illustrate the following:
    (1) All new development illustrating all exterior building materials and colors.
    (2) All new development illustrating relationships to neighboring uses, including site lighting.
    (3) Sign location, materials, color, size, shape, and lighting.
p) A drainage facilities plan, environmental impact statement and/or other items not listed above may be required by the Community Development Director or designee, the Planning and Zoning Commission, or the City Council.
q) Application materials which are illegible and/or otherwise of a low quality will not be accepted.
r) A portion of the submittal requirements may not be required in all cases. Upon receipt of a written request justifying the deletion of required information, the Community

Development Director or designee may waive any submittal requirement. The Planning and Zoning Commission may require additional information before acting on a request. The City Council may require additional information before acting on an appeal.

6) Description and justification of requested variances,
7) Request and justification to waive submittal requirements, and
8) An application that meets the following conditions:
   a) The application shall be signed by all property owners of record (including all trustees of an estate or all persons that have a specific "power of attorney" for the subject property as recorded in the Dona Ana County Clerk's Office.) Persons who have an equitable interest in the subject property, but no legal title, shall not be deemed the "owners of record" of said property for purposes of this Code.
   b) Any pending litigation or any Final Order entered by any Court of Law regarding the ownership of the subject property shall be disclosed by the applicant at the time the application is submitted.
   c) The Community Development Director or designee may reject any application if the ownership of the subject property is not clearly established.

b. Special Use Permits and Sec. 38-10 variances: See Sec. 38-54.

c. Planned Unit Developments and Sec. 38-10 variances: See Sec. 38-55.

d. Zoning Code and Sign Code Text Amendments: Submit fee and a draft of the proposed code text amendment to the Community Development Department. The Community Development Director or designee may require that a proposed text amendment to the Comprehensive Plan, affected Plan element or other affected plans be submitted with the code text amendment.

Submittal requirements may be waived by the Community Development Director or designee. The staff may require more information before processing a request. The Planning and Zoning Commission and/or the City Council may require additional information before acting on a request and/or appeal.

D. PUBLIC HEARING AND NOTICE REQUIREMENTS.

1. Public Hearing - The Planning and Zoning Commission shall conduct a public hearing at a regular or special meeting on the following:
   a. Proposed amendment to the Comprehensive Plan, Plan element, other plans required to be reviewed,
   b. Proposed amendment to the Zoning Code and Sign Code,
   c. Zoning district change, with or without conditions,
   d. Special Use Permit,

e. Planned Unit Development,
f. Annexation and Initial zoning,
h. Variances (See Sec. 38-10G), and
i. Infill Development Proposals.

2. Agenda - The agenda for Planning and Zoning Commission meetings shall be available no later than six (6) calendar days prior to any meeting.

3. Posting - Notice of the public hearing about a request shall be posted in conspicuous places on the property by Community Development Department staff at least ten (10) calendar days prior to the Planning and Zoning Commission meeting.

4. Notice –
   a. Notice of the Planning and Zoning Commission public hearing shall be sent by certified mail to all property owners, (except zone change-related cases, see Section 38-10B2b, where notice shall be sent by regular, non-certified, mail), as shown by the records of the County Assessor, within at least two hundred (200) feet of the subject property of the proposed request, excluding streets, alleys, channels, canals, railroads, and all other public rights-of-way. A minimum of fifteen (15) property owners shall be notified even if there are fewer than fifteen within the mandatory 200 foot radius. Notice shall be mailed at least ten (10) calendar days prior to the required public hearing. Notice of the time and place of the public hearing shall be published at least fifteen (15) calendar days prior to the public hearing in a newspaper of general circulation in the City.
   b. Notice of the City Council public hearing regarding zone change-related cases, see Section 38-10B2b, shall be sent by certified mail and shall comply with the other requirements of paragraph D4a.

E. SPECIAL NOTIFICATION. The Community Development Department shall provide notification, by certified mail, to the Town of Mesilla of all cases presented to the Planning and Zoning Commission. Notification shall be required for only those cases south and west of Interstate Highway 10, north of Union Avenue and east of Motel Boulevard (N.M. State Highway 292). For notification area, see Figure 1: Town of Mesilla Special Notification Area Map at the end of this Article.

F. ANNEXATION AND INITIAL ZONING.

A petition for annexation shall include an annexation plat, master plan and initial zoning request. Annexation plat, master plan and initial zoning shall be heard as one case, but separate action shall be taken on the annexation plat, master plan and initial zoning. The City Council shall take final action on the annexation plat, master plan and the initial zoning request after the Planning and Zoning Commission provides a timely recommendation. For detailed information about annexation, refer to Chapter 37, Article IX: Annexations, of the Subdivision Code.

G. ZONING DISTRICT CHANGES WITHOUT CONDITIONS (Unconditional Zoning).

A zoning district change or rezoning is a change in classification of property. When approved by the City Council and the thirty (30) calendar day appeal period has expired, the zoning district change shall be recorded and shown on the appropriate zoning district map within the "Official Zoning District Atlas." Approved initial zoning shall be shown on the appropriate zoning district map within the Official Zoning District Atlas. Special Use Permits shall not be considered a zoning district change. No condition that restricts the use of land beyond that otherwise provided by district provisions shall be concurrently imposed with the approval of a zoning district change, except as outlined in Sec. 38-10H. However, a variance may be recommended by the Planning and Zoning Commission and granted by the City Council as part of a zoning district change request.

H. ZONING DISTRICT CHANGES WITH CONDITIONS (Conditional Zoning).

1. AUTHORIZATION. Zoning district changes may be approved subject to one or more conditions that restrict the use of land beyond that otherwise provided by the district. Variances may be recommended by the Planning and Zoning Commission and granted by the City Council as part of conditional zoning consideration.

2. PURPOSE AND INTENT. A rezoning subject to a condition is to be used only in circumstances where the proposed change of district is appropriate to allow certain uses which are in accordance with the Comprehensive Plan, and which are not incompatible with the surrounding neighborhood.

3. SCOPE. It shall be unlawful to utilize, sell, or lease property rezoned with conditions without first providing to any prospective buyer or lessee a disclosure statement stipulating the conditions and the time limitation prescribed, if any, and without filing a copy of said disclosure with the office of the Doña Ana County Clerk. A condition attached to a zoning district change shall be consistent with the goals, objectives and policies of the Comprehensive Plan, Plan elements or other plans adopted by the City Council and may

   a. Limit the use of property affected so that one or more of the uses which would otherwise be permitted in the district being adopted shall not be permitted in the specific district as conditioned, and/or
   b. Require compliance with such design standards or time limitations relating to the construction, placement and size of buildings, landscaping, streets, roadways, pathways, utilities, drainage ways, and other site design features as may be necessary to protect the community from the impact of future development.

4. LIMITATION ON USING CONDITIONAL ZONING. Any use or structure that requires a Special Use Permit under Sec. 38-54 shall not be permitted by using conditional zoning.

5. INITIATION OF CONDITIONAL ZONING. Conditional Zoning may be initiated by the Community Development Director or designee, the Planning and Zoning Commission, City Council, or by the applicant. Requests shall specify those uses, site design features, time limitations, or other conditions for the conditional zoning.

6. PLANNING AND ZONING COMMISSION ACTIONS. The Planning and Zoning Commission shall follow procedures specified in this Section when acting on proposed zoning district changes with conditions. The Planning and Zoning Commission may consider and take action on all aspects of the proposed conditions and limitations. The substance of all proposals, site plans, and other pertinent information with regard to conditional zoning shall be made a permanent part of the action recommending approval of said conditional zoning.

7. AMENDMENT OF OFFICIAL ZONING DISTRICT ATLAS. The Official Zoning District Atlas shall be amended as necessary to reflect the existence of zoning changes with conditions. Areas affected by conditions shall be identified by the use of the suffix "C" and shall be clearly distinguished from areas in like zoning district that are not subject to special limiting conditions. The action creating a district subject to conditions and a copy of all conditions shall be available in the Community Development Department as a supplement to the Official Zoning District Atlas.

8. CONDITIONAL ZONING CONTROL. Conditions attached to a zoning district change shall govern over any less restrictive zoning regulations unless specifically provided otherwise. All other regulations not specifically affected by a condition shall apply in the same manner as if the property were not subject to conditions.

9. REVOCATION OF CONDITIONAL ZONING DESIGNATION. A conditional zoning designation shall be revoked and revert to the previous zoning district designation if the designated property is not used or developed in accordance with the conditions and all other applicable regulations within two (2) years from the date of City Council approval. Upon a formal request from the property owner, the Community Development Director or designee may grant a one (1) time, one (1) year extension as deemed appropriate. When the only conditions placed upon a zoning designation are prohibitions (such as No billboards allowed or No medical offices allowed), the conditions shall run with the land until the property is either used in a fashion contrary to the stated prohibition or a re-zoning action causes the condition to be removed. If used contrary to the condition, the property shall revert back to the prior designation unless the Community Development Director or designee certified in writing that remedial action can bring about compliance with approved conditions in a timely fashion. Reversion shall cause the use of the property to follow appropriate zoning requirements as applicable.

I. VARIANCES. The Planning and Zoning Commission and the Public Works Director or designee (See Sec. 38-10I.1) are authorized to grant variances.

1. A variance shall be defined as a variation in the numerical requirements of this Code, the Sign Code, or the Design Standards (landscaping). Numerical variances to the clear sight triangle requirements shall be considered, reviewed, denied, or approved by the Public Works Director or designee, as per Article III of Chapter 26.

2. A variance proposal to be acted on by the Planning and Zoning Commission may either be part of a request for rezoning, initial zoning, special use permit or planned unit development, or be submitted independent of such proposals and heard based on the individual merits of the request. Use variances, which are non-numerical, as well as numerical variances to the provisions of this Code, may be granted by the Planning and Zoning Commission only in accordance with the Infill Development Process (IDP), Sec. 38-48. Administrative decisions on or interpretations of the Zoning Code or the Sign Code by staff may be affirmed, reversed, or modified pursuant to this section and appealed to the City Council in accord with Sec. 38-13, except as provided in Sec. 38-4D.

3. In the event of a denial decision by the Planning and Zoning Commission and/or City Council, there shall be no reapplication for the exact same variance, which was properly advertised and acted on, for a period of one (1) year after the date of the decision of the Planning and Zoning Commission and/or City Council. A modified variance request processed through the IDP, Sec. 38-48, may be resubmitted at any time following action by the Planning and Zoning Commission.

4. A variance shall be automatically revoked if a building permit, sign permit or business registration/license for the approved variance has not been obtained within one (1) year. Upon a formal request from the property owner, the Community Development Director or designee may grant a one (1) time, one (1) year extension as deemed appropriate.

J. CRITERIA FOR DECISIONS.

The Planning and Zoning Commission shall review each request in relation to the goals, objectives and policies of the Comprehensive Plan, Plan elements, other applicable plans, and the purpose and intent of this Code, Sec. 38-2 and 36-1 of the Sign Code, when appropriate, and determine whether the request is consistent or inconsistent with stated criteria. Members of the Planning and Zoning Commission shall state the factual basis and the findings for their vote.

Furthermore, granting any variance shall not merely serve as a convenience to the applicant, but the variance shall be the minimum necessary for relief in order to accomplish the stated objective(s) of the applicant's request or demonstrable hardship. Hardships are not considered personal or monetary. In addition to criteria already referenced, decisions may consider:

1. A physical hardship relative to the property (i.e., topographic constraints or right-of-way takes resulting reduced development flexibility, etc.) in question.

2. The potential for spurring economic development at a neighborhood or city-wide level if requested allowances are granted.

3. Monetary considerations not as a whole, but relative to options available to meet the applicant's stated objectives when such options cause considerable monetary hardship under strict application of code provisions.

K. NOTICE OF DECISION.

Upon making a recommendation to the City Council or taking final action on matters for which the Planning and Zoning Commission has been granted final authority, the Community Development Department shall promptly

1. Prepare a written decision that includes an order stating the factual basis and the findings of the Planning and Zoning Commission which support the order
   a. Recommending the granting or denying of relief, or
   b. Granting or denying relief;
2. File the written decision with the City Clerk's Office;
3. Send by certified mail a document with appropriate signatures that includes a copy of the written decision of the Planning and Zoning Commission to all parties whose rights are adjudged by the decision and that contains the requirements for filing an appeal;
4. Send by regular mail, or otherwise provide, a copy of the document that includes a copy of the written decision of the Planning and Zoning Commission to every person who has filed a written request with the Community Development Department for notice of the decision.

L. APPEAL TO CITY COUNCIL.

Decisions of the Planning and Zoning Commission may be appealed to the City Council in accord with the provisions of Sec. 38-13.

M. RESUBMITTAL OF REQUEST.

A request denied by the Planning and Zoning Commission and/or the City Council shall not be resubmitted or reconsidered for a period of one (1) year. However, after meeting with Community Development Department staff, a different request on the same property may be submitted no less than six (6) months after such denial decision. Special use permits or planned unit developments processed through the IDP that are denied by the Planning and Zoning Commission may be modified and resubmitted at any time following action by the Planning and Zoning Commission.

Sec. 38-11. Reserved

Sec. 38-12. Reserved

Sec. 38-13. City Council

A. FINAL ACTION. After recommendation from Community Development Department staff, if applicable, and the Planning and Zoning Commission, the City Council shall take final action on the following:

1. Comprehensive Plan, Plan elements, other plans sent from the Planning and Zoning Commission and all amendments,
2. Zoning district change requests,
3. Initial zoning requests,
4. Concept Plan and Final Site Plans submitted with the Concept Plan of Planned Unit Developments (subdivisions requesting three or more waivers to planning-related issues become planned unit developments),
5. Associated variances with A.2 through A.4 above,
6. Zoning Code and Sign Code amendments, and
7. Appeals of decisions of the Planning and Zoning Commission.

B. CHANGING AND RECONSIDERATION OF PETITIONED ZONING PROPOSALS. A zoning district change or initial zoning request may be amended by the City Council to be more restrictive. Such amendment and reconsideration shall not require readvertisement or notice to surrounding property owners if considered by the City Council at the original (first) Public Hearing. Subsequent public hearings shall require readvertisement and notice to surrounding property owners unless the hearing is continued or the request is postponed to a specific date.

C. GROUNDS FOR APPEAL TO CITY COUNCIL. Any person, or any department, commission, board or bureau of the City that is affected by a decision of an administrative official, commission, committee, or board in the administration or enforcement of this Code, or any other resolution, rule or regulation adopted pursuant to Sections 3-21-1 through 3-21-12 and 3-21A New Mexico State Statutes Annotated, 1978 Compilation, may appeal such decision to the City Council. Such appeal must be initiated in writing within fifteen (15) calendar days after the decision and after all other procedures established by this Code have been exhausted. Any person that is a party to an appeal may request a "Battershell" due process proceeding in place of the automatic standard due process.

D. STAY OF PROCEEDINGS. An appeal shall stay all proceedings in furtherance of the action appealed unless the officer, official, commission, committee, or board from whom the appeal is taken certifies that by reason of facts a stay would cause imminent peril of life and property. Upon certification, the proceedings shall not be stayed except by order of District Court after notice to the official, commission, committee, or board from whom the appeal is taken.

E. APPELLANT RESPONSIBILITY IN APPEALS. All appellants under this Section are required to submit to the Community Development Department a detailed written statement of the grounds of their appeal, including findings, no later than fifteen (15) calendar days after the decision is filed with the City Clerk's Office. The appeal shall state all issues to be considered. Only the issues stated shall be considered during the applicable proceeding.

F. APPEAL NOTICE. Notice on all appeals, except Zoning and Sign Code amendments and interpretations, on decisions of the Planning and Zoning Commission shall be sent by certified mail to all property owners, as shown on the records of the County Assessor, within two hundred (200) feet of the area of the proposed change, excluding streets, alleys, channels, canals, other public rights-of-way and railroad rights-of-way. A minimum of fifteen (15) property owners shall be notified even if there are fewer than fifteen within the mandatory 200 foot radius. Notice to said property owners shall be mailed at least ten (10) calendar days prior to the meeting. Notice of the time and place of the meeting shall be published in a newspaper of general circulation in the City at least fifteen (15) calendar days prior to the meeting. Notice of the time and place of the appeal shall be posted in conspicuous places on the property by Community Development Department staff at least ten (10) calendar days prior to the appeal public hearing.

G. AUTHORITY OF THE CITY COUNCIL. When an appeal alleges that there is error in any order, requirement, decision or determination by an administrative official, commission, committee, or board in the enforcement of this ordinance, or any other resolution, rule or regulation adopted pursuant to the above stated State Statutes, the City Council, by a majority vote of all its members may, after all other procedures established by the provisions of this Code have been exhausted, reverse or affirm any order, requirement, decision or determination of an administrative official, commission, committee or board; or make any change in an order, requirement, decision, or determination of an administrative official, commission, board, or committee.

Members of the Planning and Zoning Commission shall not participate in any way in an appeal before the City Council of any decision of their Commission. The minutes of each Commission meeting are the public record that indicates each Commission member's participation. This restriction applies to members of other groups or committees, e.g., University Avenue Corridor Citizens' Design Review Committee, when the group or committee is required to make a recommendation to the Planning and Zoning Commission.

H. NOTICE OF DECISION. Upon City Council making any final decision, the Community Development Department shall promptly

1. Prepare a written decision that includes an order stating the factual basis and the findings of the City Council which support the order;
2. File the written decision with the City Clerk's Office;
3. Send by certified mail a document with appropriate signatures that includes a copy of the written decision of the City Council to all parties to the appeal submitted to the City Council, including persons who had filed a formal protest as an aggrieved person, and that contains the requirements for filing an appeal;

4. Send by regular mail, or otherwise provide, a copy of the document that includes a copy of the written decision of the City Council to every person who has filed a written request with the City Clerk for notice of the decision.

I. AMENDMENT, REPEAL, AND REVIEW OF THE ZONING CODE.

1. The City Council, after a public hearing and after a recommendation from the Planning and Zoning Commission, may amend, supplement, or repeal any portion or all of this Code.
2. There shall be a continuous evaluation of the provisions of this Code, and amendments shall be submitted to the City Council as deemed necessary.

Sec. 38-14. Appeal to District Court

Any person dissatisfied with an order or determination of the Planning and Zoning Commission, after review of the order or determination by City Council; may commence an appeal in District Court pursuant to the provisions of Section 12-8A-1 NMSA 1978, as amended, and Section 39-3-1.1 NMSA 1998, as amended.

Any person aggrieved by a determination of the City Council may appeal to the District Court within thirty (30) calendar days after the final decision of the City Council has been filed with the City Clerk's Office.

Sec. 38-15. Violations of the Zoning Code

A. VIOLATIONS. It shall be a violation of this Code for any person, firm, or corporation to neglect, refuse to comply with, or resist the enforcement of any provision of this Code or any requirement pursuant thereto, or in any way use, change, or construct a building or structure in non-conformance with zoning approval. Each day that such violation exists shall constitute a separate offense. Any violation herein described is governed by the provisions of the Las Cruces Municipal Code and its subsequent amendments.

B. PENALTIES. The Las Cruces Municipal Court shall impose the penalties for each day the violation of this Code exists. In addition to fines, the Las Cruces Municipal Court may grant injunctive relief in accordance with the provisions of the Las Cruces Municipal Code and its amendments.

C. OTHER REMEDIES. Nothing herein shall limit the City from seeking other remedies at law or equity to enforce the Zoning Code. Violations of this Code shall be brought into compliance, abated, removed, and/or pursued in the applicable court of law. In all such cases that the Court rules to allow non-conformance with this Code, there shall be a pro forma action by the Planning and Zoning Commission permitting such non-conformance. Such action shall be consistent with the Court's ruling, and thereafter said non-conformance shall be considered legal non-conforming and be subject to the provisions thereof.

Sec. 38-16. Enforcement Provisions

A. DUTY TO ENFORCE. The official(s) designated by the City Manager shall enforce this Code.

B. BUILDING PERMITS AND PLANS. No building or structure, except those exempted by the City's Building Code, shall be erected, enlarged, or structurally altered until a building permit has been issued and zoning approval of all plans has been granted by the Community Development Director or designee.

C. CERTIFICATE OF OCCUPANCY. Certificate of Occupancy approving a structure or use of land shall be required for all of the following prior to occupancy:
1. Occupancy and use of a building hereafter erected or structurally altered;
2. Change in use of an existing building to a use of a different classification;
3. Occupancy and use of vacant land;
4. Change in the use of land to use of a different zoning district classification;
5. Change in the use of a non-conforming use, including the alteration or expansion of a non-conforming use or structure.

D. LEGAL DOCUMENTS TO INSURE COMPLIANCE. The Community Development Director or designee may require affidavits, disclosure statements, deed restrictions, or other legal documents to assure compliance with the provisions of this Code. Such documents may be approved for use in specific cases by the City Attorney.

Sec. 38-17. Fees

All fees relating to this Code shall be adopted by resolution of the City Council.

Sec. 38-18 -- 38-19. Reserved.

Figure 1: Town of Mesilla Special Notification Area, see page 14

Susana Montana

From: Susana Montana
Sent: Friday, April 26, 2013 1:31 PM
To: Katherine H. Rogers; Robert Kyle
Subject: FW: Meeting next week
Attachments: Rezoning of LCCC property

In March, John Stevens, representing the Country Club Neighborhood Assn., asked to be informed by the City of updates to the Park Ridge project. As a courtesy to both the Applicant and the neighborhood association, I asked Bob Pofahl to advise John of the rezoning application.

Bob has invited John and Millie Stevens to a meeting next Wednesday to update them on the new rezoning application. If, after that meeting, John and Millie ask for a copy of that rezoning application, I will make them a copy. They usually come in for copies, but Millie recently broke her pelvis so I may just mail them a copy.

Thanks.

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
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From: Bob Pofahl [mailto:bob@picachomountain.com]
Sent: Friday, April 26, 2013 1:19 PM
To: John Stevens
Subject: Meeting next week

John,

We would like to update you on the Country Club project. Would you an Millie be able to come to our office next Wednesday around 4? Let me know.

Thanks.

Bob Pofahl

575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Dr.
Las Cruces, NM 88007
http://www.cbiholdings.com
http://www.picachomountain.com
blog.picachomountain.com

Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Wednesday, May 01, 2013 1:49 PM
To: John Stevens
Cc: Susana Montana
Subject: Meeting

John,

Our intention in meeting with you was more on the line of keeping you informed. We are not in a position to offer anything until we work street connections and the best options to connect to Madrid. In addition the Parks Department needs to be involved in any discussions of open space and parks. We are planning to meet with the Parks Department on May 16th. As you suggest, maybe it is best to wait until we have more information before we meet.

We are meeting with the MPO technical group tomorrow and hope to have more information to address the proposed master plan. We are also looking at just zoning the medical campus as a first step while we determine the best alternatives for the PUD Plan. We will keep you informed.

Thanks,
Bob Pofahl
575-680-8812 mobile
575-523-2500 office
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Picacho Mountain
1340 Picacho Hills Drive
Las Cruces, NM 88007
http://www.cbiholdings.com
http://www.picachomountain.com
blog.picachomountain.com

Country Club Neighborhood Association contacts

John & Millie Stevens
820 Camino del Rex
Johnmill9@toast.net

Connie Potter 524-2443
2505 Desert Drive
cjmpotter@comcast.net

Tamie Smith526-2509

Tamie.s@gmail.com

Susana Montana

From: Susana Montana
Sent: Thursday, May 16, 2013 12:17 PM
To: John Stevens
Subject: RE: meeting & zoning request

I told you all at the meeting that the City Agency comments were coming in and that Planning was requiring the Applicants to change the zoning designation for the area that would be the residential care/nursing facility because that land use is not permitted in the C-3 district. So the Application will be changed to show the upper right hand corner of the 30-acre medical center site as R-4c the little "c" would limit the R-4 uses to the residential care uses. I also showed you all, and gave you, the colored map showing the red C-3c zone and the green R-4c zone. When the Applicant submits a revised application, responding to all of the City Agency comments, then I will send you a copy of the revised application and map(s).

I have to go now, I have a meeting at the County Building the rest of the afternoon. But I will be back in the office tomorrow morning. Thanks.

Susana Montana, Planner
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From: John Stevens [mailto:johnmill9@toast.net]
Sent: Thursday, May 16, 2013 10:53 AM
To: Susana Montana
Cc: David Weir
Subject: meeting & zoning request

Susana and David,

It looks as though the zoning request has been changed from all commercial to some residential. Am I correct, and, if so, why wasn't that brought up at yesterday's meeting?

Thank you for the PUD information, etc.

John Stevens

Susana Montana

From: Susana Montana
Sent: Thursday, May 23, 2013 7:54 AM
To: golfretire@live.com
Subject: rezoning for the medical center

Good morning, Chuck.

I am working on the staff report to the Planning and Zoning Commission regarding the rezoning request for the 30 acres to accommodate the medical center. I have a few questions I hope you can answer about the Country Club to give the Commissioners as background:

1. When was the Country Club and golf course first opened for business and when was it closed?
2. What was the purpose for its closure?
3. Does the Country Club LLC have any intention of retaining and redeveloping any part of the property?
4. If the medical center rezoning is approved by City Council, would the clubhouse and any other accessory structures be demolished right away?
5. If the Commissioners want to conduct a Site Visit inside the compound on the week prior to the Commission meeting, can that be arranged for up to three Commissioners at a time (so there is no quorum)?
6. Any other background you want to convey to the Commissioners?

Thanks so much for your assistance in this matter. Have a great day!

Susana Montana, Planner
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Susana Montana

From: Susana Montana
Sent: Tuesday, May 21, 2013 5:00 PM
To: bob@picachomountain.com; gvelez@ziaeec.com
Subject: condition of approval for Z2860 for second access for Fire and emergency vehicles

I remember that the Fire Department will require a second access from Madrid for the medical center if it is built prior to the PUD main road. Here is a condition of the rezoning to address that requirement.

3. Prior to issuance of a certificate of occupancy for the first building within the rezoning area, the Applicant or developer shall provide a second road access directly to E. Madrid Avenue to be used exclusively by Fire Department and other Emergency Medical vehicles. The City's Traffic Engineer and Fire Chief shall approve of the design and materials for this emergency access road which may be designed as a temporary road if the remaining 80 acres is approved for development with a permanent second access road to E. Madrid Avenue or to the signalized intersection of E. Madrid Avenue and N. Solano Drive.

Susana Montana, Planner
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Susana Montana

From: Susana Montana
Sent: Wednesday, May 08, 2013 7:49 AM
To: sgalichia@galichia.com; mphillips@galichia.com; jgalichia@galichia.com
Subject: Park Ridge Medical Center Planning Commission meeting

Greetings, folks. I hope you haven't booked your flights to Las Cruces for the May 28th Planning and Zoning Commission meeting because we do not have a quorum for that meeting. Three of our six Commissioners will be out of town on that date and we had to cancel that meeting. The rezoning application will be placed on the next Commission meeting which is June 25th. We apologize for any inconvenience this delay may cause. Otherwise, things are moving forward on this project. We look forward to seeing you on June 25th, 6 PM in our City Hall Council Chambers.

I will be in contact with you before that date to send you a copy of our staff report and to explain what some of the issues we think the Commission would like you to address. I am sure they would like to learn of your services and what you would provide to Las Cruces, particularly the downtown area. If you can provide a little handout describing what services you would bring to the Park Ridge Medical Center, similar to the booklet entitled "Galichia Hospital Group" that you brought to our meeting, but focusing on the Park Ridge project, I can send it to the Commission with their packet one week before the meeting. They like things in advance. The Commissioners are very conscientious and read the staff reports, conduct site visits, and will ask questions of Applicants at the hearing. Dr. Galichia's knowledge, experience and passion for this project should communicate very well to the Commissioners.

Well, until then, have a great day and weeks.

Susana Montana, Planner
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Susana Montana

From: Susana Montana
Sent: Monday, May 06, 2013 3:11 PM
To: johnmill9@toast.net
Subject: 5 parcel map
Attachments: Rezoning area site plan.pdf

Greetings, John.
The red color zoning plan map that I sent earlier replaced the first submittal "5 parcel map" as part of the application. That was not an acceptable submittal so we required a revision showing just the rezoning area as one whole area. With the revised submittal, I deleted the earlier one from the electronic file because it is not a correct part of the application. I have a full-size hard copy of that earlier submittal here in the docket file if you want to see it. It is not part of the rezoning. If the rezoning were approved by Council, a Master Plan for a subdivision of the 30 acre parcel would show the 5 lot split. I hope that is not too confusing. See you soon. My regards to Millie.

Susana Montana, Planner
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Susana Montana

From: Susana Montana
Sent: Thursday, June 13, 2013 4:48 PM
To: 'John Stevens'
Cc: David Weir; Bob Pofahl
Subject: RE: notification, etc.
Attachments: Revised page 7 06 05 13.pdf; requested mail notice area.pptx

John, the hospital is proposed to be further south than the Applicant's commitment to 2-story structures. In fact, the C-3 zone allows a 60 foot height limit. The medical offices north of the hospital, and "directly behind the townhomes" would be limited to 2 -stories. The attachment is a PDF of the most recent revised page 7 of the Application and it provides a distance of 80 feet between the townhome lots rear property line and the first building of the medical offices.

I had sent a copy of the property owner public notice and also a public notice for our web page which is for the general public and not just for the adjacent property owners. Per your earlier request about the expanded notice, we determined that we just cannot afford to mail notice to the 2,140 owners of properties within that larger notice area you suggested to Mr. Weir. Regular mail (for the Planning and Zoning Commission meeting) is 41 cents but notice for the City Council meeting is by certified mail at $5.00 each. So, we are noticing the 114 owners of property located within 250 feet of the whole 110-acre Country Club Site.

I advised the Commission Chair of your request and, typically, at the meeting the Chair will poll the Commissioners to find out if they agree.

Susana Montana, Planner
City of Las Cruces Community Development Department Building & Development Services Division Physical Location: City Hall at 700 North Main Street, Suite 1100 Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002 smontana@las-cruces.org Main Line: (575) 528-3043 Direct Line: (575) 528-3207 Fax Line: (575) 528-3155 www.las-cruces.org

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-----Original Message-----
From: John Stevens [mailto:johnmill9@toast.net]
Sent: Thursday, June 13, 2013 4:10 PM
To: Susana Montana
Cc: David Weir; Bob Pofahl
Subject: Re: notification, etc.

Thank you, Susana,

If I'm reading it correctly, the Hospital Could still be 45 feet high, and they've amended the height of the buildings which would be behind the townhouses on Camino Del Rex to 2 stories. Also they've changed the setbacks of the office buildings from 40 feet to 80 feet. If I'm wrong please correct me. I'm assuming that the 2nd attachment is the notice to CCNA? The 3rd one wouldn't open for me.

Did we get the larger area of notification that we asked for, and are Connie Potter and I each allotted 10 minutes to speak?

Thank you for all your help.

John Stevens, Pres.

CCNA

On Thu, Jun 13, 2013 at 1:34 PM, Susana Montana <smontana@las-cruces.org> wrote:
> Greetings John. The attached Application noted as 05 05 13 is the most recent change to page 7 and is the application that will be an attachment to the staff report. The staff report will be delivered to the Commissioners on June 18th and we can post it on the Planning and Zoning Commission webpage that afternoon and I will send you a PDF copy via email as well. The CCNA public notice is in the mail but I have attached some here if you want to forward it to your members via email.
>
> Just a note: commercial floor-to-floor building heights are usually a minimum of 12 feet to fit in HVAC systems and other mechanical elements.
>
> Susana Montana, Planner
> City of Las Cruces Community Development Department Building &
> Development Services Division Physical Location: City Hall at 700
> North Main Street, Suite 1100 Mailing Address: P.O. Box 20000, Las
> Cruces, NM 88004-9002 smontana@las-cruces.org Main Line: (575)
> 528-3043 Direct Line: (575) 528-3207 Fax Line: (575) 528-3155
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>
> -----Original Message-----
> From: John Stevens [mailto:johnmill9@toast.net]
> Sent: Thursday, June 13, 2013 11:04 AM
> To: Susana Montana
> Cc: David Weir; Bob Pofahl
> Subject: notification, etc.
>
> Susana and David,
>
> I received my notification of the P&Z meeting to be held on the 25th of June, but haven't received any notification for the Association.
> CCNA. Also, at our brief meeting with Bob Pofahl yesterday, it was stated that the developer is asking for 1 story office buildings, and a 1 story Hospital. The latest copies of the application that I have received from you say nothing about 1 story buildings, but DO say 40'
> buildings. To me that suggests 4 stories. If there has been a change in their application where they're asking for 1 story buildings I would appreciate a copy of those changes. In their information sent out by Galicia it says they like to start small, and then expand.
> Thank you for your help.
>

> John Stevens, Pres.
>
> Country Club Neighborhood Association

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Wednesday, May 01, 2013 4:23 PM
To: Susana Montana
Cc: Bob Pofahl
Subject: Fwd: Meeting

Susana,

I noticed that Bob sent you a carbon copy, so to keep you informed I'm forwarding my response. Also, as I said in our last meeting, We don't want the Hospital on our end of the development. We want it to be put on the south end with the other commercial properties. We don't want all of the traffic from ambulances, E.R. patients, visitors, etc.

Will you please notify me when their 2nd plan has been filed?

Cordially,

John Stevens, Pres.

Country Club Neighborhood Association

P.S. We've discussed the name Park Ridge, and are asking that the name be changed. There are many of us who have worked very hard for 6 years to have the property preserved as a Premier Park, and to have this development use the name PARK in their title is taken as a slap in the face to us.

---------- Forwarded message ----------
From: **John Stevens** <johnmill9@toast.net>
Date: Wed, May 1, 2013 at 3:43 PM
Subject: Re: Meeting
To: Bob Pofahl <bob@picachomountain.com>

Bob,

As I said, we were disappointed with the last meeting, as the basis was that you would have something to offer, which didn't happen. We heard about your 1st filing from the City, without a heads-up from you, and I'm not trying to be abrasive, but I'm guessing that we'll hear about the 2nd filing in the same way. We've tried to work with you, but our suggestions of more open space-green space and amenities have not been answered, and from my reading of the City's comments, it would seem that they have the same things in mind that we have been asking for.

In our 1st meeting I said that you "have to give something to get something". Unfortunately this hasn't happened. You're insisting on complete "wall-to-wall" infill, and in the process ruining the properties along Camino Del Rex and Desert Drive.

Hopefully we can keep in touch, but I'm not hopeful that we can work with you for workable solutions for the disposition of this property.

John Stevens, Pres.

Country Club Neighborhood Association

On Wed, May 1, 2013 at 1:49 PM, Bob Pofahl <bob@picachomountain.com> wrote:
John,

Our intention in meeting with you was more on the line of keeping you informed. We are not in a position to offer anything until we work street connections and the best options to connect to Madrid. In addition the Parks Department needs to be involved in any discussions of open space and parks. We are planning to meet with the Parks Department on May 16th. As you suggest, maybe it is best to wait until we have more information before we meet.

We are meeting with the MPO technical group tomorrow and hope to have more information to address the proposed master plan. We are also looking at just zoning the medical campus as a first step while we determine the best alternatives for the PUD Plan. We will keep you informed.

Thanks,
Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Drive
Las Cruces, NM 88007
http://www.cbiholdings.com
http://www.picachomountain.com
blog.picachomountain.com

Susana Montana

From: Susana Montana
Sent: Friday, June 21, 2013 3:26 PM
To: Commissioner Charles Beard; Commissioner Charles Scholz; Commissioner Godfrey Crane; Commissioner Ray Shipley; Commissioner William Stowe; Joanne Ferrary
Cc: Katherine H. Rogers; Robert Kyle; David Weir
Subject: late public comments RE Park Ridge Medical Center rezoning, Z2860
Attachments: Z2860 Park Ridge Public Comments 06 21 13.pdf

Greetings Commissioners. I apologize for the size of the attachment. It contains late comments related to the Park Ridge Medical Center rezoning that will be considered by the Commission on Tuesday, June 25th. Most of the comments are from the Country Club Neighborhood Association (CCNA). If any more comments come in I will bring hard copies to the meeting on Tuesday as I do not want to barrage you with emails. Thank you and have a great weekend.

Susana Montana, Planner
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City of Las Cruces

Community Development
Interoffice Memorandum

To: David Weir, Community Development Director

From: Tom Murphy, MPO Officer

Subject: Park Ridge Presentation at MPO

Date: May 9, 2013 MPO-13-016

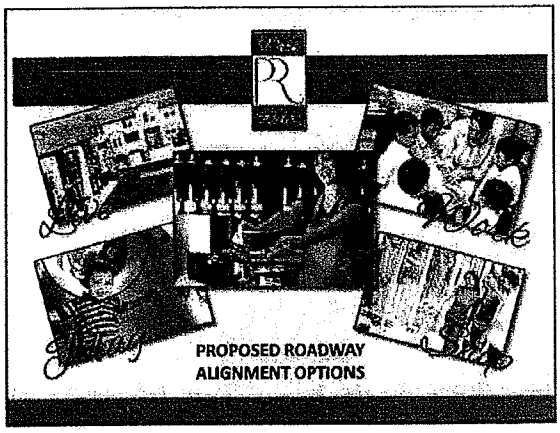
Pursuant to discussion at the staff level meeting on April 23, 2013 concerning the Park Ridge development application, we featured the project developer at two MPO meetings. Bob Pofahl of Community Builders International presented to the Technical Advisory Committee (TAC) on May 2, 2013 and to the Policy Committee on May 8, 2013.

The TAC generally favored connecting the roadway straight to Madrid east of the ballfield, presented by Mr. Pofahl as "Option B". Factors stated by committee members included: Option B retains the option for future Madrid realignment and Option A would put more traffic on the Main and Camino Real intersection. Several committee members stated that they preferred Option B without stating a reason.

The Policy Committee generally favored connecting the roadway to the existing signal at Solano and westbound Madrid known as "Option A". Factors stated by the committee members included: concerns that Option B would create more traffic past the school on Madrid (Loma Heights Elementary); A Solano entrance would offer better commercial access to the site; and the concern with restricted left turns that Option B would require. One committee member did raise the same concern as the TAC concerning the traffic level at Main and Camino Real.

The Chair of the Bicycle and Pedestrian Facility Advisory Committee (BPAC) was at the Policy Committee meeting and requested a presentation for his committee. We will ask Mr. Pofahl if he would present. If he declines, staff will present his material to the BPAC. We will report that information after their next meeting.

cc: Susana Montana, Planner



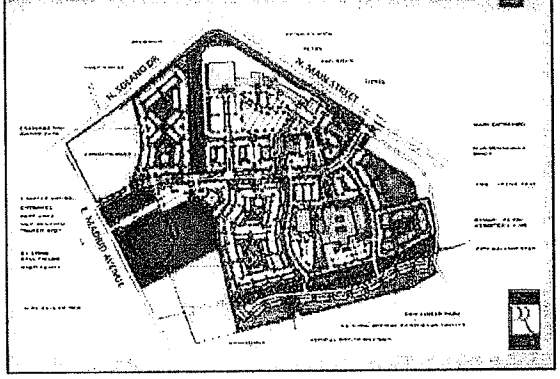
PROJECT DESCRIPTION

- **PARK RIDGE** IS AN URBAN INFILL PROJECT ENVISIONED AS A SUSTAINABLE COMMUNITY PROMOTING ECONOMIC DEVELOPMENT THROUGH A MIX OF USES.
- **PARK RIDGE** ENCOMPASSES 110 ACRES AND IS LOCATED ON THE FORMER LAS CRUCES COUNTRY CLUB SITE.
- **PARK RIDGE** IS DESIGNED TO INTEGRATE INTO THE SURROUNDING NEIGHBORHOODS, SHARING OPEN SPACE, BOULEVARDS, BIKE TRAILS AND WALKING PATHS.

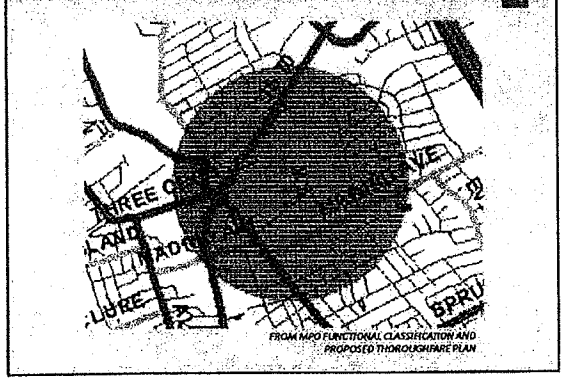
PROPOSED LAND USES

- REGIONAL HOSPITAL AND MEDICAL CAMPUS
- RETAIL AND DINING
- COMMERCIAL AND HOSPITALITY
- CONTINUUM OF CARE RETIREMENT CENTER
- RESIDENTIAL AND MULTIFAMILY
- PARKS AND OPEN SPACE
- WALKING TRAILS AND BIKE LANES

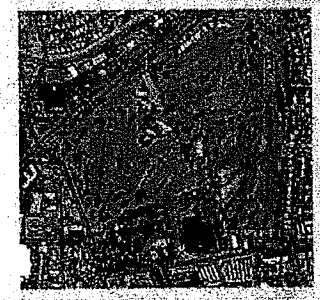
SITE PLAN



MPO APPROVED ROAD ALIGNMENT



PUBLIC TRANSIT CONNECTIVITY



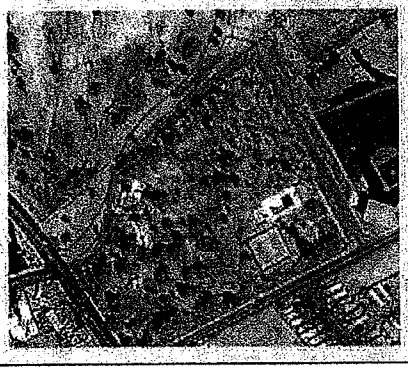
- CONNECTIVITY TO EXISTING TRANSIT FACILITIES
- ADDITIONAL TRANSIT STOPS WITHIN THE DEVELOPMENT

PROPOSED ROADWAY ALIGNMENT OPTIONS

- **OPTION A:** CONNECT ONTO N. SOLANO DRIVE AT EXISTING SIGNALIZED INTERSECTION WITH MADRID AVENUE.
- **OPTION B:** CONNECT ONTO E. MADRID AVENUE, EAST OF EXISTING BASEBALL PARK.

OPTION A

OPTION A - DETAIL



OPTION A

BENEFITS

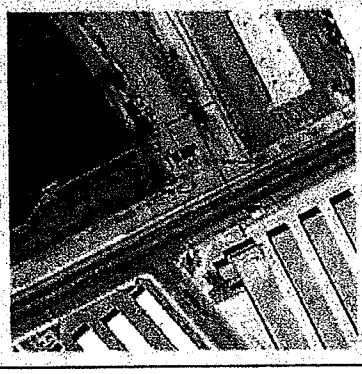
- Uses existing infrastructure (existing lighted intersection)
- Extends the number of signalized intersections in the area
- Promotes integration of Apodaca Park and Park Ridge Development
- The proposed point of intersection will allow full traffic movements
- Lower traffic and transportation costs
- Does not negatively impact surrounding business and properties
- Impacts less City property area

CHALLENGES

- Approximately five mature trees will have to be replanted or removed
- Existing restroom facilities will have to be relocated
- Impacts 0.216 acres of actual Apodaca Park
- Is not consistent with approved MPO Thoroughfare Plan

OPTION B

OPTION B - DETAIL



OPTION B

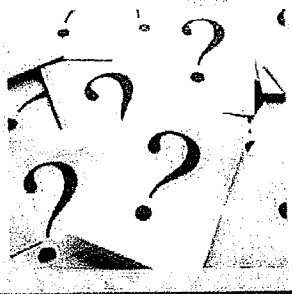
BENEFITS

- Direct connectivity between N. Main Street and Madrid Avenue will help mitigate traffic issues on N. Solano Drive and Desert Drive
- Invites pedestrians and traffic south of Madrid to Park Ridge Development
- Does not impact Apodaca Park property
- The placement of a multifamily residential development adjacent to the park provides land use compatibility while enhancing safety and security of Apodaca Park
- Is consistent with approved MPO Thoroughfare Plan

CHALLENGES

- Challenging intersection design due to close proximity of existing intersection between E. Madrid Avenue and Sexton Street
- Most left turns will be prohibited
- Could negatively impact surrounding properties and business (particularly Storage Units at the corner of Madrid and Sexton)
- Increases the number of signalized intersections in the area
- Higher traffic and transportation costs
- Impacts more City Property area

Questions & Answers



Susana Montana

From: Griselda Velez <gvelez@ziaeec.com>
Sent: Thursday, May 09, 2013 2:31 PM
To: Susana Montana
Subject: MPO Policy Committee

Good afternoon Susana,

We presented the roadway alternatives for Park Ridge to the MPO Policy Committee last night. Out of 8 present Committee members, 6 expressed their preference for **Option A** (tie-in to Solano Dr). There was no formal vote but Tom Murphy will provide David Weir with a memo outlining the discussion that occurred at both the Technical Advisory Committee and the Policy Committee meetings.

We will meet with the Parks and Recreation Advisory Board next week (5-16-13) to obtain their feedback.

Regards;

Griselda A. Vélez, Manager of Planning Department
Zia Engineering & Environmental Consultants, LLC

QUALITY, COMMITMENT, SERVICE

755 South Telshor Boulevard, Suite F 201
Las Cruces NM, 88011
Phone: 575-680-2307
Fax: 575-532-1587
gvelez@ziaeec.com
www.ziaeec.com

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Susana Montana

From:	Susana Montana
Sent:	Wednesday, June 19, 2013 3:27 PM
To:	'jensen94@yahoo.com'
Cc:	David Weir
Subject:	Park Ridge Medical Center (former Country Club site) rezoning
Attachments:	Z2860 property owner ltr REVISED 05 29 13.docx; Z2860 mailing list map.jpg; Z2860 Park Ridge Rezoning 2 sided color staff report.pdf

Greetings Mr. Jensen. Please find attached a copy of the letter that was mailed to owners of property lying within 250 feet of the outer boundary of the Las Cruces Country Club property. This 250 foot radius is the public notice requirement of our Zoning Code for rezoning applications. The attached map shows the locations of the properties we sent the letter to. If you own property outside that 250 foot radius you may see our public notice of the Commission hearing June 25th on our City website. http://www.las-cruces.org/Departments/Community%20Development/Boards%20and%20Commissions/P%20and%20Z/2013%20Agendas%20and%20Minutes.aspx

Attached please also find a copy of the staff report to the Planning and Zoning Commission for the rezoning hearing on June 25th. If you have questions about the project after reading the staff report, please feel free to call or email me with your questions or concerns. Members of the public can testify before the Commission at the June 25th public hearing.

Please forward this message on to neighbors whose email addresses are known to you. Have a great rest of the day!

Susana Montana, Planner
City of Las Cruces Community Development Department
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Susana Montana

From: Susana Montana
Sent: Thursday, June 20, 2013 8:01 AM
To: CARL JENSEN
Subject: RE: Park Ridge Medical Center (former Country Club site) rezoning

Mr. Jensen, if you like I can forward your email message (below) to the Planning and Zoning Commissioners as a public comment on the rezoning application. The Commission will hear public testimony on the rezoning request at the June 25th public hearing (6 PM, City Hall Council Chambers) and will make a *recommendation* to the City Council. The rezoning application is scheduled to go before the City Council on August 19th (1 PM, City Hall Council Chambers) and it is the *Council* that makes the determination on the re-zoning request. However, both the Commission and the Council take testimony from the public and take very seriously the concerns of neighbors.

If you would like to submit a separate letter or email message to the Commission for the June 25th meeting, I would be happy to forward it to them before the meeting so they have time to read and consider your points. You can also reiterate your concerns at the June 25th Commission meeting.

Please note that though the staff report recommends approval with conditions, the Commission can place new or amended conditions on their recommendation to the City Council, the Commission may recommend denial of the application to Council, or may they vote to table the case for further information from staff or the Applicant. The City Council may place new or amended conditions on any approval of the rezoning, may vote to deny it, or may vote to table it for further information. So, we are still early in the democratic process for this rezoning application. Thank you.

Let me know if you want me to forward your previous email to the Commission or if you want to send a new one. Have a great day.

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From: CARL JENSEN [mailto:jensenc94@yahoo.com]
Sent: Wednesday, June 19, 2013 5:07 PM
To: Susana Montana
Subject: Re: Park Ridge Medical Center (former Country Club site) rezoning

Ms Montana Thank you for the letter and information. I was not aware that the zoning information was only passed to persons living withing 250 feet. This would seem to me as a method that prevents anyone from stopping action on zoning changes. I would be less concerned if I felt that there will be no negative effects on our area of the country club but I am certain there will be an increase in traffic through our area. We have had a number of efforts to get the city to enforce the speed limit on our street (Fairfax Ave) with no results. I am certain that the nature of the area by the country club there will be speeders using these streets rather than Highway 70 with its crowded conditions and traffic lights .The zoning changes will take a very nice, but older area of the city that was built around a golf course and make it a less desired area to live that borders a shopping center and hospital. With muli-family residential areas there will be more problems with law inforcment,etc. due to a higher density in the area. I feel the country club residents deserve the right to make the determination on zoning for their area. Carl Jensen 2050 Fairfax Ave. 575 526 9730

From: Susana Montana <smontana@las-cruces.org>
To: "jensenc94@yahoo.com" <jensenc94@yahoo.com>
Sent: Wednesday, June 19, 2013 3:28 PM
Subject: FW: Park Ridge Medical Center (former Country Club site) rezoning

Please see message below.

Susana Montana, Planner
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From: Susana Montana
Sent: Wednesday, June 19, 2013 3:27 PM
To: 'jensen94@yahoo.com'
Cc: David Weir
Subject: Park Ridge Medical Center (former Country Club site) rezoning

Greetings Mr. Jensen. Please find attached a copy of the letter that was mailed to owners of property lying within 250 feet of the outer boundary of the Las Cruces Country Club property. This 250 foot radius is the public notice requirement of our Zoning Code for rezoning applications. The attached map shows the locations of the properties we sent the letter to. If you own property outside that 250 foot radius you may see our public notice of the Commission hearing June 25th on our City website. http://www.las-cruces.org/Departments/Community%20Development/Boards%20and%20Commissions/P%20and%20Z/2013%20Agendas%20and%20Minutes.aspx

Attached please also find a copy of the staff report to the Planning and Zoning Commission for the rezoning hearing on June 25th. If you have questions about the project after reading the staff report, please feel free to call or email me with your questions or concerns. Members of the public can testify before the Commission at the June 25th public hearing.

Please forward this message on to neighbors whose email addresses are known to you. Have a great rest of the day!

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Susana Montana

From: Susana Montana
Sent: Tuesday, April 23, 2013 5:15 PM
To: bob@picachomountain.com; gvelez@ziaeec.com
Cc: Katherine H. Rogers
Subject: FW: Rezoning of LCCC property

Greetings folks. I have not notified the Country Club Neighborhood Association about the medical center rezoning application, Case No. Z2860. Per the email sent to me last March, John Stevens would like to be notified about the rezoning application soon. Would you like to meet with him or give him a call before I call him and advise him about the C-3 rezoning application? I am sure that he would also like to be aware of the MPO meetings and the Parks and Rec. meetings. Would you like to make that first notification with him or should I? Thanks.

Susana Montana, Planner
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From: John Stevens [mailto:johnmill9@toast.net]
Sent: Friday, March 08, 2013 4:57 PM
To: Susana Montana
Subject: Rezoning of LCCC property

Dear Ms. Montana,

It's been brought to my attention that the company that is trying to have the Las Cruces Country Club property re-zoned has filed their application, and we would like to have notification of said application sent to us as required by law. We are registered with the City of Las Cruces. I also understand that you will provide a room and a meeting with City staff to have an opportunity to voice our concerns about the possible re-zoning.

Sincerely,

John Stevens. Pres.

Country Club Neighborhood Association

Susana Montana

From: Susana Montana
Sent: Monday, June 03, 2013 11:52 AM
To: gvelez@ziaeec.com; bob@picachomountain.com
Subject: Park Ridge rezoning

Just a heads up.....Connie Potter brought this medical fraud by the Galichia Group to our attention and will probably bring it up at the Commission meeting. You may want to give Dr. Galichia a heads up so he is prepared to respond to Connie's assertion that the hospital at Park Ridge cannot accept Medical patients because it is a physician-owned/investor hospital.

http://insurancenewsnet.com/article.aspx?id=228387&type=propertycasualty#.UazVyESsJcU.email

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Susana Montana

From: Susana Montana
Sent: Thursday, June 13, 2013 10:56 AM
To: Bob Pofahl
Cc: Eddie Martinez; Francisco Urueta; Griselda velez; Katherine H. Rogers; Robert Kyle
Subject: RE: P&Z site tour

Greetings folks. I checked with our Deputy City Attorney to make sure the Commissioners' site visit did not constitute in any way a "conflict of interest" such that they would have to recuse themselves from any vote on the application. Rusty suggests that staff (me) conduct any Commissioner tour of the 30-acre rezoning Site and I can take 1 or 2 at a time to avoid any violation of the Open Meetings Act.

I would also suggest that the tour take place after the Commissioners receive their June 25th meeting packet which will contain the staff report for the rezoning case. That way, after reading the staff report, they will have questions in their mind that, hopefully, the site visit will answer for them, or the site visit will raise questions that the Applicant can then answer at the hearing.

Most Commissioners conduct their own site visit and when they vote on the project they usually say "Aye, based on Findings, Discussion and Site Visit". So, I think the Commissioners will want to take the tour of the rezoning 30-acres. Let me know if that works for you.

If you want to offer a site visit to Commissioners, just let me know when the gate will be open or give me a key and I will make the offer to the Commissioners and I will make myself available to any one of them who wish to take the tour with me. Sound good?

I am available for my own tour of the Site next week. Thanks and have a great day!

Susana Montana, Planner
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From: Bob Pofahl [mailto:bob@picachomountain.com]
Sent: Wednesday, June 12, 2013 8:59 PM
To: Susana Montana
Cc: Eddie Martinez; Francisco Urueta; Griselda velez
Subject: P&Z site tour

Susana,
Karen and I would like the opportunity to give you a tour of the Las Cruces Country Club site on Friday or Saturday so that you get a better perspective of the open space and concept we're planning. We would also like to schedule a tour of the site for the P&Z board members. We could do it in small groups as you suggested early one morning or two mornings, if required, next week. After touring the site today, we believe the size of the site and the plan we're proposing will clearly demonstrate the amount of open space and merits of the proposed plan.

We are redoing our master plan in accordance with the new street alignments which should be completed by Friday. We would also propose to have Zia Engineering stake the main Park Ridge Blvd. and major intersections through the site so it's easy to identify building locations and street intersections. I look forward to discussing this with you tomorrow afternoon and possibly meeting with you Friday or Saturday morning onsite.

Best regards,

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Dr.
Las Cruces, NM 88007
http://www.cbiholdings.com
http://www.picachomountain.com
blog.picachomountain.com

Susana Montana

From: Susana Montana
Sent: Monday, June 24, 2013 11:05 AM
To: Rusty Babington
Cc: Katherine H. Rogers; David Weir
Subject: FW: Park Ridge Medical Center rezoning public comment
Attachments: Wichita Final PDF.pdf; Thirteen-Things-Providers-Should-Know-About-Stark-Law-and-Physician-Ownership-Changes-Under-Health-Reform.pdf

Rusty, I am giving Commissioners a guided "site visit" to the Park Ridge Medical Center rezoning site prior to the hearing and I offer a tour for you if you like. So far, 3 Commissioners have taken the tour and one has said that she is very familiar with the Site, having golfed there for many years. I am taking one Commissioner on a tour this afternoon at 2 PM.

By the way, on one of the tours, Commissioner Stowe stated he is concerned with allowing one more hospital in the City, and at this Site. He read the public comments sent to the Commissioners and wanted to read the articles that were simply offered as a link in one of Connie Potter's comments. As a convenience to him, I sent him a downloaded copy of the PowerPoint she mentioned in her comment and also sent it to the other Commissioners in case he mentioned it during the hearing. I told him that the rezoning would allow a hospital as an allowable land use and does not specify a developer or an operator.

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From: Susana Montana
Sent: Monday, June 24, 2013 10:52 AM
To: Commissioner Charles Beard; Commissioner Charles Scholz; Commissioner Godfrey Crane; Commissioner Ray Shipley; Commissioner William Stowe; Joanne Ferrary
Subject: Park Ridge Medical Center rezoning public comment

Greetings Commissioners. I did not want to overburden you with public comments on the hospital issue because the rezoning request is to allow a hospital as a land use and does not specify WHO the developer or operator would be. However, one of the neighbors, Connie Potter, will present the issue of the "Stark Law" and physician-owned

medical facilities and treatment centers. She sent a comment with a link to the attached documents and I offer them with this message just in case you want to review them before the hearing. Our Deputy City Attorney will be prepared to answer any questions about the Stark Law although I am sure he will remind us that the rezoning only allows the hospital as a land use—no other conditions, restrictions or limitations on the development of the facility or of its operator(s) are currently recommended to be imposed. Thank you.

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Susana Montana

From: Susana Montana
Sent: Friday, June 14, 2013 4:25 PM
To: Commissioner Charles Beard; Commissioner Charles Scholz; Commissioner Godfrey Crane; Commissioner Ray Shipley; Commissioner William Stowe; Joanne Ferrary
Cc: Katherine H. Rogers; Rusty Babington
Subject: Z2860 Park Ridge Medical Center rezoning application

Greetings Commissioners. Your packets for the June 25th Planning and Zoning Commission will be delivered to you on Tuesday, June 18th. In your packet you will find the staff report for a rezoning application for a 30-acre portion of the 110-acre former Las Cruces Country Club site (Z2860).

Many Commissioners like to conduct a site visit before the Commission meeting. Since the former Country Club site is fenced and the 30-acre portion is hard to see from the street, the Applicants have given me the combination to the gate lock so that I may open the gate and show Commissioners the proposed rezoning area and surroundings. In order to avoid Open Meetings Act violations, our Deputy City Attorney has suggested that no more than two Commissioners at a time take this site visit. But I am available to show each Commissioner the property on an individual basis since it is so hard to get people's schedule to work for a joint tour.

Having said that, I am available to show you the Site any time this weekend or next week by appointment. By "appointment" I mean just let me know what day of the week and time is convenient for you and we can meet at the gate and I can show you around. I think it would be best to take the tour after you have read the staff report but if this weekend works best for you I can be reached at my cell number of 520-366-8097 and I live only about 10 minutes from the Site.

So, give me a call if a site visit would help you understand the proposed rezoning better. Thanks and have a great weekend.

Susana Montana, Planner
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Susana Montana

From: Susana Montana
Sent: Tuesday, May 21, 2013 8:02 AM
To: bob@picachomountain.com; gvelez@ziaeec.com
Cc: David Weir
Subject: FW: attachments
Attachments: new zoning request incl. residential.jpg; new zoning request Red & Green.jpg

Bob, just a thought....would the Galicia folks mind flipping the assisted living "casitas" ("upscale housing) with the medical offices in your site plan and move the open space next to the townhomes per John's drawing---if the CCNA would support the rezoning?

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From: John Stevens [mailto:johnmill9@toast.net]
Sent: Monday, May 20, 2013 5:22 PM
To: Bob Pofahl
Cc: Susana Montana; David Weir
Subject: Fwd: attachments

Bob,

This e-mail with attachments is meant to try and clarify what I mean about using some of your 7.31 acres as a small Park in front of the Townhouses. Please excuse the badly drawn layout, but our computer graphics expert is very busy, but you can expect a professionally drawn layout in the near future, that should be usable with Planning & Zoning.

A plan like this would help keep the value of the Townhouses at their current value, provide some much-needed green space, and make the property more valuable for the upscale houses which could be built adjoining the Park. Also we'd be going from R-1 to open space, residential.

In the City comments it mentions 2 to 6 acre Parks, and encouraging a development that "considers usage, fit within the neighborhood, and environmentally friendly design". It also mentions to "preserve and respect scenic views, sites, and corridors in a manner that reasonably compensates, provides incentives, maintains similar existing property rights, or in another similar manner that balances the public and property owner interests".

I'm hoping you and your partners will give this plan serious consideration, and I'm anxiously awaiting your response.

John Stevens, Pres.

Country Club Neighborhood Association

Susana Montana

From: Susana Montana
Sent: Thursday, June 20, 2013 8:18 AM
To: Connie Potter; Mayor; David Weir
Cc: John Stevens; Carl Baca; Eva Booker; Palmer Clark; Steve Rameriz
Subject: RE: Letter "to whom it may concern" in PDF

Greetings Connie. The Applicant submitted that document as an amendment to his application and it was included within Attachment 5 as part of his application. The Commission will consider it along with all the other materials, including public comments. Your email to David Weir with the web links to the McManis study was included in the public comment Attachment 8

Your comments below can be sent to the Commission in a packet entitled "public comments received after the packet was delivered", as is customary. I compile all the late comments until the Friday before the Commission meeting and then I email the packet to the Commissioners so they have time to read them. After Friday, I cannot be sure that the Commissioners will open their email or have time to read the comments, so I deliver any comments received after then in hard copies that I place in front of their chair at the hearing. This last approach is generally not very effective as they do not have time to thoroughly read those submittals but can only scan them before the case hearing.

Would you like me to send the below message to the Commission or would you like to send me a new message addressed to the Commissioners with the same content? Let me know and I will do so. If Thanks.

Susana Montana, Planner
City of Las Cruces Community Development Department Building & Development Services Division Physical Location: City Hall at 700 North Main Street, Suite 1100 Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002 smontana@las-cruces.org Main Line: (575) 528-3043 Direct Line: (575) 528-3207 Fax Line: (575) 528-3155 www.las-cruces.org

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-----Original Message-----
From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Wednesday, June 19, 2013 9:58 PM
To: Susana Montana; Mayor; David Weir
Cc: John Stevens; Carl Baca; Eva Booker; Palmer Clark; Steve Rameriz
Subject: Letter "to whom it may concern" in PDF

Dear Susana,

I want to express my shock and disapproval at finding within the legal Public documents supposedly comprising the City of Las Cruces' Response to the Park Ridge zoning application, an unsigned, undated (June 2013) letter allegedly from Robert Pofahl addressed "to whom it may concern".

This letter, if it was written by him, is factually anonymous and includes legal opinions, and acts to speak in behalf of entities Mr. Pofahl is on record as have no authority to represent. It has no place in a legal and public city record and I and others oppose its publication, circulation, by our City and its posting on the City of Las Cruces website.

Mr. Pofahl, if he is actually the author, can post it on his own website. Furthermore the City has no more cause to disseminate his opinions than those of the CCNA or any other party to this application other than the City's response.

PLEASE, remove these two pages immediately. They are irrelevant and are spurious and irrelevant. Burying them within the City's response was improper.

Furthermore, Mr. Pofahl held a public meeting June 18, the day after the City stamped the receipt of his ramblings. He should have circulated his opinions at that time.

Sincerely,
Connie J. Potter
2505 Desert Drive
Las Cruces. NM. 88001
524-2443

Sent from my iPhone
Connie J. Potter

Susana Montana

From: Susana Montana
Sent: Monday, June 03, 2013 3:03 PM
To: Connie Potter
Subject: RE: phone message RE Park Ridge hospital

Greetings, Connie. I hope all goes well with your procedure in Portland. I wish we had the capabilities to perform those procedures here in town.

The Planning and Zoning Commission meeting is Tuesday, June 25th beginning at 6 PM. I believe the Park Ridge case is number 3 on the agenda.

Individual speakers are given 3 minutes of testimony time. Representatives of organizations can ask the Chair and Commission for more time—say, up to 10 minutes to present.
PowerPoint presentations and DVD presentations are welcome however, our IT people need those presentations a day ahead of the meeting so they can scan and clean it for "bugs". You can email me the presentation or send it to me on a flash drive if it is too large for email and I will take it to our IT Department for scanning and will then place it in the Council Chambers electronic directory for the June 25th meeting.

Again, I wish you the best on your health care and recovery.

Susana Montana, Planner
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---

From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Monday, June 03, 2013 2:32 PM
To: Susana Montana
Subject: Re: phone message RE Park Ridge hospital

Dear susana,
Thank you for writing. I plan to present a PowerPoint on the economic issues related to a third hospital of any kind in las cruces along with concerns about a physician owned/invested hospital. As I told David weir, my concern is that this hospital complex is a Trojan horse to obtain commercial high intensity zoning status for a public good (hospital) which

will not/cannot be build for legal and financial reasons leaving us with an anything goes commercial zone in our back yard.

I am traveling to Portland or in the near future for a procedure by my heart surgeon there as no one here has ever even seen a condition like mine. I just got out of CCU at MMC a week ago so I am beholden to our community safety net facilities.

Ps. How can I get on the agenda for the meeting on the 18th. Is there any public input allowed?

Sincerely,
Connie
524-2443

Sent from my iPhone
Connie J. Potter

On Jun 3, 2013, at 11:10 AM, Susana Montana <smontana@las-cruces.org> wrote:

> Greetings, Connie. I received your phone message about the Galichia group and the Park Ridge Hospital. I hope you can attend the Planning and Zoning Commission meeting June 25th, 6 PM to share that information with the Commission. You can always send me a comment letter with the information and I will attach it to the rezoning application staff report that goes to the Commissioners on June 18th. Also note that the rezoning is not tied to the Galichia group; the Applicant is the current property owner: The Las Cruces Country Club. If the land is rezoned, any other hospital builder can submit a building application.
>
> Thanks and have a good day.

Susana Montana, Planner
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<image002.png><image003.gif>
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Susana Montana

From: Susana Montana
Sent: Monday, June 24, 2013 8:21 AM
To: pennington@zianet.com
Subject: Park Ridge Medical Center rezoning application, Z2860

Mr. Pennington, I will convey your comment to the Planning & Zoning Commissioners and, by way of explanation, the reason the R-1a zoning is deemed "unreasonable" by staff is that the property is one parcel and the R-1a zoning only allows one single-family home, and one accessory or guest dwelling, on a single parcel, which would be unreasonable for a 110-acre parcel. If the property were subdivided into 5,000 square foot lots, as the R-1a zoning allows, it could accommodate about 750 to 900 dwelling, depending upon how much of the land were devoted to roads.

Please feel free to send comments as late as noon tomorrow for staff to print and copy to give to the Commission at the hearing tomorrow evening, 6 PM City Hall Chambers. Of course, you are welcome to attend and testify in person at tomorrow's hearing.

Have a great day.

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Susana Montana

From: Susana Montana
Sent: Thursday, May 02, 2013 8:14 AM
To: 'John Stevens'
Subject: RE: Meeting

There is a rezoning application for the 30-acres for a medical center. Let me scan the application so I can send it to you via email or flash drive so you don't have to pay for the copying. Maybe I can have that for you by the end of the day tomorrow. My day today is full. That rezoning request will go before the Planning and Zoning Commission this month, July 28th for a recommendation to City Council some time in June or July, depending on their schedule. Please check in with me tomorrow by phone or email and I will let you know if the material is ready for you.

Thanks.

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From: John Stevens [mailto:johnmill9@toast.net]
Sent: Wednesday, May 01, 2013 4:23 PM
To: Susana Montana
Cc: Bob Pofahl
Subject: Fwd: Meeting

Susana,

I noticed that Bob sent you a carbon copy, so to keep you informed I'm forwarding my response. Also, as I said in our last meeting, We don't want the Hospital on our end of the development. We want it to be put on the south end with the other commercial properties. We don't want all of the traffic from ambulances, E.R. patients, visitors, etc.

Will you please notify me when their 2nd plan has been filed?

Cordially,

John Stevens, Pres.

Country Club Neighborhood Association

P.S. We've discussed the name Park Ridge, and are asking that the name be changed. There are many of us who have worked very hard for 6 years to have the property preserved as a Premier Park, and to have this development use the name PARK in their title is taken as a slap in the face to us.

---------- Forwarded message ----------
From: **John Stevens** <johnmill9@toast.net>
Date: Wed, May 1, 2013 at 3:43 PM
Subject: Re: Meeting
To: Bob Pofahl <bob@picachomountain.com>

Bob,

As I said, we were disappointed with the last meeting, as the basis was that you would have something to offer, which didn't happen. We heard about your 1st filing from the City, without a heads-up from you, and I'm not trying to be abrasive, but I'm guessing that we'll hear about the 2nd filing in the same way. We've tried to work with you, but our suggestions of more open space-green space and amenities have not been answered, and from my reading of the City's comments, it would seem that they have the same things in mind that we have been asking for.

In our 1st meeting I said that you "have to give something to get something". Unfortunately this hasn't happened. You're insisting on complete "wall-to-wall" infill, and in the process ruining the properties along Camino Del Rex and Desert Drive.

Hopefully we can keep in touch, but I'm not hopeful that we can work with you for workable solutions for the disposition of this property.

John Stevens, Pres.

Country Club Neighborhood Association

On Wed, May 1, 2013 at 1:49 PM, Bob Pofahl <bob@picachomountain.com> wrote:
John,

Our intention in meeting with you was more on the line of keeping you informed. We are not in a position to offer anything until we work street connections and the best options to connect to Madrid. In addition the Parks Department needs to be involved in any discussions of open space and parks. We are planning to meet with the Parks Department on May 16th. As you suggest, maybe it is best to wait until we have more information before we meet.

We are meeting with the MPO technical group tomorrow and hope to have more information to address the proposed master plan. We are also looking at just zoning the medical campus as a first step while we determine the best alternatives for the PUD Plan. We will keep you informed.

Thanks,
Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Drive
Las Cruces, NM 88007
http://www.cbiholdings.com
http://www.picachomountain.com
blog.picachomountain.com

Susana Montana

From: Susana Montana
Sent: Tuesday, April 30, 2013 2:51 PM
To: David Weir; Robert Kyle; Katherine H. Rogers
Subject: Park Ridge Medical Center subdivision
Attachments: Z2860 Park Ridge Medical Center-Land Use Plan.pdf

Greetings.

ZIA Engineering is putting together a revised work scope for the subdivision work for just the medical center rezoning area. The Applicants propose to subdivide the 30-acre rezoning area into five parcels—so there would be six lots in total (5 for the medical center and 1 for the remainder of the 110-acre Country Club site).

Would this qualify for the Infill Development Subdivision in which all we need is a Concept Plan and a final plat or would we need to go the regular subdivision route and they would submit the Master Plan and then the preliminary plat and then final plat?

The Country Club land has never been subdivided. Thank you for your advice. Is this something you would like to discuss in person at ZRT this week?

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Susana Montana

From: Susana Montana
Sent: Monday, June 10, 2013 5:13 PM
To: johnmill9@toast.net
Subject: FW: attachments

Greetings John. Have you had a person-to-person meeting with Bob Pofahl regarding the setbacks? This is what they are proposing as part of the rezoning:

" PROPOSED BUFFER/SETBACKS FROM EXISTING RESIDENTIAL AREAS A 40' landscaped buffer will be provided between the proposed commercial development (C-3c) and the existing townhomes on Camino del Rex (R1-a). Building setbacks will be a minimum of 65' along the property line abutting the townhomes. Buildings located directly behind the existing townhomes will be no higher than 2 stories."

Have they discussed this with you all yet?

Susana Montana, Planner
City of Las Cruces Community Development Department Building & Development Services Division Physical Location: City Hall at 700 North Main Street, Suite 1100 Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002 smontana@las-cruces.org Main Line: (575) 528-3043 Direct Line: (575) 528-3207 Fax Line: (575) 528-3155 www.las-cruces.org

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-----Original Message-----
From: John Stevens [mailto:johnmill9@toast.net]
Sent: Monday, June 10, 2013 5:08 PM
To: Bob Pofahl
Cc: Susana Montana; David Weir
Subject: Re: attachments

Bob,

I received your answer to the e-mail which concerned the sewer hook-ups. Thank you. Now I'd appreciate an answer to this e-mail.

John Stevens

On Sun, Jun 9, 2013 at 11:19 AM, John Stevens <johnmill9@toast.net> wrote:
> On Thu, Jun 6, 2013 at 5:34 PM, John Stevens <johnmill9@toast.net> wrote:
>> On Wed, Jun 5, 2013 at 4:54 PM, John Stevens <johnmill9@toast.net> wrote:
>>> On Thu, May 30, 2013 at 4:37 PM, John Stevens <johnmill9@toast.net> wrote:
>>>> ---------- Forwarded message ----------
>>>> From: John Stevens <johnmill9@toast.net>
>>>> Date: Tue, May 28, 2013 at 2:13 PM
>>>> Subject: Fwd: attachments
>>>> To: Bob Pofahl <bob@picachomountain.com>

>>>> Cc: Susana Montana <smontana@las-cruces.org>, David Weir
>>>> <dweir@las-cruces.org>
>>>>
>>>>
>>>> Bob,
>>>>
>>>> I would appreciate a reply to this e-mail.
>>>>
>>>> John Stevens
>>>>
>>>>
>>>>
>>>>
>>>> ---------- Forwarded message ----------
>>>> From: John Stevens <johnmill9@toast.net>
>>>> Date: Mon, May 20, 2013 at 5:22 PM
>>>> Subject: Fwd: attachments
>>>> To: Bob Pofahl <bob@picachomountain.com>
>>>> Cc: Susana Montana <smontana@las-cruces.org>, David Weir
>>>> <dweir@las-cruces.org>
>>>>
>>>>
>>>>
>>>>
>>>> Bob,
>>>>
>>>> This e-mail with attachments is meant to try and clarify what I
>>>> mean about using some of your
>>>> 7.31 acres as a small Park in front of the Townhouses. Please
>>>> excuse the badly drawn layout, but our computer graphics expert is
>>>> very busy, but you can expect a professionally drawn layout in the
>>>> near future, that should be usable with Planning & Zoning.
>>>>
>>>> A plan like this would help keep the value of the Townhouses at
>>>> their current value, provide some much-needed green space, and make
>>>> the property more valuable for the upscale houses which could be
>>>> built adjoining the Park. Also we'd be going from R-1 to open
>>>> space, residential.
>>>>
>>>> In the City comments it mentions 2 to 6 acre Parks, and encouraging
>>>> a development that "considers usage, fit within the neighborhood, and
>>>> environmentally friendly design". It also mentions to "preserve and
>>>> respect scenic views, sites, and corridors in a manner that
>>>> reasonably compensates, provides incentives, maintains similar
>>>> existing property rights, or in another similar manner that
>>>> balances the public and property owner interests".
>>>>
>>>> I'm hoping you and your partners will give this plan serious
>>>> consideration, and I'm anxiously awaiting your response.
>>>>
>>>> John Stevens, Pres.
>>>>

Susana Montana

From: Susana Montana
Sent: Wednesday, June 12, 2013 8:09 AM
To: tomlasc@aol.com; johnmill9@toast.net
Subject: sewer connection issues
Attachments: sewer hook ups.docx; Re: meeting

Greetings Tom. Thank you for your phone call about the sewer connection offered by the rezoning Applicant (see attached).

I am copying John Stevens so he can forward this message and attachment to other Camino del Rex homeowners via his email list.

If you have a working septic system you do not have to connect to the sewer line that the Park Ridge developer is proposing to install in the 40 foot septic drainage easement behind the townhomes. Of course, if the sewer line is installed the homeowners should make sure that the sewer main line does not damage any septic drainage pipes for the homeowners that wish to keep their working septic systems. That is for the homeowners and the developer to negotiate.

For homeowners who wish to connect to the sewer system, the attached document describes the hook-up fee and what must be done to de-activate and abandon the septic system. Please pass this information on to your neighbors. Thanks and have a great day.

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Susana Montana

From: Susana Montana
Sent: Friday, May 03, 2013 4:38 PM
To: John Stevens
Cc: Katherine H. Rogers
Subject: Park Ridge Medical Center rezoning
Attachments: Application.pdf; conditional rezoning zoning code.docx

John and Millie, Greetings. I hope Millie is feeling better and has a speedy recovery.

Attached please find a copy of the rezoning application for the 30-acre portion of the Country Club Site that would be a medical center. The Application is for a Conditional C-3 zoning district. The "conditions" of the C-3 zone would be the limitation of land uses allowed plus the addition of two land uses that are not normally allowed as-of-right in the C-3 zoning district. Assisted living facilities are not allowed in the C-3 districts and heliports are special uses. Those two uses would be allowed as-of-right in this Conditional C-3 district (see attached Zoning Code excerpt explaining the conditional rezoning process).

The medical center would have a 42-bed hospital with a rooftop heliport. The hospital would be located at about the middle of the rezoning area. The assisted living facility would be located north of the hospital. The development standards for the C-3 district would remain, with the exception of the increased building setback noted on page 7 of the Application. This would provide a 40 foot building setback from the property line adjacent to the townhomes fronting on Camino de Rex rather than the standard C-3 fifteen foot setback, although a 25 foot bufferyard would be required there. The Application also limits the height of buildings closest to the townhomes to 40 feet rather than the standard C-3 limit of 60 feet.

You may want to meet with the Applicants to get a better idea of what the building footprints, building forms, parking areas and such are likely to be. That kind of detail is not needed in the rezoning application

Note that it is expected that when the access/egress road alignment for the larger land area is agreed upon by the City and Applicant, the Applicant would amend the PUD Concept Plan and would proceed with that Application. If the larger PUD is approved by City Council, it would encompass the medical center area and therefore would supersede the conditional C-3 zoning for the medical center. I hope that is not too confusing.

Well, I guess I better just send you this Application. If you have questions after reading the Application, please give me a call or email.

Susana Montana, Planner
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From: John Stevens [mailto:johnmill9@toast.net]
Sent: Friday, May 03, 2013 12:30 PM
To: Susana Montana
Subject: Re: Meeting

Thanks, JS

On Fri, May 3, 2013 at 12:07 PM, Susana Montana <smontana@las-cruces.org> wrote:

Will do later this afternoon. I have meetings until about 4. Thanks.

Susana Montana, Planner

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From: John Stevens [mailto:johnmill9@toast.net]
Sent: Friday, May 03, 2013 12:01 PM
To: Susana Montana
Subject: Re: Meeting

Susana,

Let's try the e-mail 1st. Hectic day for me today, but let's see how the e-mail turns out. Thanks. JS

On Fri, May 3, 2013 at 8:07 AM, Susana Montana <smontana@las-cruces.org> wrote:

Good morning John and Millie. I hope all is well. I have scanned the rezoning application for the medical center 30 acres and have the documents on a flash drive for you. I can also attach the PDFs to an email to you if that is more convenient. Lastly, I can print out the documents but I will have to charge 50 cents per page. I can meet with you later this afternoon if that works for you....say, 2 PM or after? See you soon. (-:

Susana Montana, Planner

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From: John Stevens [mailto:johnmill9@toast.net]
Sent: Thursday, May 02, 2013 5:10 PM

To: John Stevens
Cc: Patsy Greene; Sylvia Boudreau; Palmer Clark; Carl Baca; Connie and Murray Potter

Subject: Fwd: Meeting

All,

Went to a 3:30 meeting with our pro-bono attorney, but he had to cancel, as a client (paying) came in for some emergency. He'll re-schedule for next week. Has something to tell us.

E-mail from Susana is interesting. Looks as though they're trying to get "our end" re-zoned 1st. Very disconcerting, as, although the South end will supposedly contain more in-fill than the North end, it's that this end will probably have more of an effect on those of us who live next to the golf course. Our property values are going to go down because of the loss of green space-open space. I feel we are not being given enough time to prepare. Remember, we were told to hold off on our comments until they file their 2nd plan? Maybe we'll learn more tomorrow from Susana.

Membership will be notified when I have more news. Looks like another meeting might be in order.

JS

---------- Forwarded message ----------
From: **John Stevens** <johnmill9@toast.net>
Date: Thu, May 2, 2013 at 11:24 AM
Subject: Re: Meeting
To: Susana Montana <smontana@las-cruces.org>

Thank you. John Stevens

On Thu, May 2, 2013 at 8:14 AM, Susana Montana <smontana@las-cruces.org> wrote:

There is a rezoning application for the 30-acres for a medical center. Let me scan the application so I can send it to you via email or flash drive so you don't have to pay for the copying. Maybe I can have that for you by the end of the day tomorrow. My day today is full. That rezoning request will go before the Planning and Zoning Commission this month, July 28th for a recommendation to City Council some time in June or July, depending on their schedule. Please check in with me tomorrow by phone or email and I will let you know if the material is ready for you.

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Susana Montana, Planner

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Date: Wed, May 1, 2013 at 3:43 PM
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To: Bob Pofahl <bob@picachomountain.com>

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Thanks,

Bob Pofahl

575-680-8812 mobile

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Picacho Mountain

1340 Picacho Hills Drive

Las Cruces, NM 88007

http://www.cbiholdings.com

http://www.picachomountain.com

blog.picachomountain.com

Susana Montana

From:	Susana Montana
Sent:	Wednesday, June 19, 2013 3:41 PM
To:	johnmill9@toast.net; cjmpotter@comcast.net; tamie.s@gmail.com
Subject:	Park Ridge Medical Center rezoning staff report to the Planning and Zoning Commission; Case No. Z2860
Attachments:	Z2860 Park Ridge Rezoning 2 sided color staff report.pdf

Greetings. The attached staff report on the Park Ridge Medical Center rezoning application was delivered to Planning and Zoning Commissioners this afternoon. Please forward the staff report to your CCNA Members and other interested parties. Thanks.

I apologize for the "blank" pages in between the text which is a result of using different machines to print color, make double-sided pages, and then to scan in color for this PDF.

Susana Montana, Planner
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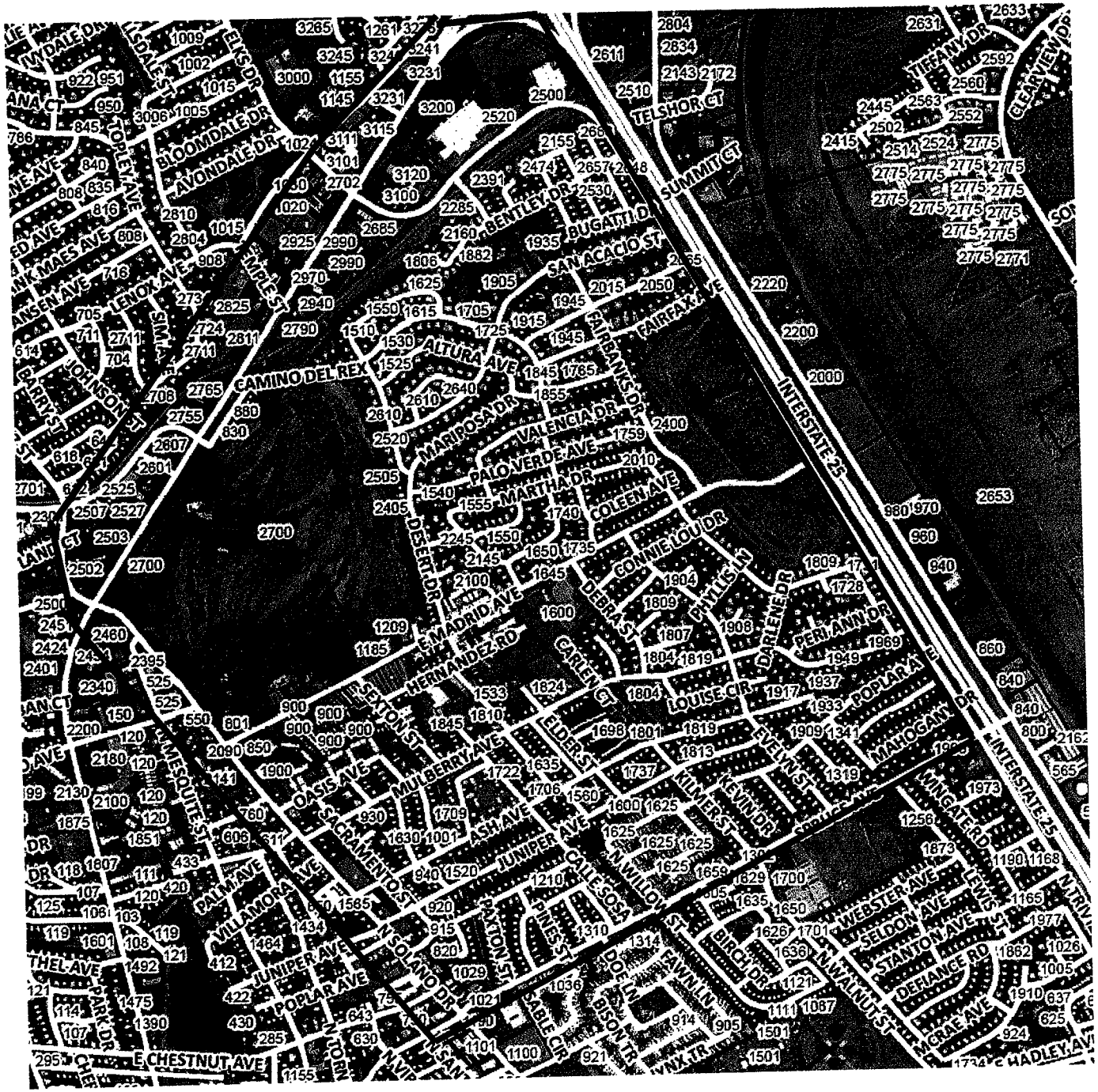
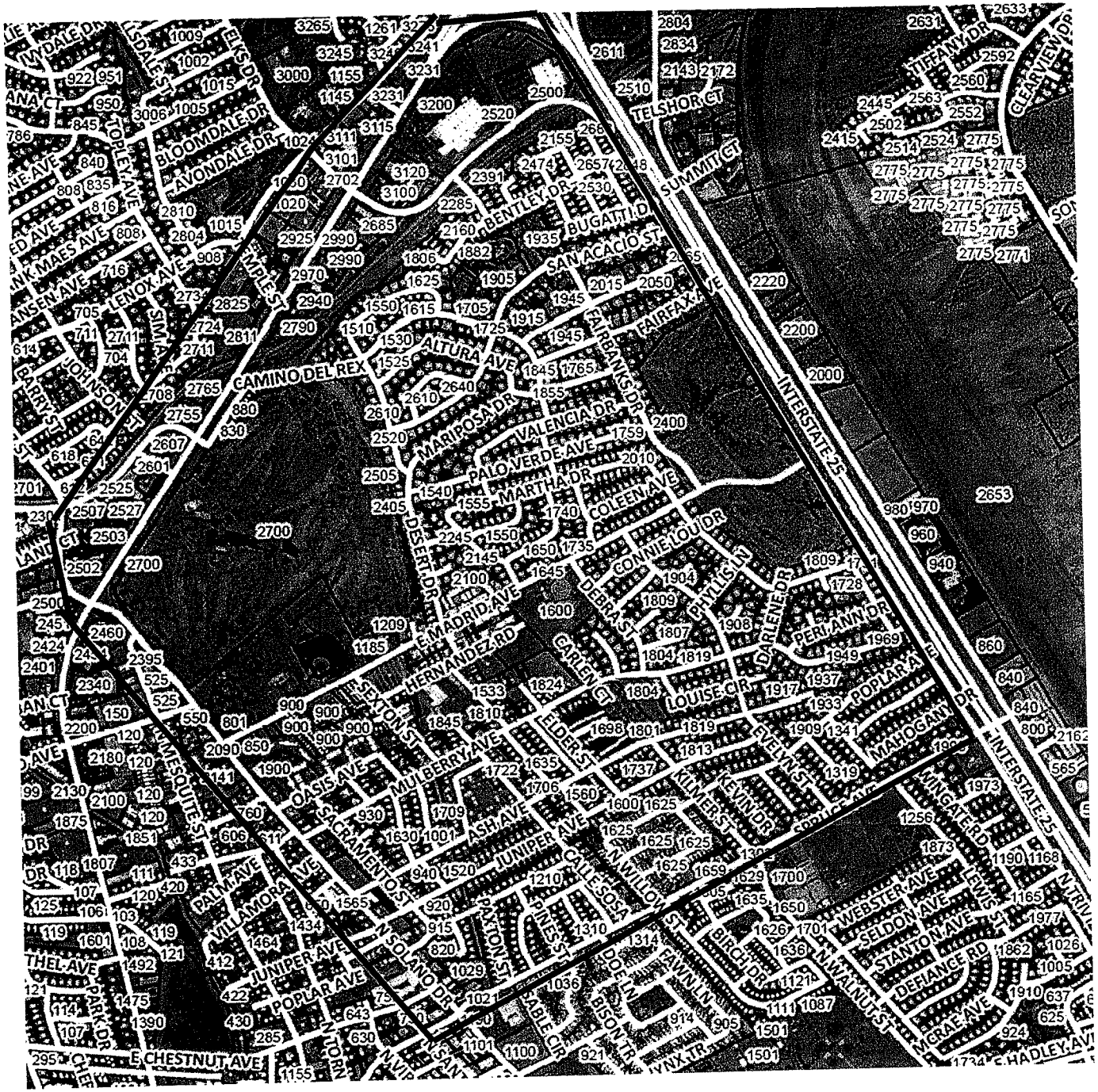


Requested
Mail notice area

805

2,140
properties

reg. mail: $ 850
certified $ 10,700
$ 13,054



Requested
Mail notice area

City of Las Cruces®

PLANNING AND ZONING COMMISSION
NOTIFICATION OF DECISION
June 25, 2013

Case Z2860: Application by the Las Cruces Country Club Inc. to rezone 30 acres of the 110-acre former Country Club property located at 2700 N. Main Street from R-1a (Medium-density, Single-family Residential) to a 23.44-acre conditional C-3C (Limited High Intensity Commercial, conditional) District to allow development of a medical center consisting of a hospital, medical offices and a rehabilitation facility with a heliport as a Special Use. The 7.31-acre R-4C (Limited High-density Multi-family Residential, conditional) District would allow a residential skilled nursing/assisted living facility and medical rehabilitation facilities.

FINDINGS

1. Based upon the review of all applicable regulations and plans, the rezoning to C-3C and R-4C, with the limitations noted on pages 7 and 8 of Attachment 5 to the Planning and Zoning Commission staff report, and as conditioned below, would meet the Purpose and Intent of the 2001 Zoning Code as specified in Section 38-2, would positively address the Planning and Zoning Commission's Decision Criteria, pursuant to Section 2-382 of the Las Cruces Municipal Code, and would positively address rezoning criteria of relevant New Mexico case law;

2. Based upon the review of all applicable regulations and plans, the rezoning to C-3C and R-4C, with the limitations noted on pages 7 and 8 of Attachment 5 to the staff report, and as conditioned below, would be consistent with the applicable goals and objectives of the 1999 Comprehensive Plan and the applicable goals, principles and strategies of Transport 2040; and

3. City agencies and the New Mexico Department of Transportation District 1 staff have reviewed the rezoning request against all applicable regulations and plans and have recommend conditional approval.

4. Therefore, the Planning and Zoning Commission, having reviewed the City staff report, considered a staff presentation and written and verbal presentations by members of the public, finds that the granting of said rezoning for the subject property would be consistent with residential and commercial development and zoning in the.

DECISION

On June 25, 2013, the Planning and Zoning Commission voted to recommend **conditional- approval** of the requested rezoning (Case Z2860) to the City Council by a vote of 3 to 2 (one Commissioner recused themselves and District 3 Commission position is vacant). The recommended conditions of approval are as follows:

1. The C-3C and R-4C zoning designations allowable uses shall be limited to the following:

   C-3C zone: Hospital; Heliport as a Special Use; Health/Exercise Club/Gymnasium/Sports Instruction; Business Offices; Consulting; Institutional Offices; Laboratory; Medical/Dental Office; Café, cafeteria, coffee shop, restaurant, etc.; Health care clinic (non-hospital); and

   R-4C zone: Assisted Living/Skilled Nursing Facility; Physical Rehabilitation Recreational Court; Health/Exercise Club/Gymnasium/Sports Rehabilitation Facilities accessory to the medical campus.

2. A Traffic Impact Analysis, in accordance with the requirements of applicable permitting agency (i.e. City of Las Cruces Traffic Engineer, NMDOT, etc.), shall be submitted with the first building permit or subdivision application for land within the rezoning area and shall be approved by the City's Traffic Engineer.

3. Prior to issuance of a certificate of occupancy for the first building within the rezoning area, the developer shall provide an emergency vehicle access per the 2009 International Fire Code, as amended, and approved by the City's Fire Marshal and Traffic Engineer.

CITY COUNCIL ACTION

Pursuant to Section 38-10.B.2.(b), the Planning and Zoning Commission recommends approval, denial or modification to the City Council on all zoning amendments. This zoning request will be scheduled before the City Council for their consideration and action and a tentative date for this action is August 19, 2013.

Susana

Susana Montana, Planner
Community Development Department
Building and Development Services

Billie Haynie

880 Camino Del Rex

Las Cruces, New Mexico 88001

July 10, 2013

Mayor Ken Miyagishima

Dear Mayor Miyagishima,

My husband and I own a townhome at 880 Camino Del Rex that sits on the Las Cruces Country Club. I am a member of the Country Club Neighborhood Association (CCNA) and I strongly support the Park Ridge LLC development including the current medical campus rezoning and 110 acre PUD.

I strongly disagree with John Stevens, our current CCNA president and feel he is out of touch with the members of the CCNA. At the recent Planning and Zoning meeting, John Stevens stated that there are between 50 and 80 CCNA members. Some of his members are husband and wife, yet in his slide show presentation to the P&Z Councilors he showed that he represents 700 homes. That is misleading. I feel he is out of touch with many members of the CCNA and definitely out of touch with the neighborhood as a whole.

Mr. Stevens has not polled the members with a neutral survey to get input on CCNA matters. He did not send out a survey to our members prior to the June 25th P&Z meeting asking us how we wanted him to represent us. It wasn't until after the P&Z meeting that an email went out to the members. The following is a quote from John Steven's email to members dated June 26th, one day after the P&Z meeting, "*Let's take an informal vote by e-mail. Send me an e-mail saying 'I favor the current developer's plans', or 'I don't favor the developer's plans', or something similar. This would be kind of like when the board of the LCCC held a 'non-binding' vote of when they had 3 or 4 plans to remodel their 'lakes' for $70,000, which was the start of their downfall.*" He subsequently reported the results in an email to the members dated June 29th, stating, "*Our informal poll came out 19 to 4 against the development. A little surprised 2 people joined the realtors, and also a little surprised by the 'light-turnout', but all in all I think it shows we're solidly opposed to the development.*" John Stevens does not know what we want and does not speak for my husband, myself and a great many of my neighbors.

City staff Susana Montana has petitions in support of the Park Ridge project. My neighbors and I collected 260 signatures in support of the development, including the signatures of 14 out of the18 townhome owners. As you can see there is substantially more support for the project than against.

John Stevens presented his own plans and desires to the developer and to City staff before showing them to the members. He does not get our input before he meets with anyone and yet he claims that he is representing all the membership. He uses that as his platform to promote his own personal agenda and the agenda of a small group who follow him.

Our bylaws for the CCNA state that the Mission Statement of the organization is to support the development of a Premier Park (see attached by-laws). Those by-laws are not being followed. Our by-laws do not direct him to oppose, impede or disrupt the development of the Las Cruces Country Club property.

In conclusion I would strongly oppose your offer to allow John Stevens, or any individual saying they represent the CCNA, a 30-minute time frame to present to the City Council unless they can present in advance a valid list of all CCNA members with their signatures acknowledging and allowing what will be presented on their behalf. Otherwise, John Stevens or anyone else saying they represent CCNA should only be allowed the same format and time limit as any other private citizen who wants to voice their opinion(s) to the Council.

I appreciate your service to your community.

Respectfully,

Billie Haynie

Billie Haynie

Susana Montana

From: Sue Cain <suecain1940@gmail.com>
Sent: Monday, July 08, 2013 3:06 PM
To: Susana Montana
Subject: Fwd: Do you have questions for Councilors re Country Club proposal?(Flag)

Susanna,

Please pass the following concerns about the proposed zone changes for the former CC on to our Las Cruces City Councillors and Mayor.

You may have already seen Martha Loustaunau's and Palmer Clark's letters. They do express some of our concerns in regard to the propose zoning for the old Las Cruces CC.

In addition we would like to share our opinion about the proposed project.

1. We fully support the idea of building homes or multiple dwellings for the CC area and like the idea of including some good green space with walks and paths, cycling. **The development should not encroach on our existing city park in this area.**
2. It certainly makes sense to offer some facilities that offer opportunities for physical fitness and training.
3. The proposal for some food services and restaurants seemed a little sketchy and would hopefully fit into a neighborhood with homes.
3. It is important that the current CC neighborhood be protected from a large increase of through traffic that might increase the danger for children and older walkers.
4. We do have the following concerns. There were definitely some good ideas offered by the developers, however there was a disclaimer in very tiny print on their brochure that stated these were only proposed ideas for possible establishments. They left the door open for additional changed and other uses made for the area. Does this open the door to any type of business? A bar, a liquor store, etc.?
5. We recognize that whoever provides development in this area should be able to make a reasonable profit for their work.

6. Our biggest objection is to the proposal for a "for profit hospital" with a helicopter service. This seems to be of vital interest to the builders.

We strongly oppose the addition of a hospital in the CC area. This health care facility is not needed, will only serve the affluent and definitely

hurt our two public hospitals financially. It is not a good choice to put a helicopter service right in the middle of a neighborhood with trees and other landscaping.

7. We do hope that the Las Cruces CC includes hearing from leaders of our two large public hospitals and invite them to share their response and concerns to the proposal"for profit hospital & emergency helicopter services.

(Additional reasons are also expressed in Martha's letter below.)

Thanks you for your help in sharing our concerns with the LC City Councillors when this matter is dealt with by them. We have a good City Council and we do trust them to represent both the interests of the whole community, our existing public hospitals and balance it with the business interests that wants to build in the CC area.

We appreciate your services to our community.

Rev. Dr. Terry Cain and Sue Cain
1013 Rio Vista Drive
Las Cruces, NM 88007

Martha & Palmers messages.

On Mon, Jul 1, 2013 at 12:10 PM, Martha Loustaunau <m_loustau@hotmail.com> wrote:

Although I am extremely concerned about "unplanned" development as well described by Mr. Goodman, having been through and experienced the fiasco with the last large development attempt, my targeted concern here is health care. I was Chair of the New Mexico Health Systems Agency and the NM Heath Planning Committee in the late 70s and 80s, when a physician owned/invested hospital was proposed for Las Cruces. With the Certificate of Need law, a public hearing was required which I moderated. Testimony was heard from all parties, in front of our local NMHSA board of which I was then chair. Denial meant there was no proven need, and that such a facility would negatively impact the present hospital and plans to make it a regional center. Our staff did a thorough job of researching the issue. The very issues we see with the present application were present then... the outcome of health care-related decisions may impact profit and loss, but they also impact life and death, suffering and care. Planning was essential to safeguard the access to affordable care for all citizens, not just the wealthy privately insured. The application was denied by the NM Governing Body, which meant no capital reimbursement. Memorial Medical did grow, and at a later point, a new and needed hospital was added, which we anticipated. We do have airlift capacity now, and with expanding public facilities, less is expected to be needed, not more and certainly not in a residential

area. Also, with the bed capacity (a major consideration in the previous denial) commensurate with need, further expansion of bed capacity and shifting paying patients to a doctor invested hospital would endanger the abilities of the public facilities to survive. It also was judged to constitute a conflict of interest. Something OTHER than a "botique" hospital and facility (which is not needed and will deliver care to the privately insured in a poverty area) (they cannot take Medicare patients, nor do I think they intended to?? [see the Stark law analysis]) might serve as a "keystone" to the development... my question is WHY a medical facility and service that are not only not needed, but which can have such a negative impact on our citizens as a whole? I cannot imagine that a heliport would be approved in any case! I refer to the comments from the helicopter pilot on the P & Z commission as well as obtaining an environmental impact statement. If this means they would not be interested, then why rezone in any case? I also refer you to the NMDept of Health projections and needs, 2013-2014.

Martha Loustaunau

Subject: Re: Do you have questions for Councilors re Country Club proposal?
Date: Sun, 30 Jun 2013 16:30:56 -0600

Mr. Goodman;
Just a short note on the whole question of development in Las Cruces. What is happening with the LCCC zoning request is just a symptom of a much larger problem.
As you are very much aware, I'm sure, Las Cruces has grown from a city of 38,000 to 100,000 in just a few years. And the attitude of the city, as expressed by the city manager, is that the city's responsibility is to facilitate development, that atitude is expressed in a very stark way as one drives around the city. Lots of strip malls, businesses next to residential homes, neighborhoods without parks. Not a city, at least west of rte. 25, that is attractive.
A city that according to the American Lung associations web site that is #13 in the U.S. in fine particle pollution, and receives an F grade for overall particle pollution.
What is needed is a realistic assessment of where the city is, and where it should go. Being a desert city, with a fragile ecology, most likely it is already larger than it should be.
With the extreme drought it has become an unhealthy city to live in. The LCCC development will just add to the problems of the city. The city has a classic growth pattern with the city core beginning to soften, even with the attempt to re-new downtown, a laudable attempt, and the outlying areas consisting of new residential and limited commercial construction. The city already has too few parks.
It has allowed developers to create profit making sub-divisions without being held responsible for the types of amenities that make a city a pleasant place to live. The LCCC development is attempting to take part of Apadoca Park for its own use, which will reduce the cities open space even more. Of course the P & Z ordnance that controls development in Las Cruces was written by the Construction industry here.
All in all, it will be very difficult to stop the city from approving the LCCC development in spite of the may irregularities that have occurred in the zoning process.
From a financial point of view it is quite likely the city needs the revenue that it thinks the development may bring into the city coffers. But I am afraid in the long run the city will find itself as a very unattractive destination - espically for the retired which seems to be their major target group.
Thank you for listening. I do hope that you will be in touch with John, Connie, and Eva.
All whom have a detailed knowledge of all the various abuses by both the developer, and the city, which they have uncovered in their effort "save their city" and its last large piece of

undeveloped. land.
Palmer Clark

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Wednesday, July 03, 2013 11:26 AM
To: Susana Montana
Subject: Re: neighborhood organization

Susana,

Yes it does, and it's 50 members (about 80 people). We realize that no organization will ever have 100% agreement on ANY matter, but at our June 10th meeting, which was well-attended, Councilor Silva being one of the attendees, we passed a motion with 100% voting yes, that we were in favor of "sensible-smart" development in our area. We voted to start a Legal Fund, with only 2 no votes, and took statements from everybody on what they wanted to see, or didn't want to see happen in our area. There were no statements favoring the proposed development, but a lot of statements about traffic, noise, congestion, the hospital with Heliport, etc. These statements were included in our presentation to the Planning and Zoning commission. Recently we did an informal poll asking simply "are you in favor of, or against the proposed development of the 30+ acres of the LCCC property. There were 4 votes in favor, and 19 votes against . We are preparing a more detailed survey.

We thank you for your help in this matter, and ask that this e-mail be included in the information forwarded to the City Council.

John Stevens, Pres.

CCNA

On Wed, Jul 3, 2013 at 10:53 AM, Susana Montana <smontana@las-cruces.org> wrote:

John, I spoke with our Director, David Weir, about the CCNA representation. As a neighborhood association registered with the City as representing the Country Club neighborhood, we recognize its spokespersons or Board Members as speaking for the Membership, not necessarily as speaking for all residents or homeowners within the geographic area called Country Club neighborhood. So, if the CCNA has 50 Members, the CCNA spokesperson(s) represent those members when presenting written material or testifying at a public meeting.

Does this answer your inquiry of July 2nd? Thanks and have a great day.

Susana Montana, Planner

City of Las Cruces Community Development Department

Building & Development Services Division

Physical Location: City Hall at 700 North Main Street, Suite 1100

Susana Montana

From: Susana Montana
Sent: Friday, July 05, 2013 8:02 AM
To: John Stevens
Cc: Katherine H. Rogers
Subject: RE: Ms. Montana, what does "Conditional Use" Really Mean?

Yes, you can stop worrying about bars and strip clubs in the Park Ridge Medical Center rezoning area.

Susana Montana, Planner
City of Las Cruces Community Development Department
Building & Development Services Division
Physical Location: City Hall at 700 North Main Street, Suite 1100
Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002
smontana@las-cruces.org
Main Line: (575) 528-3043
Direct Line: (575) 528-3207
Fax Line: (575) 528-3155
www.las-cruces.org

City of Las Cruces
People Helping People
Providing responsive, cost effective and high quality services to the citizens of Las Cruces

Go Green - Please consider the environment before printing this email or any attachments

From: John Stevens [mailto:johnmill9@toast.net]
Sent: Wednesday, July 03, 2013 7:02 PM
To: Susana Montana
Subject: Re: Ms. Montana, what does "Conditional Use" Really Mean?

Susana,

So if I'm understanding this correctly, we can stop worrying about bars and strip-clubs?

John Stevens

On Wed, Jul 3, 2013 at 3:47 PM, Susana Montana <smontana@las-cruces.org> wrote:

Greetings John.

The "conditional" part of the C-3C and the R-4C means that only the uses noted on pages 7 and 8 of the Application, which are listed in Condition of Approval Number 1 of the attached Planning and Zoning Notice of Decision, are allowed within the respective zones. If the hospital is not built within the C-3C zone, structures housing the other allowable uses may be built, such as medical offices, a medical rehab facility, a non-hospital health care clinic or a

coffee shop; no other generic C-3 use would be permitted within the C-3C zone. Similarly, in the R-4C zone, only those uses listed in Condition Number 1 would be allowed; no other generic R-4 use would be allowed.

Article II, Section 38-10.H.9 [Revocation of Conditional Zoning Designation] states "A conditional zoning designation shall be revoked and revert to the previous zoning district designation if the designated property is not used or developed in accordance with the conditions and all other applicable regulations within two (2) years from the date of City Council approval. Upon a formal request from the property owner, the Community Development Director or designee may grant a one (1) time, one (1) year extension as deemed appropriate." This means if the rezoning area is not developed with a building housing a use listed in Condition 1 of the rezoning within two years of the date that the City Council approved the rezoning (or 3 years if an extension is granted), then the property would revert back to the R-1a designation.

Building the hospital is not a mandatory condition of the rezoning. A hospital is one of the allowable uses but is not required to be built. If the hospital is not built, the other uses permitted in the C-3C would still be allowed. The construction of a building housing one of the allowable uses in either the R-4C or the C-3C zones within the 2 year (or 3 year if an extension is granted) would satisfy the Section 38-10.H.9 provision and would "vest" or make the zoning permanent where that building lies.

I hope this clarifies things and answers your inquiry. Have a fun and safe July 4th holiday.

Susana Montana, Planner

City of Las Cruces Community Development Department

Building & Development Services Division

Physical Location: City Hall at 700 North Main Street, Suite 1100

Mailing Address: P.O. Box 20000, Las Cruces, NM 88004-9002

Susana Montana

From: Tomlasc@aol.com
Sent: Wednesday, July 03, 2013 3:08 PM
To: johnmill9@toast.net
Cc: Susana Montana
Subject: Notice of Resignation

President, Country Club Neighborhood Association (CCNA)
Mr. John Stevens:

As you know, I do not support the position of the CCNA with respect to the currently proposed development of the Las Cruces Country Club property.

I have reviewed the e-mail you received/sent to Susana Montana of the Las Cruces Community Development Department (7/3/13). I did not receive a copy of your original inquiry to her (7/2/13).

I have decided that I must therefore resign from the CCNA. My resignation is to be effective this date. By taking this action, I reserve my right to represent my own positions with the City in the future with respect to the Country Club property.

Request each of the addressees of this Notice acknowledge receipt by return e-mail.

Thank you,

Tom Alexander
940 Camino Del Rex

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:19 PM
To: Susana Montana
Subject: FW: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal

Gill Sorg
Las Cruces City Councillor
575 635 1767

From: PALMER S CLARK [mailto:clark_2012@comcast.net]
Sent: Friday, June 21, 2013 2:17 PM
To: Michael Hays; John Stevens; Connie Potter; Charlotte Lipson; Mayor Ken Miyagishima; Nathan P. Small; Sharon Thomas; Gill Sorg; Greg Smith; Miguel Silva; Olga Pedroza; Robert Garza
Cc: Michael Hays
Subject: Re: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal

Makes so much sense I doubt if the Mayor and city council would do it. If they need any guidence I'm sure the well qualified Planning Departments of Boston or Baltimore - both who use the suggested approach - would tutor them.

----- Original Message -----
From: Charlotte Lipson
To: Mayor Ken Miyagishima ; Nathan P. Small ; Sharon Thomas ; Gill Sorg ; Greg Smith ; Miguel Silva ; Olga Pedroza ; Robert Garza
Cc: Michael Hays
Sent: Friday, June 21, 2013 11:57 AM
Subject: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal

This makes a lot more sense than just "trusting" the developer. Michael Hays' analysis suggests that the developer would buy the Country Club site at a probably already-agreed-upon bargain price and once the zoning change is in place he can flip it and make a gigantic profit, perhaps double or triple his cost. And whoever buys it will be able to build ANYTHING there once it's zoned commercial. Soooooo…why doesn't the City Of Las Cruces buy it for the short term at the bargain price, get the zoning change and then sell it at a huge profit WITH CONDITIONS as to what can be built there?!

Please read Michael's blog and let us know what you think. [emphases in red **and in bold print** are mine]

I urge everyone to attend the Planning & Zoning Commission meeting this Thursday, June 25, 6 PM in the City Hall chamber.

Thank you.

Charlotte

Begin forwarded message:

From: Hays Michael <whiteknyght@opendoor.com>

Subject: A Warning about the Las Cruces Golf Course Proposal, and a Suggestion
Date: June 21, 2013 11:26:03 AM MDT
To: Hays Michael <whiteknyght@opendoor.com>

Friends,

I have written this blog in a hurry, in anticipation of the Planning and Zoning Commission meeting on the 25th. As someone famous once famously said--I paraphrase--I regret that I did not have the time to make this shorter. And, for myself, I am sorry if it is longer because it is repetitive.

I offer a critique of the proposal itself and a theory of its underlying purposes. I also offer an alternative: city purchase and disposition of the property in a way which can not only serve private-sector interests, but also ensure public-sector interests.

Michael

Bait and Switch – Las Cruces Golf Course Re-Zoning Proposal

As I write this extra blog, I expect the Planning and Zoning Commission to bite, and City Council to swallow, the bait which allows the Galichia developer and Pofahl contractor team to switch plans in developing the site of the defunct Las Cruces Golf Course site. The team has signaled that it intends to offer one plan to secure a zoning change and then to operate according to another plan.

I believe that the site should be a multi-purpose site with mixed-use buildings. But I also believe that Las Cruces should ensure that its private-sector development accords with public-sector interests.

Neither the developer nor the contractor has done much to show the compatibility of the two sets of interests. Galichia has been unresponsive to inquiries from the press and the public. Pofahl has conducted several public meetings. But he has stated that he as developer does not speak for Galichia as developer. Since the developer decides what the contractor does, nothing which Pofahl says necessarily represents anything which Galichia intends. So the public cannot trust that what Pofahl talks Galichia will walk. If the developer and contractor were honest about their purposes, they would not operate in this fashion.

For instance, on Tuesday, 18 June, Pofahl conducted a final, information-only meeting to address many major issues of public concern. However, Pofahl failed to do more than describe minor changes to the site design, which he showed in a brochure available to all. Yet he and his brochure omitted mention or designation of the helipad. And he ruled out questions from attendees because, as is usual in such meetings, he feared that their questions might inform other attendees of issues which they had not considered and compound his problems with the public.

The brochure which Pofahl distributed to attendees was an attractive, four-color pitch for the 110-acre site to be developed for living, working, playing, and shopping. Pofahl described the 30-acre sub-site for a medical complex at one point as an adjunct service for residents, at another point as a regional resource. He has also described it as both a specialized facility for cardiac care and as a full-service facility. What this either-or, both-and double-talk reveals about the developer's or the contractor's real intentions is anybody's guess. Fortunately, a small-print legal advisory note makes clear that the Galichia/Pofahl team plan is puffery:

> "All improvements, plans, amenities and land uses herein are proposed and subject to change without notice per the developers [sic] discretion. There can be no assurance that the current proposed improvements or amenities will be completed."

In short, the attractiveness of the contractor's site design is part of the developer's plan to win a change in the zoning without making any commitment to implement the design. Given the open-endedness of "the developers discretion," the Galichia/Pofahl team can change from this plan to another plan about which no one—not the Planning and Zoning Commission, not City Council, not the citizens—has any knowledge. In effect, the team wants a worthless promise to pay for real benefits: a zoning change which enhances the value of the property.

The Galichia/Pofahl team's approach is a strange one and should create suspicion about its purposes. The team has indicated that the offer to buy the entire 110-acre site is contingent on its rezoning to a high-density residential and commercial site. And it has developed an attractive site design for the entire site. Yet it is making its purchase contingent on the prior approval of rezoning for a 30-acre parcel for a medical complex consisting of a hospital and a seniors' assisted-living facility. The inevitable question is why the team wants prior approval to build a medical facility on a part of the site as a condition of its purchase of the whole site.

My answer is a simple one. Galichia is known for developing or operating medical facilities but not for developing or operating high-density residential and commercial sites. It can easily build a medical and assisted living complex, and it can readily accept the city's requirements for, or restrictions on, the design and development of this parcel. But rezoning of the entire parcel leaves the design and development of the remaining 80-acre parcel entirely to the teams' discretion, without any requirements or restrictions. Although it offers a mixed-use, multi-purpose site design for that parcel, it has indicated that the design is subject to change at the developer's discretion. So many alternative designs and developments are possible, including sale of the land itself to yet another developer and contractor. In short, the Galichia/Pofahl team is using an apparently plausible plan for a 30-acre medical complex and an attractive but commitment-free promise for the 80-acre remainder of the site as the bait to a switch to unfettered and, from the city's and the citizenry's perspective, potentially undesirable disposition, design, and development of the remaining land.

Good reasons exist to question the bona fides of this proposal. Despite Galichia's business in such complexes, its proposal makes dubious business sense in the first place and less public-interest sense in the second place. Of course, the devil is in the details, but it is also in the design. (Many thanks to Connie Potter for calling attention to many legal and technical problems with the medical complex.) Adding a third hospital to two full-service hospitals operating at less than full capacity is unnecessary because more excess capacity and greater competition is likely to jeopardize its and their profitability, even its or their financial viability. If the third hospital achieves viability, it will do so by specializing in expensive procedures, attracting doctors and patients from the other hospitals, and jeopardizing their quality of care and viability. If the third hospital does not achieve viability, it will still have damaged the other two hospitals. Its loss will be modest, however, because the medical complex, if it fails to thrive as intended, can survive by converting its facilities to serve as an office or business park. To repeat, given these obvious risks to all parties, the proposed 30-acre medical complex may be the real bait on the hook for the design and development of a very different kind on the remaining 80-acre parcel.

In all likelihood, the Galichia/Pofahl team has agreed on a purchase price of the golf course site as it is, a price probably substantially less than the original asking price of $7 million though far more than the city's bad-faith offer of $1 million—perhaps in the $4.5-to-$5.5 million-dollar range. If the team gets the zoning change, the value of the site will increase and create an instant potential for profit by reselling parts or all of the 80-acre parcel. Presently, the developer-contractor proposal asks City Council to approve a zoning change which gives away great value and to accept plans subject to change and promises liable to breakage in return. In the end, the city not only may not benefit, but also may lose in many economic, social, and cultural ways.

There is an alternative. The city can do what it should have done long ago: purchase the site, change the zoning, and make the sale of parts or all of the site contingent on binding conditions on design and development. The city would lose little, if any, money, and might even make some; and would ensure that the site not only serves private-sector interests, but also ensures public-sector interests.

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:19 PM
To: Susana Montana
Subject: FW: Do you have questions for Councilors re Country Club proposal?

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: PALMER S CLARK [mailto:clark_2012@comcast.net]
Sent: Sunday, June 30, 2013 4:31 PM
To: Peter Goodman; Michael Hays; Tamie Smith; Randy Harris; Johnnie Aldrich; Sue Cain; Eva Booker; John Deck; Shirley Davis; John Stevens; Connie Potter; Allie Brooks; Win Jacobs; Charlie Scholz; Erika Graf-Webster; Representative Jeff Steinborn; Gill Sorg; Jack Welch; Ardyth Norem; Dan Townsend; Carl Baca; Ernie Bean; Martha Loustaunau; Larry Gioannini; Senator Stephen Fischmann; Peter Ossorio; Leticia Duarte-Benavidez; Wayne Hancock; Billy Garrett; Karen Perez; Dr. David Garcia
Subject: Re: Do you have questions for Councilors re Country Club proposal?

Mr. Goodman;

Just a short note on the whole question of development in Las Cruces. What is happening with the LCCC zoning request is just a symptom of a much larger problem.

As you are very much aware, I'm sure, Las Cruces has grown from a city of 38,000 to 100,000 in just a few years. And the attitude of the city, as expressed by the city manager, is that the city's responsibility is to facilitate development, that atitude is expressed in a very stark way as one drives around the city. Lots of strip malls, businesses next to residential homes, neighborhoods without parks. Not a city, at least west of rte. 25, that is attractive.

A city that according to the American Lung associations web site that is #13 in the U.S. in fine particle pollution, and receives an F grade for overall particle pollution.

What is needed is a realistic assessment of where the city is, and where it should go. Being a desert city, with a fragile ecology, most likely it is already larger than it should be.

With the extreme drought it has become an unhealthy city to live in. The LCCC development will just add to the problems of the city. The city has a classic growth pattern with the city core beginning to soften, even with the attempt to re-new downtown, a laudable attempt, and the outlying areas consisting of new residential and limited commercial construction. The city already has too few parks.

It has allowed developers to create profit making sub-divisions without being held responsible for the types of amenities that make a city a pleasant place to live. The LCCC development is attempting to take part of

Apadoca Park for its own use, which will reduce the cities open space even more. Of course the P & Z ordnance that controls development in Las Cruces was written by the Construction industry here.

All in all, it will be very difficult to stop the city from approving the LCCC development in spite of the may irregularities that have occurred in the zoning process.

From a financial point of view it is quite likely the city needs the revenue that it thinks the development may bring into the city coffers. But I am afraid in the long run the city will find itself as a very unattractive destination - espically for the retired which seems to be their major target group.

Thank you for listening. I do hope that you will be in touch with John, Connie, and Eva.

All whom have a detailed knowledge of all the various abuses by both the developer, and the city, which they have uncovered in their effort "save their city" and its last large piece of undeveloped. land.

Palmer Clark

----- Original Message -----
From: Peter Goodman
To: Miguel Silva ; Michael Hays ; Tamie Smith ; Randy Harris ; Johnnie Aldrich ; Sue Cain ; Eva Booker ; John Deck ; Shirley Davis ; John Stevens ; Connie Potter ; Allie Brooks ; Win Jacobs ; Charlie Scholz ; Erika Graf-Webster ; Representative Jeff Steinborn ; Gill Sorg ; Jack Welch ; Ardyth Norem ; Dan Townsend ; Palmer Clark ; Carl Baca ; Ernie Bean ; Martha Loustaunau ; Larry Gioannini ; Senator Stephen Fischmann ; Peter Ossorio ; Leticia Duarte-Benavidez ; Wayne Hancock ; Billy Garrett ; Karen Perez ; Dr. David Garcia ; Gill Sorg
Cc: Mayor Ken Miyagishima ; Sharon Thomas ; Nathan P. Small ; Olga Pedroza ; Greg Smith ; Robert Garza
Sent: Sunday, June 30, 2013 1:17 PM
Subject: Re: Do you have questions for Councilors re Country Club proposal?

Charlotte -
I'm interesting in learning more on this subject.
Also wanted to share, for those interested in issues involving county government, that I've been posting on my soledad canyon blog (URL below) a series of articles regarding the trial of Granados v. Dona Ana County, which should wind up Tuesday or Wednesday.

Peter Goodman
pgoodmanphotos
Las Cruces, New Mexico
www.soledadcanyon.blogspot.com

www.cafepress.com/pgoodmanphoto
www.kojin.wordpress.com

From: Charlotte Lipson <lipson@zianet.com>
To: Michael Hays <whiteknyght@opendoor.com>; Tamie Smith <tamie.s@gmail.com>; Randy Harris <rharris27@hotmail.com>; Johnnie Aldrich <jraldrich@earthlink.net>; Sue Cain <terryandsuecain@yahoo.com>; Eva Booker <ebooker@creativeconsultingsolutions.com>; John Deck <jwdeck@mac.com>; Shirley Davis <s_davis_mass@yahoo.com>; John Stevens <johnmill9@toast.net>; Connie Potter <cjmpotter@comcast.net>; Allie Brooks <abrooks1413@comcast.net>; Win Jacobs <winjacobs1@gmail.com>; Charlie Scholz <cscholz@zianet.com>; Erika Graf-Webster <egrafwebster@q.com>; Representative Jeff Steinborn <polidub@aol.com>; Gill Sorg <gillsorg@gmail.com>; Jack Welch <johnwelc@nmsu.edu>; Ardyth Norem <ardythnorem@q.com>; Dan Townsend <ecolo@centurylink.net>; Palmer Clark <clark_2012@comcast.net>; Carl Baca <cbsqrd@comcast.net>; Ernie Bean <ebean3@gmail.com>; Martha Loustaunau <m_loustau@hotmail.com>; Larry Gioannini <lgioannini@yahoo.com>; Senator Stephen Fischmann <steve@stevefischmann.com>; Peter Ossorio <peterossorio@centurylink.net>; Leticia

Duarte-Benavidez <lbenavidez@donaanacounty.org>; Wayne Hancock <wdhancock@gmail.com>; Billy Garrett <archbilly@gmail.com>; Karen Perez <kperez@donaanacounty.org>; Dr. David Garcia <drdavidjgarcia@yahoo.com>; Peter Goodman <pgoodmanphotos@yahoo.com>
Cc: Mayor Ken Miyagishima <mayor@las-cruces.org>; Sharon Thomas <sharon1031@gmail.com>; Nathan P. Small <nathan.p.small@gmail.com>; Gill Sorg <gillsorg@gmail.com>; Miguel Silva <miguel.silva@las-cruces.org>; Olga Pedroza <olgapedroza11@hotmail.com>; Greg Smith <gsmith@las-cruces.org>; Robert Garza <rgarza@las-cruces.org>
Sent: Friday, June 28, 2013 10:13 AM
Subject: Do you have questions for Councilors re Country Club proposal?

Yesterday I spoke with City Councilors Miguel Silva and Gill Sorg. Like me Gill lives in the Elks Club area and of course Miguel is the Councilor for the Country Club neighborhood and mine. I told each that P&Z Commissioners Charley Scholz and Ray Shipley at Tuesday's(6/25) P&Z meeting had some penetrating questions for the developer and for the Las Cruces planning staff and that I would be in touch soon with questions Councilors Sorg and Silva might consider asking at the Council meeting (July 15?) at which developer Ray Pofahl's proposal will be presented,

If you have questions/concerns that can be expressed in a sentence or two, I urge you to contact Councilors Silva and Sorg and/or the Mayor, City Manager and your neighborhood's Councilor.

Here are some of my questions and concerns and I'm sure I'll have a few more in the next two weeks before the Council meeting:

- I still do not understand WHY a hospital must be the "anchor" for this "mixed use" development and why if the 30 acre rezoning allowing the hospital isn't approved, that's a "deal breaker." And WHY a heliport in such a densely populated area?!

- How will traffic impinge upon the Country Club and Elks Club neighborhoods?

- How will Apodaca Park be affected? The developer says it will be enhanced. Opponents say parking and parkland will be reduced. What do the LC traffic and parks departments say?

- I was informed that many of the people at the P&Z meeting who spoke up in favor of the project are realtors who didn't identify themselves as such, a probable conflict of interest. PLEASE, City Council, ask people to identify themselves as realtors if they participate in the public input portion of the meeting.

- Once the zoning change(s) is/are approved the property obviously becomes much more valuable. What assurances do we have that the property won't be flipped?

- Can the Council ask that the CEOs of our existing hospitals appear and give their opinion of how the proposed hospital will affect them? Would they have an opinion as to the likelihood of the proposed hospital receiving licensing from the NM Dept. of Health?

Thank you!

Charlotte

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:21 PM
To: Susana Montana
Subject: FW: "plan" for Country Club site is "nothing of the sort"

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Wednesday, June 05, 2013 2:19 PM
To: Charlotte Lipson
Cc: John Stevens; Tamie Smith; Dan Townsend; John Deck; Peter Ossorio; Charlie Scholz; Dr. David Garcia; Larry Gioannini; Martha Loustaunau; Shirley Davis; Don Kurtz; Senator Stephen Fischmann; Miguel Silva; Gill Sorg; Representative Jeff Steinborn; Allie Brooks; Michael Hays
Subject: Re: "plan" for Country Club site is "nothing of the sort"

Dear Charlotte and Mr. Hayes,

That was all accurate but barely skims the surface of issues relative to this proposal. All of it worse than your concerns and verified. Stay tuned.

Connie Potter,RN, MBA;HCA
CCNA Infrastructure Committee Chair
Healthcare Economist

Sent from my iPhone
Connie J. Potter

On Jun 5, 2013, at 1:58 PM, Charlotte Lipson <lipson@zianet.com> wrote:

> Thanks, Michael. Have sent this to stakeholders -- neighbors in the Elks and Country Club area. Gill Sorg and Jeff Steinborn are neighbors and Miguel is my City Councilor. Michael's analysis seems spot on.
>
> Charlotte
>
> Begin forwarded message:
>
> **From:** Hays Michael <whiteknyght@opendoor.com>
> **Subject: Hackers Digging Divots in the Golf Course**
> **Date:** June 5, 2013 1:26:10 PM MDT
> **To:** Hays Michael <WHITEKNYGHT@OPENDOOR.COM>

Friends,

Let the confabulations and conversations begin. Steve Ramirez of the Sun-News has been providing some excellent coverage of the plot to develop a plat justifying a rezoning of the land of the defunct Las Cruces Country Club. This mid-week blog is my discussion of some of the issues which I have not so far seen others address. Until the city addresses them, I think that no one can have much confidence in the analysis and evaluation of the developer's proposal or the city's planning staff's response.

Michael

SNAFU: Situation Normal, A Fiasco Underway, or Las Cruces Plans for a Boondoggle (3)

The future of the defunct Las Cruces Country Club depends on people motivated at least as much by private interests as by public service. Mayor Ken Miyagishima wants a pro-business, pro-growth feather in his cap to run for higher office, and City Manager Robert Garza wants anything which aggrandizes his position, power, prestige, or profit. Their ambitions probably explain the appeal of other self-promoters who give peeks and promises of Really Big Things for the city.

Not too long ago, Miyagishima and Garza tried to appeal to a hyper-ventilating self-promoter Robert H. Brumley, the Managing Director of Pegasus Global Holdings, to make the Las Cruces area the site for CITE. (Where are he, his company, and his proposal now?) Now city government is trying to accommodate Joseph P. Galichia, CEO of Galichia Hospital Group, an over-ambitious corporation, to develop the largest tract of underdeveloped land within city boundaries. (Where will they be in a year?) Once again, city government is so excited about a grandiose speculation that it is not taking basic city-planning steps to protect against a major land-use decision likely detrimental to the public interest.

Miyagishima appears relatively isolated from the planning process and will maintain that appearance until the Planning Commission acts. But Garza is not. He advises City Council and directs his staff's analysis and evaluation of the developer's proposal, and he advises the Board of Directors of Memorial Medical Center. Although he has no vote on either the Council or the Board, he has great influence their members. Under the best of circumstances, a conflict between city and hospital interests is always a possibility. In the case of the development of this site, the conflict of interests is a reality. To address it, Garza should recuse himself from any discussions at hospital board meetings or with board members about the proposed site development.

But Garza will not. So his conflict of interest creates an intriguing situation. Which of his two roles will prevail? Who—city councilors or hospital directors, not to mention the citizens of Las Cruces—can know what or whose interests he serves in taking any stance on any of the procedural or substantive issues related to this development? Will transparency replace opacity?

The bigger questions, however, are whether the city's approach to planning will be sensible or honest. The early readings are not encouraging. Dazzled by the prospects of a buyer and builder with so-called plans for the site, the city is neither taking a sensible approach to the rezoning request nor asking the right questions about the developer.

First, the city is taking a piecemeal, not a comprehensive, approach to the LCCC site development. It thus blinds itself to all of the relevant information about the developer and the fully developed site. In particular, by focusing only on a 30-parcel for a cardiac-care center, the city denies itself an understanding of the economic, environmental, social, traffic, and other consequences of developing a 110-acre, high-density commercial and residential site next to a park, near major

highways and highway intersections, and close to established neighborhoods and businesses. Risks include declining housing values and business revenues, increasing traffic congestion, and incurred infrastructure and service costs not offset by site-derived tax receipts.

Second, although the submission of a request for a zoning change is only weeks away, Galichia has provided only sketches, frequently shifting, of the first 30-acre parcel for the center alone. What the city and the developer call a "plan" is nothing of the sort; a plan includes and integrates activities, budgets, and schedules. (The claim to have local doctors eager to invest in the project reveals not a strength, but a weakness: no present, assured financial resources to fund the project.) Even what the city and the developer call a "conceptual plan" is a misnomer; it is a site design. It hardly promotes trust—it prompts suspicions of duplicity—that Galichia has provided different sets of these designs to the city and to the citizens.

However, having a real plan—activities, budget, schedule—for developing the entire site—all 110, not just 30, acres—is only one, though an important, part of an approval process. The city staff, then the Planning Commission, and finally City Council must have every confidence that the proposed hospital and other buildings or facilities will be viable economically. Specifically, they must have every confidence that the development will generate the sustained revenues necessary to cover the cost of constructing and maintaining additional infrastructure and the costs of additional city services, all as required by the entire site.

To this end, city staff must have two sets of documents from Galichia. One, it must have a full capabilities statement demonstrating that it has the management, technical, and financial capabilities and experience to develop and operate a site of this kind and size. Two, it must have a comprehensive business plan including a market analysis of the demand for its services and the prospects for generating the revenues for sustained profitability and sufficient tax payments to cover the city's costs for infrastructure and services.

I doubt that Galichia is qualified or competent to do what it proposes. It appears not to have done its homework on the professional market, the demographics, or the socio-economics of Las Cruces. As it is, the two hospitals in the city, Memorial Medical Center and Mountain View Medical Center, are currently operating at one-half and two-thirds of capacity, respectively. As a result, one of the hospitals is laying off professionals. The likelihood that a specialized cardiac-care center would attract enough business seems problematic. The many cardiologists in the city would provide intense competition. And relatively few Las Cruceans have supplemental health-insurance policies to accommodate more-than-Medicare-level payments. The likelihood that Galichia could keep most of its 48, not to mention 60, beds filled with heart-disease patients seems more problematic. Thus, the odds are that Galichia would operate at less than capacity and not generate adequate profits or tax revenues.

As in the case with CITE, so in the case of Galichia: caution is in order. I have suggested some of the steps which the city can and should take between now and the various deadlines for planning commission and city council decisions. In addition, it is imperative that the public has ready access to all requisite information in time to participate meaningfully in the decision-making process.

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:22 PM
To: Susana Montana
Subject: FW: My BIG question: WHY a hospital on Country Club site?

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Wednesday, June 19, 2013 9:44 AM
To: Charlotte Lipson
Cc: John Stevens; Miguel Silva; Tamie Smith; Dr. David Garcia; Sue Cain; John Deck; Shirley Davis; Allie Brooks; Charlie Scholz; Representative Jeff Steinborn; Gill Sorg; Dan Townsend; Ardyth Norem; Larry Gioannini; Senator Stephen Fischmann; Martha Loustaunau; Peter Ossorio; Johnnie Aldrich; Michael Hays; Ernie Bean
Subject: Re: My BIG question: WHY a hospital on Country Club site?

Dead Charlotte,
See these slides and note the financial damage they do. Most are very small hospitals and rely on physician self referral from our safety net hospitals. The damage done is to programs that don't make much money, psych, trauma, OB etc. these hospitals carefully manage their services so they can't offer 24/7 care for complex patients so those are always transferred to safety net hospitals. Note the profit margin for specialty hospitals is over 35% in the AHA study. We are lucky at teaching hospitals/trauma centers to break even or have a 1-2% margin.

Check this out:

http://www.aha.org/content/00-10/Summary%20Report_2-7-05.pdf

Sent from my iPhone
Connie J. Potter

On Jun 18, 2013, at 10:05 PM, Charlotte Lipson <lipson@zianet.com> wrote:

Thinking about tonight's presentation by developer Bob Pofahl, it suddenly came to me: WHY in the world would a teensy 42-bed hospital with helipad (!!!) be the "anchor" as well as the condition for a zoning change for an attractive "mixed use development"? Does this makes sense? Please explain! Is it a "follow the money" thing??!

Charlotte

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:24 PM
To: Susana Montana
Subject: FW: Do you have questions for Councilors re Country Club proposal?

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Monday, July 01, 2013 10:59 AM
To: Hays Michael
Cc: Gill Sorg; John Stevens; PALMER S CLARK; Peter Goodman; Tamie Smith; Randy Harris; Johnnie Aldrich; Sue Cain; Eva Booker; John Deck; Shirley Davis; Allie Brooks; Win Jacobs; Charlie Scholz; Erika Graf-Webster; Representative Jeff Steinborn; Jack Welch; Ardyth Norem; Dan Townsend; Carl Baca; Ernie Bean; Martha Loustaunau; Larry Gioannini; Senator Stephen Fischmann; Peter Ossorio; Leticia Duarte-Benavidez; Wayne Hancock; Billy Garrett; Karen Perez; Dr. David Garcia
Subject: Re: Do you have questions for Councilors re Country Club proposal?

Dear friends,

I don't think anyone in this discourse has anything but good intentions. As to civil, that is always a matter of who is the target of the discussion. It is important for our elected representatives to appreciate that in this country one's home is often their most important, if not only, retirement asset. In this neighborhood that is especially true. Many of our neighbors are actually original owners of these heritage homes.

The rush to judgment regarding commercial zoning is very troubling especially after been informed by Ms. Montana that our worst fear was correct. If rezoned C-3 for a hospital complex, should the hospital fall through, the property will be C-3 for two full years. What a gift to the LCCC.

Keep in mind that the LCCC shareholders, certificate holders, whatever, knew full well when they inherited, bought or were given their shares that their property was zoned R-1. In what world do we live in that ENTITLES them to a residential neighborhood, taxpayer subsidized bailout for their profligate spending and managerial incompetence? Why are they owed a new golf course to be purchased by commercial rezoning for any use? Once rezoned, there is no restriction to the myriad uses this land can be sold for in any size parcel. This is the Trojan horse. Commercial high intensity 4 story buildings 25 feet from the back wall of our vintage home.

Did we know this could be rezoned when we bought it? No, this golf course was deeded into perpetuity which is why it is being traded. The deed is clouded in some manner.

We who live here have property rights too. Our homes are actually being subjected to "taking", as their value - adjacent to a hospital, heliport, truckstop, strip mall, whatever - plummets. The idea that we are gagged is

anathema to people who worked their entire lives to live here and believe the system actually is balanced in some way.

As to this discourse, please don't be petty. No one has insulted anyone or been lied about except me by a realtor at P and Z who stated my home was invaded after (and because) the LCCC was abandoned. LCPD records attest these invasions occurred in June 2010 and October 2011 while LCCC was in full operation. Likely someone was teeing off on the 5th hole while two thugs took our doors off their frames at noon on a June Sunday.

As a former state government manager I would respectfully suggest that those in public service thicken their skins. The term "elected representative" should still mean something in this country.

Sincerely,
Connie and Murray Potter
2505 Desert Drive
Las Cruces. NM. 88001
575-524-2443

Sent from my iPhone
Connie J. Potter

On Jul 1, 2013, at 10:22 AM, Hays Michael <whiteknyght@opendoor.com> wrote:

> Gill,
>
> Do you really expect the addressees and others to believe that each of you recuses yourself from all conversations with everyone else in the city and beyond, including the City Manager, his staff, or those supporting the proposal (developer, contractors, local realtors) on this subject, or discloses ex parte discussions if the occur, even inadvertently, and do not read the papers? Big expectation. Even if what you say about the law is true, I do not believe that it is obeyed as it should be. Indeed, I understand that there are several questions about whether the P&ZC hearing contravened law and codes, etc.
>
> Michael
>
> On Jul 1, 2013, at 10:00 AM, "Gill Sorg" <gillsorg@gmail.com> wrote:
>
> Nobody in this string of emails has the open meetings act or the communication with Council members correct. Can't explain it all here, but think of a Court Judge and his position. They don't discuss anything about any case they are presiding over (and much of the time other cases or after they rule on a case but aren't required by law to not say anything). We are like that in these zoning ordinance cases which are called Quazi-Judicial. I can get our Legal Dept. to give full definitions and send to you later this week.
>
> Gill Sorg
> Las Cruces City Councillor
> 575 635 1767
> Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Monday, July 01, 2013 12:06 AM
To: John Stevens
Cc: PALMER S CLARK; Hays Michael; Sharon Thomas; Peter Goodman; Miguel Silva; Tamie Smith; Randy Harris; Johnnie Aldrich; Sue Cain; Eva Booker; John Deck; Shirley Davis; Allie Brooks; Win Jacobs; Charlie Scholz; Erika Graf-Webster; Representative Jeff Steinborn; Gill Sorg; Jack Welch; Ardyth Norem; Dan Townsend; Carl Baca; Ernie Bean; Martha Loustaunau; Larry Gioannini; Senator Stephen Fischmann; Peter Ossorio; Leticia Duarte-Benavidez; Wayne Hancock; Billy Garrett; Karen Perez; Dr. David Garcia; Mayor Ken Miyagishima; Sharon Thomas; Nathan P. Small; Olga Pedroza; Greg Smith; Robert Garza
Subject: Re: Do you have questions for Councilors re Country Club proposal?

Dear friends,

Open meetings law applies to situations where there are three or more councilors together. That is a meeting and apparently a quorum. Meetings with individual councilors being forbidden in sheer nonsense. Connie

Sent from my iPhone
Connie J. Potter

On Jun 30, 2013, at 9:03 PM, John Stevens <johnmill9@toast.net> wrote:

> Maybe she's referring to the "open meetings law"? Might also have been broken when 4 or 5 Councilors went to Wash. D. C. on a trip together recently. JS
>
> On Sun, Jun 30, 2013 at 8:09 PM, PALMER S CLARK <clark_2012@comcast.net> wrote:
> Perhaps Ms. Thomas can refer us to the city ordinance which prohibits Council persons to discuss P & Z proposals with their constituents?
>
> ----- Original Message -----
> **From:** Hays Michael
> **To:** Sharon Thomas
> **Cc:** Peter Goodman ; Miguel Silva ; Tamie Smith ; Randy Harris ; Johnnie Aldrich ; Sue Cain ; Eva Booker ; John Deck ; Shirley Davis ; John Stevens ; Connie Potter ; Allie Brooks ; Win Jacobs ; Charlie Scholz ; Erika Graf-Webster ; Representative Jeff Steinborn ; Gill Sorg ; Jack Welch ; Ardyth Norem ; Dan Townsend ; Palmer Clark ; Carl Baca; Ernie Bean ; Martha Loustaunau ; Larry Gioannini ; Senator Stephen Fischmann ; Peter Ossorio ; Leticia Duarte-Benavidez ; Wayne Hancock ; Billy Garrett ; Karen Perez ;Dr. David Garcia ; Mayor Ken Miyagishima ; Sharon Thomas ; Nathan P. Small ; Olga Pedroza ; Greg Smith ; Robert Garza
> **Sent:** Sunday, June 30, 2013 7:38 PM
> **Subject:** Re: Do you have questions for Councilors re Country Club proposal?
>
> Sheron,
>
> Do you suppose that we do not "remember" the topic which we are discussing?
>
> You write, "councilors can discuss this issue ONLY in a public meeting." I assume you mean among themselves. The idea that they cannot discuss with their constituents an issue of concern to their constituents seems bizarre at best. Citizen can speak to them, but they cannot speak back, not even to question or correct them? Surely, you jest.

Michael

On Jun 30, 2013, at 6:48 PM, Sharon Thomas <skthomas_10@msn.com> wrote:

Please remember that this issue is a request for a zone change. Therefore, councilors can discuss this issue ONLY in a public meeting and only if it is on an agenda that was published 72 hours in advance.

Sherry

Sharon Thomas
Mayor Pro Tem
City Councilor, District 6
Las Cruces, NM
575 993 9347

On Jun 30, 2013, at 1:17 PM, "Peter Goodman" <pgoodmanphotos@yahoo.com> wrote:

> Charlotte -
> I'm interesting in learning more on this subject. Also wanted to share, for those interested in issues involving county government, that I've been posting on my soledad canyon blog (URL below) a series of articles regarding the trial of Granados v. Dona Ana County, which should wind up Tuesday or Wednesday.
>
> Peter Goodman
> pgoodmanphotos
> Las Cruces, New Mexico
> www.soledadcanyon.blogspot.com
>
> www.cafepress.com/pgoodmanphoto
> www.kojin.wordpress.com
>
> ---
>
> **From:** Charlotte Lipson <lipson@zianet.com>
> **To:** Michael Hays <whiteknyght@opendoor.com>; Tamie Smith <tamie.s@gmail.com>; Randy Harris <rharris27@hotmail.com>; Johnnie Aldrich <jraldrich@earthlink.net>; Sue Cain <terryandsuecain@yahoo.com>; Eva Booker <ebooker@creativeconsultingsolutions.com>; John Deck <jwdeck@mac.com>; Shirley Davis <s_davis_mass@yahoo.com>; John Stevens <johnmill9@toast.net>; Connie Potter <cjmpotter@comcast.net>; Allie Brooks

8-34

<abrooks1413@comcast.net>; Win Jacobs <winjacobs1@gmail.com>; Charlie Scholz <cscholz@zianet.com>; Erika Graf-Webster <egrafwebster@q.com>; Representative Jeff Steinborn <polidub@aol.com>; Gill Sorg <gillsorg@gmail.com>; Jack Welch <johnwelc@nmsu.edu>; Ardyth Norem <ardythnorem@q.com>; Dan Townsend <ecolo@centurylink.net>; Palmer Clark <clark_2012@comcast.net>; Carl Baca <cbsqrd@comcast.net>; Ernie Bean <ebean3@gmail.com>; Martha Loustaunau <m_loustau@hotmail.com>; Larry Gioannini <lgioannini@yahoo.com>; Senator Stephen Fischmann <steve@stevefischmann.com>; Peter Ossorio <peterossorio@centurylink.net>; Leticia Duarte-Benavidez <lbenavidez@donaanacounty.org>; Wayne Hancock <wdhancock@gmail.com>; Billy Garrett <archbilly@gmail.com>; Karen Perez <kperez@donaanacounty.org>; Dr. David Garcia <drdavidjgarcia@yahoo.com>; Peter Goodman <pgoodmanphotos@yahoo.com>
Cc: Mayor Ken Miyagishima <mayor@las-cruces.org>; Sharon Thomas <sharon1031@gmail.com>; Nathan P. Small <nathan.p.small@gmail.com>; Gill Sorg <gillsorg@gmail.com>; Miguel Silva <miguel.silva@las-cruces.org>; Olga Pedroza <olgapedroza11@hotmail.com>; Greg Smith <gsmith@las-cruces.org>; Robert Garza <rgarza@las-cruces.org>
Sent: Friday, June 28, 2013 10:13 AM
Subject: Do you have questions for Councilors re Country Club proposal?

Yesterday I spoke with City Councilors Miguel Silva and Gill Sorg. Like me Gill lives in the Elks Club area and of course Miguel is the Councilor for the Country Club neighborhood and mine. I told each that P&Z Commissioners Charley Scholz and Ray Shipley at Tuesday's(6/25) P&Z meeting had some penetrating questions for the developer and for the Las Cruces planning staff and that I would be in touch soon with questions Councilors Sorg and Silva might consider asking at the Council meeting (July 15?) at which developer Ray Pofahl's proposal will be presented,

If you have questions/concerns that can be expressed in a sentence or two, I urge you to contact Councilors Silva and Sorg and/or the Mayor, City Manager and your neighborhood's Councilor.

Here are some of my questions and concerns and I'm sure I'll have a few more in the next two weeks before the Council meeting:

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- How will Apodaca Park be affected? The developer says it will be enhanced. Opponents say parking and parkland will be reduced. What do the LC traffic and parks departments say?

- I was informed that many of the people at the P&Z meeting who spoke up in favor of the project are realtors who didn't identify themselves as such, a probable conflict of interest. PLEASE, City Council, ask people to identify themselves as realtors if they participate in the public input portion of the meeting.

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- Can the Council ask that the CEOs of our existing hospitals appear and give their opinion of how the proposed hospital will affect them? Would they have an opinion as to the likelihood of the proposed hospital receiving licensing from the NM Dept. of Health?

Thank you!

Charlotte

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:38 PM
To: Susana Montana
Subject: FW: P&Z decision re Country Club site realtor driven?

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: tamie.s@gmail.com [mailto:tamie.s@gmail.com]
Sent: Wednesday, June 26, 2013 12:51 PM
To: Mayor Ken Miyagishima; Nathan P. Small; Gill Sorg; Greg Smith; Miguel Silva; Olga Pedroza; Sharon Thomas; Robert Garza
Subject: Re: P&Z decision re Country Club site realtor driven?

Connie et al- It's unfortunate that board members who often have the most knowledge and experience, are often out-voted by number. Maybe because the less-informed don't want to *appear* to the public as "less-informed", hence they don't persue the comments of the informed?

I believe that one of the problems w/ the P&Z board is that they have too many items to investigate in-depth because now they also have to address Varience requests This change was made a number of years ago - (before this elected administration).That didn't used to be the case; we had a Board of Adjustment (I know, because I served on it for 9 nine years) *and* a P&Z Board. The time we each spent reviewing variance requests, included the staff support person, taking the board members to see- first-hand- each property in question) P&Z - to my knowledge - did likewise. There is just so much time a volunteer can, or is willing to spend. Several citizens, and of course Bof A members, objected, because 'double-dutying' the P&Z put a burden on them and reduced the time spent addressing variances.

I am sorry that more speakers from general public, who as I, had hoped for LCCC to become a park were not at the meeting, or who chose not to speak.The meeting last night came across to me as a "Not -in-my backyard" event.
Having lived here for about 50 years, and attending some LCCC events, when that property was abandoned, it seemed reasonable that it become a park, to be shared by all. I wish when i spoke I had made a more detailed and forceful presentation. I am disappointed that the city council let us down. If they pursued any hopes of funding for the park, I was not aware of it. Anyway, aside from dead trees and grass, there are more negative reasons - in my mind- why at the least, this proposal should have been tabled for further investigation.

tamie smith
P.S. Re the helicopter, there 'may' be an upside: if the hospital doesn't materialze maybe Pofahl can still get the helicopter and compete w/ the city bus service; sure would get us to the Mesill Valley Mall alot quicker.. No? ;-)
t.

At 09:22 AM 6/26/2013, Charlotte Lipson wrote:

Thanks for the two NO votes -- one by Charlie Scholz (who asked the most intelligent, incisive questions of the developer), the other by a Commissioner whose name I didn't catch but who is an experienced pilot and spoke about the negatives re a heliport.

Thank you too for the pointed, data-driven presentations by Connie Potter, Eva Booker, John Stevens and Michael Hays. The latter pointed out that the City planning staff has done a poor job of vetting the proposal which is uncomfortably vague. I agree with Connie that the realtors who spoke in favor of the project should have identified themselves as realtors. I hope when the City Council hears public input, realtors, who have a clear conflict of interest here, will be asked to identify themselves as such.

Charlotte

Begin forwarded message:

From: Connie Potter <cjmpotter@comcast.net >
Subject: Last night
Date: June 26, 2013 8:41:52 AM MDT
To: Evie Apell Brown <bluesranchgal@gmail.com >, Vivian Lane <vivianalane@aol.com>, LISA M IRWIN-RODDY <irwin36@msn.com>
Cc: Charlotte Lipson <lipson@zianet.com>, Tamie Premier Park <tamie.s@gmail.com>, Dan Townsend <ecolo@centurylink.net>, Hays Michael <whiteknyght@opendoor.com >

Subject: Last night

In one of the most disgusting parades of self interest and greed, the real estate mob with pitchforks descended on city hall to support bob Pofahl
and his cronies bid to commercially rezone the 30 acres of the ne LCCC which, when not if a hospital cannot be built, will revert to commercial zoning for ANYTHING for 2 years. Whopee! It passed 3/2.

I was invited to speak next to city council, facts apparently being needed to sheepdip this travesty. I congratulated bobs greasy real estate team for the turnout, most of whom when speaking did not even identify themselves as realtors. One particular jerk associated with Bob gave me some grief about where I live and I explained that except for the owner who opposed the development because of flooding of his neighbors, we had the most expensive home in the area but since we own three homes we, unlike the rest of these poor bastards, can live anywhere as in not in a banana republic.

I also mentioned that as a CEO I didn't leave my company $3m in debt from profligate spending, not pay taxes for three years, and then sell my water rights to let the land die. It's called malfeasance. David Steinborn (realtor) is likely dancing tonight as my source states he wants out of Sonoma ranch likely because he would be partners with the same selfish trust fund babies that pissed away their free land. He likely can see it coming.

A good time was had by all. It's a miracle I didn't have an mi I was so mad at the duplicity and the overt greed of the real estate crowd who slandered our ccna president and organization. I hate this pissant city government and all it stands for.

I will not be able to talk to city council in August except remote so I strongly suggest Xxxx give my talk. Seriously. The P and Z doesn't give a damn about the two existing hospitals and they lick up lies like honey. Appalling.

Connie

Sent from my iPhone
Connie J. Potter

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:39 PM
To: Susana Montana
Subject: FW: LCCC site plan
Attachments: , Site-plan1.jpg

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.- "I like paying taxes. With them I buy civilization." Taxes are what we pay for civilized society .

-----Original Message-----
From: Tamie Smith [mailto:tamie.s@gmail.com]
Sent: Tuesday, January 29, 2013 1:06 PM
To: Gill Sorg V; Tamie Smith
Subject: LCCC site plan

Hello Gill - this is the site plan for the LCCC property which I received from John. I attended the meeting last night which - as far as I'm concerned
- accomplished little. The intent was for people to ask questions but since the developer did not show his plan on a screen, there were few questions asked - mostly concerns about where streets might go, how tall buildings would be, traffic control, etc - those questions based on this map (I
assume) which those attending had been sent.

Those who spoke seem resigned to the fact that this property is doomed for commercial development; interesting, in that reportedly, the property has not been sold and is still owned by the Country Club owners. As I suspect you know, I believe a grave mistake is being made by not doing much more to pursue some way that the city could acquire this priceless piece of property.

tamie smith

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Thursday, July 04, 2013 9:29 AM
To: Susana Montana
Subject: FW: Legal Opinion about Park Ridge Medical Center
Attachments: Z2860 Park Ridge Public Comments 06 21 13.pdf; Las Cruces Memo.pdf

Gill
575 644 0660

From: Larry [mailto:lgioannini@yahoo.com]
Sent: Saturday, June 22, 2013 6:04 PM
To: undisclosed recipients:
Subject: Legal Opinion about Park Ridge Medical Center

Please attend the Planning & Zoning Commission meeting is this coming **Tuesday**, June 25, 6 PM in the City Hall chamber. A large turnout is needed to impress on City council and staff who they work for. Below and in the attachments is a lot of information about this development that will effect all of us; almost all of it researched and distributed by private citizens rather than our elected representatives. Thank you. Larry

Friends,

I have written this blog in a hurry, in anticipation of the Planning and Zoning Commission meeting on the 25th. As someone famous once famously said--I paraphrase--I regret that I did not have the time to make this shorter. And, for myself, I am sorry if it is longer because it is repetitive.

I offer a critique of the proposal itself and a theory of its underlying purposes. I also offer an alternative: city purchase and disposition of the property in a way which can not only serve private-sector interests, but also ensure public-sector interests.

Michael

http://firstimpressionssecondthoughts.blogspot.com/2013/06/bait-and-switch-las-cruces-golf-course.html

Dear friends,

This is public information provided to the City of Las Cruces by the CCNA. Our president John Stevens has approved its release. Circulate at will. Aston and Bird, LLC. The Partner of the firm is Thomas Scully, former Director of CMS under Bush and Assistant Secretary of the Office of Management and Budget (OMB). He referred our case to Robert Stone, Esq. of the firm who specializes in Regulatory Law.

Sincerely,

Another AHA study showed that Galichia started over 40 "satellite" rural clinics in KS to funnel patients away from teaching hospitals through referral arrangements with rural docs (investors?). This also impacts Critical
Access Hospitals (CAH) that small communities rely upon. Connie Potter RN

http://m.bizjournals.com/wichita/stories/1997/10/13/story1.html?r=full

http://www.aha.org/content/00-10/Summary%20Report_2-7-05.pdf

This is their business model. Note quotes. Profit, profit, profit.

Here is the legal opinion relevant to the rezoning of the LCCC for a third hospital in las cruces. The firm, Alston and Bird is a 4-starhealthcare law firm. Its Partner is Thomas Scully, former director of CMS and Asst. Secretary of office of management and budget (OMB)
under Bush. He referred our case to Robert stone, esq. who specializes in Regulatory Law. Please circulate. The ccna is releasing to the
city and media as public information. Please see attachment.

Sincerely,
Connie J. Potter, RN, BSN, MBA; HCA
Chair, CCNA Infrastructure Committee
2505 Desert Drive
Las Cruces. NM. 88001
524-2443

Country Club Neighborhood Association

Comments Regarding Zoning Application for Park Ridge Medical Center

June 25, 2013

I. The Entire 110 acre Country Club Site Should be Considered as a Planned Unit Development, Not Piecemeal in Separate Zoning Applications

-The developer has a contract to purchase all 110 acres of the Country Club site. The developer distributed its latest conceptual rendering of its proposed development of the entire 110 acres at a community meeting held on June 18, 2013.

-The owners submitted a Park Ridge PUD Concept Plan to the City of Las Cruces "(the City") on March 4, 2013. On March 18, 2013, the City released its comments and asked that each comment be addressed with the next submittal. The City's planning staff concluded it "cannot support this application as currently proposed".

-The following concerns were raised by the City regarding the Park Ridge PUD Concept Plan.

-Applicant has not filed waiver requests for design deviations required

-Each requested deviation must be accompanied by specific public benefits.

-A second entrance/exit to the property must be identified.

-The City requested section drawings, illustrations, or plan drawings, including internal circulation plan; complete streets illustrations; detailed section drawings; connectivity to adjacent neighborhoods for all modes of travel; schematic elevation drawings for apartments; renderings/illustrations of "parks, plazas and walking trials"; building footprint conceptual drawing; and landscaping.

-The City requested a green space/open space plan. The only open spaces appear to be drainage facilities and the adjacent public park.

-The City requested noise impacts for day and night use of the heliport in decibels.

-The City requested written approval from Design Review and Approval Board to be submitted with any permit application submitted to the City.

-ADA is missing throughout.

-Driving lane and sidewalk widths are too narrow, insufficient bike lanes. The city has requested drawings showing internal bike and pedestrian access, circulation and exit.

-3-foot parkways are inadequate to accommodate a tree.

-Signage details and locations are missing.

-The City requested "a schedule for phasing of development and full-build out".

-The City requested the developer identify types of regional shopping and entertainment.

-The City noted the lack of affordable housing in the proposed development.

-Instead of responding to the City's comments, applicants submitted a Zoning Application for 30 acres of the Country Club site on April 22, 2013, representing Phases I and 2 of the Park Ridge PUD.

-The original Park Ridge PUD Concept Plan included a realignment of Madrid Avenue at Solano and relocation of Apodaca Park. Residents are concerned that the developer and the City may be continuing negotiations without community input on these drastic changes to one of the city's largest and oldest parks.

-Section 38-49 of the Zoning Code states that the "PUD process shall be required for those proposed developments that are to be subdivided and multi-phased and that request three or more deviations to planning-related minimum development standards". The Park Ridge project is to be "subdivided and multi-phased" and is requesting "three or more deviations to planning-related minimum development standards", based on their original Park Ridge PUD Concept Plan. "All contiguous property owned or legally controlled by the developer shall be included within the PUD."

-The City's Planning Commission Staff Report talks about the Purpose and intent Statements of the Zoning Code, which include "mitigate congestion", "prevent overcrowding of land", "avoid undue concentration of population", "ensure development proposals are sensitive to the character of existing neighborhoods", "conserve the value of buildings and land", "reduce noise, glare and odor" and "mitigate conflicts among neighbors". These objectives can only be met if the proposed development is evaluated as the planned unit development it is.

-Instead of approving a development plan for less than a third of the site, the development plan for the full 110 acres needs to be presented for a thorough assessment of the total economic, environmental, social and traffic impacts of the fully

developed site *before* any zoning changes are approved. The highly visible central location of the site makes this all the more imperative.

II. The Zoning Application is Incomplete

-The Country Club property is located within the Infill Development Overlay District; however, applicant chose to use the standard zone change process.

-Section 38.10 of the Zoning Code requires applicants appearing before the Planning and Zoning Commission for zoning district changes, special use permits, planned unit developments and variances to include the following with their application.

1) Site plan – at adequate scale; with improvements and setbacks; dimensions of buildings; existing and proposed vehicular circulation systems, including parking, storage, service, and loading areas; major points of access, including street pavement width and right-of-way; a landscaping plan; pedestrian and bicycle circulation systems; arrangement of all open space, common recreational and private open space; architectural renderings, with illustrations of all exterior building materials and colors, site lighting, sign location, materials, color, size, shape and lighting; a drainage facilities plan and environmental impact statement.
2) Description and justification of requested variances.
3) Application signed by all property owners of record.
4) Special use permits and variances.
5) Planned unit developments and variances.

Applicant has not provided any of the above.

-The City's Planning Commission Staff Report on this Zoning Application recommends conditional approval, but references the need for construction drawings, a traffic study, and a utility master plan for the entire 110 acres. These should be provided for review *before* the Zoning Application is approved.

-The City's Planning Commission Staff Report on this Zoning Application states that the application meets the Comprehensive Plan Land Use Element related to serving "commercial demand". No proof of demand for a third hospital has been provided, such as a market study or any other indicator of demand.

-The Zoning Application does not include a second entrance/exit into the proposed development. The rendering of the proposed development provided at the June 18, 2013 community meeting shows this second entrance/exit as the road along the north border of Apodaca Park that begins at the intersection of Solano and Madrid. The

increase in traffic congestion at this location will pose a threat to the children and families that use Apodaca Park.

-Since no second entrance/exit has been included in the application, no traffic study has been conducted and no detailed site plan has been provided (including existing and proposed vehicular circulation systems, parking, storage, service, and loading areas; major points of access, including street pavement width and right-of-way; pedestrian and bicycle circulation systems), it cannot be determined whether the Comprehensive Plan Transportation Element which seeks to "attain maximum vehicular movement and minimum congestion in a cost effective, timely, and environmentally sound manner" is possible with this development.

-For the reasons stated above, it cannot be determined whether the Comprehensive Plan Transportation Element which seeks to make "reasonable accommodations for alternative modes to access the site" is possible with this development.

-Because the application is incomplete, it cannot be determined whether the proposed development would meet the Comprehensive Plan Economic Development Element that requires "the City receives a direct or foreseen benefit in exchange for creative and unique designs that differ from mandatory development requirements."

-The City's Planning Commission Staff Report includes the following Planning and Zoning Commission criteria for decisions.

1) Adverse impacts on adjoining properties.
2) Unreasonable increases in traffic in public streets.
3) Increased danger of fire or endangering public safety.
4) Orderly and phased growth and development.
5) Unreasonable impairment of established property values within the surrounding area.

It is our position that an incomplete application for a portion of the total planned development is insufficient for the P&Z Commission to properly apply these criteria.

III. C-3 and R-4 Zoning Requested in Zoning Application for 30 Acres of Country Club Site is Too High

-C-3 and R-4 zoning is too high density for the location and surrounding neighborhood. Immediately east of the property is zoned R-1a for single-family residential. West and south of the property included in the Zoning Application is the remainder of the golf course, which is zoned R-1a. The only commercial zoning is C-2 and C-3 zoning north of the property on Main Street.

-The Zoning Application anticipates approximately 6,950 trips per day, which is expected to increase traffic on residential streets near property.

-As noted by Paul Michaud, Senior Planner, in the Planning Commission Staff Report "the site is not technically along a Principal/Major Arterial once you subdivide the parcels and that the proposed uses are not exactly at the intersection of Main St and Solana Dr."

-With regard to the heliport, the City's Planning Commission Staff Report provides conflicting information.

> "It should be noted that a heliport is not a use by right; rather, approval of a Special Use Permit (SUP) by the planning and Zoning Commission (P&Z) during a public hearing is required for the use of a heliport in the C-3C zone. SUPs are not a part of this zone change and will be processed as a separate application." (Page 2 of 11)
>
> "The conditional zoning would allow by right a heliport, ordinarily allowable with a special use permit, and the assisted living facility, which is currently allowed only in R-2, R-3 and R-4 zones." (Page 1 of Long Range Planning Comments)

-C-2 zoning would be sufficient for the one story hospital the developer claims it intends to build. Although the developer's current renderings reflect a one story hospital, C-3 zoning will allow structures up to 60 feet, which would not meet the Comprehensive Plan Land Use Element related to "compatibility with the existing architecture" and "character of the surrounding neighborhood", which is predominately R-1a single-family. Furthermore, the developer's current renderings include the disclaimer: "ALL IMPROVEMENTS, PLANS, AMENITIES AND LAND USES HEREIN ARE PROPOSED AND *SUBJECT TO CHANGE WITHOUT NOTICE PER THE DEVELOPERS DISCRETION*. THERE CAN BE NO ASSURANCE THAT THE CURRENT PROPOSED IMPROVEMENTS OR AMENITIES WILL BE COMPLETED." (Emphasis added.)

-The highest intensity uses, including the hospital and heliport, are to be 80 feet from existing townhomes. With the ability to build up to 60 feet, residents of the townhomes are concerned about the loss of their views. Residents prefer a park or residential development behind the townhomes.

-There are serious concerns about having a heliport in such a high density area. There are safety issues (utility wires and nearby properties). The noise can cause hearing loss. The extra lighting required will contribute to light pollution in the neighborhood.

-The developers are proposing to include high-end retail, but have not disclosed who or what type of high-end retail. Kary Bulsterbaum, associated broker with Steinborn TCN Commercial Real Estate, expressed his doubts about the developer's ability to attract high-end retail. Las Cruces has proven unable to attract high-end retail, in general, and there is a higher probability for high-end retail in the Telshor and Lohman corridor up to Sonoma Ranch.[1]

-We are concerned that this zoning application is really a Trojan Horse. Zoning would allow undesirable uses if a hospital is not built, unless zoning is conditional for a hospital only. This appears to be what happened with Indian Hollow. The zoning application said the tenant would be an upscale "mini Trader Joe's". That tenant pulled out, but C3 zoning remains. Currently, there is a posting at the site of a notice of an application for a liquor license.

-Concerns about runoff and flooding, especially at Three Crosses and North Alameda. The Las Cruces Country Club and Apodaca Park have served as the location for runoff from the country club neighborhood. If fully developed without a means to divert this runoff, it will end up in the Three Crosses and North Alameda area, which is also being developed with high intensity residential.

IV. Feasibility of physician-owned/investor hospital

-The Galichia Hospital Group is "partnering with over 20 local physicians who are investing in the real estate and equipment", which would make this a physician-owned hospital.[2][3] They have described the proposed Park Ridge Medical Center to the City as "a cross between the Ritz Carlton (Hotel) and a hospital".[4]

-Section 877 of the Social Security Act (Stark law) prohibits a physician from making referrals for certain "designated health services" payable by Medicare to an entity with which the physician has a financial relationship. Stark included a "whole hospital" exception, which was limited by the Patient Protection and Affordable Care Act (PPACA) Section 6001 to physician-owned hospitals with a Medicare provider number before December 3, 2010. A hospital which does not meet this exception will not be able to accept Medicare referrals from any physician owner or person related to the physician owner. This ban on physician-owned hospitals has halted construction on over 30 facilities.[5]

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[1] Steve Ramirez, ***Ambitious rezoning: City to review plans for property*** (Las Cruces Sun-News, June 2, 2013)
[2] Galichia Hospital Group prospectus
[3] Steve Ramirez, ***Ambitious rezoning: City to review plans for property*** (Las Cruces Sun-News, June 2, 2013)
[4] Steve Ramirez, ***New hospital would look to serve niche market*** (Las Cruces Sun-News, June 2, 2013)
[5] Baker Donelson, ***Thirteen Things Providers Should Know About Stark Law and Physician Ownership Changes Under Health Reform***

-NM certification of a hospital owned or operated by Galichia Hospital Group is questionable, based on their history of Medicare/Medicaid fraud, according to sources at the New Mexico Department of Health Medicare Compliance Division.

-We disagree with the City's Planning Commission Staff Report's conclusion that the proposed development meets the Comprehensive Plan Land Use Element objective that the use serves commercial demand. There has been absolutely no proof of demand for a third hospital.

-We believe the proposed hospital will adversely impact the two existing hospitals in Las Cruces. Memorial Medical Center currently has an occupancy rate of less than 50% and Mountain View Regional Medical Center is about 2/3 full.[6] Physician-owned hospitals often cherry pick the highest paying patients, leaving other hospitals with lower paying Medicare/Medicaid patients and sicker emergency patients. Also, it would increase competition for staff, especially nurses. In a Lincoln case study, two physician-owned hospitals had a negative impact on the financial performance of the two existing full-service hospitals; and higher labor costs and staff shortages. Elective cases were lost to the physician-owned hospitals, leaving a stronger concentration on emergency cases. The physician-owned hospitals also hired away a lot of nurses and clinical staff from the existing full-service hospitals.[7] In a Witchita case study, the five physician-owned hospitals that opened between 1999 and 2003 also had a negative impact on the financial performance of the existing full-service hospitals, with reductions in revenues and net income; led to cut backs in services offered by the full-service hospitals; and a high number of key staff left the full-service hospitals to join the physician-owned hospitals.[8]

v. Concerns about Investors and Developer

-The Galichia Hospital Group has two settlements with the Department of Justice for Medicare/Medicaid fraud. The first was a $1.3 million settlement in 2000 for false claims filed between 1993 and 1998. The second was a $1.3 million settlement in 2009 for false claims filed between 2001 and 2006.[9]

-Dr. Robert Alan Graor is the primary investor seeking physician investors for Park Ridge Medical Center. Dr. Graor has been convicted of embezzlement of over $1 million from the Cleveland Clinic. The State of Ohio first suspended his medical license for 5 years, then permanently revoked his license to practice medicine in 2003 for embezzlement and ongoing misrepresentations that he was board certified. State

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[6] Steve Ramirez, ***New hospital would look to serve niche market*** (Las Cruces Sun-News, June 2, 2013)
[7] http://www.slideshare.net/cardiacinfo/impact-of-physicianowned-limitedservice-hospitals-lincoln-case
[8] http://www.aha.org/content/00-10/Wichita%20Final%20PDF.pdf
[9] Steve Ramirez, ***Concerns raised about new hospital proposal*** (Las Cruces Sun-News, June 9, 2013)

Medical Board members referred to "a pattern of deception", "continued dishonesty" and "deception after deception after deception".[10] In 2006, the New Mexico Medical Board placed Mr. Graor's license on indefinite probation, issuing a Stipulated License requiring a mental health evaluation and participation in NM MTP, full disclosure of disciplinary history to all employers and associates, Board approval of practice settings and other monitoring requirements.[11]

-Concerns related to Las Cruces developer Robert Profahl's Enchanted Desert subdivision at Picacho Mountain. Only 24 homes sold in 4 years. This development was also supposed to include upscale shopping and restaurants that never materialized. In May 2012, the developer sold over 171 acres of undeveloped lots at Enchanted Desert subdivision to the Village of Hatch, making the property exempt from property taxes. The Village of Hatch will have to install all basic infrastructure, such as water, sewer and paved roads. The contract includes a provision that gives Profahl the option to repurchase the land in the future.[12]

-On March 4, 2013, Park Ridge submitted the Park Ridge Planned Unit Development Plan Concept Plan to the City of Las Cruces. On March 14, 2013, Park Ridge held a community meeting, where it presented a draft map of the proposed development. The map presented at the community meeting on March 14, 2013 was not the same as that submitted to the City of Las Cruces on March 4, 2013. It did not include the proposed changes to Madrid and Apodaca Park. This misrepresentation calls into question the integrity of the developer and its representatives.

CCNA is in favor of sustainable development of the Country Club property that is safe and consistent with the neighborhood character.

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[10] http://www.circare.org/pd/graor_20041210.pdf

[11] http://www.nmmb.state.nm.us/pdffiles/OldMinutesAgenda/minutes021606.pdf

[12] Steve Ramirez, ***Developer optimistic about sale of land near Las Cruces to Hatch*** (Las Cruces Sun-News, November 10, 2012)

Remember Art Buchwald? Some will, some won't. He won the Pulitzer Prize and wrote for the LA Times. Catch this from (I think) 1980s.

"I worry about doctors. Not all doctors. Just the ones with investments in private hospitals. The reason I worry about them is that when you're a stockholder in a hospital you might have a conflict of interest between doing what is right for the patient and what is good for the corporation.

Dr. Wesley Heights, who owns a piece of the Kidney Stone Memorial Hospital, told me he saw no ethical problem in a doctor investing his money in a private hospital.

"Doctors should own hospitals," he said. "Then they can personally see that their patients get the best treatment money can buy."

"But some people argue, " I said, "that if a doctor has a financial interest in a medical facility he may subconsciously hospitalize people, just to keep the occupancy rate up."

"That's ridiculousl" Heights said. "I've never put a patient in Kidney Stone Memorial unless he absolutely needed to be there. The board of directors does not pressure me to send them patients. As a matter of fact, I don't even put all my sick people in Kidney Stone. I send many of them to the Sisters of Mercy, a non-profit hospital."

"How do you decide?"

"It's a medical decision. If they have a good health insurance plan, I put them in Kidney Stone. If they don't, they go to the Sisters of Mercy."

"Sisters of Mercy must be thrilled to get all your indigent patients."

"They probably would like more who can pay their way, but Kidney Stone Memorial's computers are not set up to handle non-insured patients, while Sisters of Mercy has been doing it for years."

"Will Kidney Stone take a non-insured person" I asked.

"Of course we will, it it's a life or death situation. but as a profit-making hospital we owe it to our stockholders to make sure our loss-per-bed is held to a minimum. Some people have accused us of trying to put non-profit hospitals out of business. This is not true. We need them as much as they need us."

"Why do they need you?"

"Because we take the burden off them, by providing services for people who can afford them. If we didn't take these patients, they wouldn't be able to accommodate the non-paying patients who also need hospital care."

"I guess what troubles me is not the idea of private hospitals, but the thought that doctors own stock in them. That doesn't bother you?"

"On the contrary. Medical people should own a piece of the hospital they put their patients in. Who knows better how to keep costs down and make sure the institution is being run at a profit? Private hospital employees are on their toes because they know we're watching them as carefully as we're watching our patients. What makes Kidney Stone a great hospital is that our doctors worry about the bottom line."

"I guess that's the only thing you have to worry about," I said.

"What the heck does that mean?"

"If you worry about the bottom line AND your patient, you could have a conflict in judgment."

"The patient always comes first," Heights said angrily. "I don't know one doctor at Kidney Stone who has ever kept a client there longer than was absolutely necessary, unless it was a nice weekend and no one was waiting for the bed."

"You don't have to get sore."

"When I graduated from medical school I took an oath that I would treat all patients alike whether they had Blue Cross, Group Health, or Medicare. I've never violated that oath. As a matter of fact, since I became an owner in Kidney Stone Memorial, I've been able to look at medical care no only from the patient's viewpoint, but also from the stockholders'. This has made me a better doctor, and richer for the experience."

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:22 PM
To: Susana Montana
Subject: FW: Do you have questions for Councilors re Country Club proposal?

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Friday, June 28, 2013 1:18 PM
To: Martha Loustaunau
Cc: Hays Michael; Miguel Silva; gillsorg@gmail.com; Tamie Smith; Randy Harris; Johnnie Aldrich; Sue Cain; Eva Booker; John Deck; Shirley Davis; johnmill9@toast.net; Allie Brooks; Win Jacobs; cscholz@zianet.com; Erika Graf-Webster; Representative Jeff Steinborn; johnwelc@nmsu.edu; ardythnorem@q.com; Dan Townsend; Palmer Clark; Carl Baca; Ernie Bean; lgioannini@yahoo.com; steve@stevefischmann.com; Peter Ossorio; Leticia Duarte-Benavidez; Wayne Hancock; Billy Garrett; Karen Perez; Dr. David Garcia; Peter Goodman; mayor@las-cruces.org; Sharon Thomas; Nathan P. Small; Olga Pedroza; Greg Smith; Robert Garza
Subject: Re: Do you have questions for Councilors re Country Club proposal?

Deaf Friends,

The real deal is rezoning for two years as "no holds barred high intensity commercial". That makes this 110 acres very valuable versus a golf course. Look at www.golfcoursesforsale.com. You can buy a 450+ acre course in Tallahassee FL for a little over $1m. The price of the lccc property is what the LCCC mismanaged ($3 million) and how much they need to buy another course ($3 million) plus $400,000 each to the realtor and developer. The Price Is Right!

By the way, There are 3.5 realtors for every 10 homes for sale in Las Cruces. At the height of southern CA real estate boom there were 4 realtors for every 10 homes and they were getting huge commissions. No wonder these ants are so hungry.

Also, my mistake about NM being the second poorest state in the US. We have overtaken Mississippi as the poorest state. So, we are the poorest city in the poorest state in the US. I guess i can't call us the Mississippi of the southwest anymore. That would be an insult to Mississippi.

Connie Potter
2505 Desert Drive
Las Cruces NM 88001
524-2443

Sent from my iPhone
Connie J. Potter

On Jun 28, 2013, at 12:02 PM, Martha Loustaunau <m_loustau@hotmail.com> wrote:

It all appears to be "cart before the horse" and we may be stuck with a cart and no horse. If their job is to "facilitate"? whose job is it to raise relevant questions that may impact everything from environment, safety, health care, and all those "other" things? They actually have no "plans" at all. Rezoning is the issue. I have a very sneaking suspicion that they have no intention whatsoever of building a hospital OR a heliport. Now why do I get that impression? The realtors were like ants all over jam. I don't think the heliport has a prayer, and the hospital certainly won't be able to take Medicare patients..... What's really going on here? Martha

---

Subject: Re: Do you have questions for Councilors re Country Club proposal?
From: whiteknyght@opendoor.com
Date: Fri, 28 Jun 2013 10:41:34 -0600
CC: tamie.s@gmail.com; rharris27@hotmail.com; jraldrich@earthlink.net; terryandsuecain@yahoo.com; ebooker@creativeconsultingsolutions.com; jwdeck@mac.com; s_davis_mass@yahoo.com; johnmill9@toast.net; cjmpotter@comcast.net; abrooks1413@comcast.net; winjacobs1@gmail.com; cscholz@zianet.com; egrafwebster@q.com; polidub@aol.com; johnwelc@nmsu.edu; ardythnorem@q.com; ecolo@centurylink.net; clark_2012@comcast.net; cbsqrd@comcast.net; ebean3@gmail.com; m_loustau@hotmail.com; lgioannini@yahoo.com; steve@stevefischmann.com; peterossorio@centurylink.net; lbenavidez@donaanacounty.org; wdhancock@gmail.com; archbilly@gmail.com; kperez@donaanacounty.org; drdavidjgarcia@yahoo.com; pgoodmanphotos@yahoo.com; mayor@las-cruces.org; sharon1031@gmail.com; nathan.p.small@gmail.com; olgapedroza11@hotmail.com; gsmith@las-cruces.org; rgarza@las-cruces.org
To: miguel.silva@las-cruces.org; gillsorg@gmail.com

Charlotte,

Excellent questions but no unbiased answers will come from the Garza Government. As Robert has written, its role is to "facilitate" the proposal, not analyze or evaluate it. I have not seen evidence that the progressives or "greens" or sustainability-types on City Council would make a decision not favored by developers.

Michael

On Jun 28, 2013, at 10:13 AM, Charlotte Lipson <lipson@zianet.com> wrote:

Yesterday I spoke with City Councilors Miguel Silva and Gill Sorg. Like me Gill lives in the Elks Club area and of course Miguel is the Councilor for the Country Club neighborhood and mine. I told each that P&Z Commissioners Charley Scholz and Ray Shipley at Tuesday's(6/25) P&Z meeting had some penetrating questions for the developer and for the Las Cruces planning staff and that I would be in touch soon with questions Councilors Sorg and Silva might consider

asking at the Council meeting (July 8?) at which developer Ray Pofahl's proposal will be presented,

If you have questions/concerns that can be expressed in a sentence or two, I urge you to contact Councilors Silva and Sorg and/or the Mayor, City Manager and your neighborhood's Councilor.

Here are some of my questions and concerns and I'm sure I'll have a few more in the next two weeks before the Council meeting:

- I still do not understand WHY a hospital must be the "anchor" for this "mixed use" development and why if the 30 acre rezoning allowing the hospital isn't approved, that's a "deal breaker." And WHY a heliport in such a densely populated area?!

- How will traffic impinge upon the Country Club and Elks Club neighborhoods?

- How will Apodaca Park be affected? The developer says it will be enhanced. Opponents say parking and parkland will be reduced. What do the LC traffic and parks departments say?

- I was informed that many of the people at the P&Z meeting who spoke up in favor of the project are realtors who didn't identify themselves as such, a probable conflict of interest. PLEASE, City Council, ask people to identify themselves as realtors if they participate in the public input portion of the meeting.

- Once the zoning change(s) is/are approved the property obviously becomes much more valuable. What assurances do we have that the property won't be flipped?

- Can the Council ask that the CEOs of our existing hospitals appear and give their opinion of how the proposed hospital will affect them? Would they have an opinion as to the likelihood of the proposed hospital receiving licensing from the NM Dept. of Health?

Thank you!

Charlotte

Susana Montana

From: Gill Sorg <gillsorg@gmail.com>
Sent: Wednesday, July 03, 2013 9:26 PM
To: Susana Montana
Subject: FW: Do you have questions for Councilors re Country Club proposal?

Gill Sorg
Las Cruces City Councillor
575 635 1767
Oliver Wendell Holmes, Jr.– *"I like paying taxes. With them I buy civilization."* Taxes are what we pay for civilized society ...

From: Connie Potter [mailto:cjmpotter@comcast.net]
Sent: Wednesday, July 03, 2013 4:46 PM
To: Hays Michael
Cc: tamie.s@gmail.com; Gill Sorg; John Stevens; PALMER S CLARK; Peter Goodman; Randy Harris; Johnnie Aldrich; Sue Cain; Eva Booker; John Deck; Shirley Davis; Allie Brooks; Win Jacobs; Charlie Scholz; Erika Graf-Webster; Representative Jeff Steinborn; Jack Welch; Ardyth Norem; Dan Townsend; Carl Baca; Ernie Bean; Martha Loustaunau; Larry Gioannini; Senator Stephen Fischmann; Peter Ossorio; Leticia Duarte-Benavidez; Wayne Hancock; Billy Garrett; Karen Perez; Dr. David Garcia
Subject: Re: Do you have questions for Councilors re Country Club proposal?

Dear Michael and friends,

Don't forget that this rezoning is for an unneeded specialty hospital that will siphon patients from our existing safety net hospitals, creating a healthcare crisis of extreme consequences.

The existing EMS system is unprepared, the Airmedical system is dangerous, costly, and overused, and dumping our problems on El Paso's hospitals will not be sustainable. This facility can only be successful if 1) if can take Medicare and Medicaid patients which it cannot. 2) if it creates a new patient base that is not derived from the two existing hospitals which is a pipe dream.

With only 7% outmigration, data the media and City ignored, there is no source of patients for this hospital except by scavenging them from the two currently operating at excess capacity and bare bones, if not negative, revenues.

And FYI, ignorant capitalist free-market Commissioner, health care is always described by real economists as a "public good" which is harmed by competition and has expensive and non recoverable fixed costs regardless of capacity. That makes too many vacant hospital beds more costly to insurers, government sponsored payors (Medicare and Medicaid) i.e., the taxpayors, and DANGEROUS to the patients. The more often a hospital exercises its skills the better it gets. Mortality and morbidity studies have demonstrated this for decades. This rezoning for a boutique healthcare complex is bad public policy and bad for the community.

Connie J. Potter, RN, MBA;HCA
AND YES, MY INITIALS MEAN I AM QUALIFIED TO SPEAK ON THIS SUBJECT.

Sent from my iPhone
Connie J. Potter

On Jul 3, 2013, at 4:26 PM, Hays Michael <whiteknyght@opendoor.com> wrote:

Tamie,

What fun!

But I shall address only the following point. I cannot accept your kind excuses for those whom I accuse.

I wrote:

> Past decisions of even greater magnitude have been decided so. What kind of city administration and city council is so stupid that it predicates a major tax on a single-point assumption (1200 houses per year) and does not consider fluctuations in the housing market as affecting the revenue streams to achieve its purposes?

You wrote:

Liitle experience in researching demogrqphics, maybe? Attending so many meetings each day that there's no time to follow the housing martket? Maybe poor math?

None of the above. Planners of all kinds develop multiple scenarios, options, or what-if hypotheses. You want an impact fee to achieve certain purposes; you determine the revenues needed to achieve them; you then figure out the revenue streams according to different fees for different estimated numbers of new houses and, I assume, for ranges of new house values. You use the results to show under what conditions the impact fee can or cannot achieve its purposes. Obviously, you make adjustments to any or all of these factors to achieve something sensible. To make a single-point assumption--in this case, 1200 new houses a year--runs the risk of being significantly wrong--in this case, abandonment of impact fees. Such was the planning of the Garza government--and, I believe, it made no adjustments as the housing market--construction and values--collapsed! (If you have not seen "A Bridge Too Far," you have not seen the deadly and disastrous consequences of having no Plan B--point the movie explicitly makes [David Niven, I believe, speaks the lines].)

Why am I so accusatory and suspicious of the Garza government? I have only to detail its incompetent work in the field and in the office, and Garza's broken promises to me and defensive lies resounding to my criticisms in a case of much less significance than this one, the Brown Farm Fiasco. I can detail these charges, but most of the details have appeared either in my column or on my blog some time ago.

Comes again the city planning department to show that it does no planning. When the LCCC became defunct, it should have been pro-active in developing site-specific options for the

Planning and Zoning Commission or City Council to consider (and adopt) and in setting criteria for prospective site developers according to what the city wants by plan, not what it tailors to the developer's wants on demand. (Instead of setting up a target with a bullseye for a developer to hit, it draws the bullseye around the arrow after it hits the butt--or the ground.) Thus, it has been reactive instead and considered only some of the zoning issues and none of the planning issues involved in a large and significant undertaking. The problem we face is city government leadership and staff which, all too typically, cannot admit a mistake and will try to save face at public expense.

My apology for my criticisms of officials and staff in both professional and personal terms go beyond the fact that they are true. I would not bother repeating them if I thought them irrelevant to the present issue of the LCCC site. But I do not believe that they are irrelevant to how the decision will be made, and I do believe that they must be taken into account in opposing the Garza government's recommendation to city council. I am motivated by a concern for a project with far greater adverse impacts with far less opportunity for meaningful public participation. The idea that council presently plans to decide this issue on the basis of a single hearing, with restrictions on public input, and no pause for additional time to reflect and request additional information is worrisome indeed.

Michael

Susana Montana

From: Connie Potter <cjmpotter@comcast.net>
Sent: Sunday, July 07, 2013 12:45 PM
To: John Stevens
Cc: Bob Pofahl; Susana Montana
Subject: Re: rally

Dear John,

Your words are insufficient to express what was clearly harassment of the members of our demonstration and persons who came to our table by Karen Pofahl. Were we more more savvy we should have called 9-1-1. The police spent plenty of time driving by to make sure our demonstration was legal and orderly. Unfortunately, the developer doesn't play by the rule of law. Its not a matter of just lack of class.

Connie Potter
2505 Desert Drive
Las Cruces. NM 88001
575-524-2443

Sent from my iPhone
Connie J. Potter

On Jul 6, 2013, at 4:23 PM, John Stevens <johnmill9@toast.net> wrote:

> Bob and Karen,
>
> I'm writing to express my displeasure with your appearance at our Protest rally this morning. Bob, at least you stayed across the street, but Karen, you stood by our table where people were trying to sign our petition, which was very disrupting. You said you were there to correct "misinformation", but as the Sun-News reported, the City and the developer are talking about (behind closed doors) an agreement to use some of Apodaca Park land for a second entrance-exit into the proposed new development, so there was no misinformation. I told you your appearance reminded me of the Black Panthers intimidating people at a voting booth, and you were asked politely by three different people to leave, which you ignored. We agreed that we had a right to be there, and so did you, but your standing so close to our sign-up table was not lady-like, and showed a definite lack of class.
>
> John Stevens,Pres.
>
> CCNA

Susana Montana

From:	Connie Potter <cjmpotter@comcast.net>
Sent:	Saturday, July 06, 2013 5:35 PM
To:	Tamie Premier Park; Charlotte Lipson; Dan Townsend; Hays Michael; Miguel G. Silva; Mayor; Sharon K. Thomas; Olga Pedroza; Gill Sorg; Willie Roman; Mark Johnston; Susana Montana; David Weir
Cc:	Carlos; tony.rodriguez@kfoxtv.com; Diana Valdez; Steve Rameriz; Walt Rubel; Jim Lawitz
Subject:	Fwd: Federal Issues related to Apodaca Park
Attachments:	Apodaca park receipved federa; funds 7 6 13.docx; ATT00001.htm; Apodaca Park final final.pdf; ATT00002.htm

My email to Parks and Recreation

This is public information.

Connie Potter
2505 Desert Drive
Las Cruces. NM. 88001
575-524-2443

To: wroncamunez@yahoo.com

Subject: Federal Issues related to Apodaca Park

Dear Dr. Camunez,

Thank you for taking the time to speak with me today about the public information demonstration at Apodaca Park. It is apparent that many people in this City, including those in its government, are either unaware or unconcerned with the barriers to sale, trade, exchange, or other compensation related to Federally protected lands. This park clearly received Land and Water Conservation Fund (LCWF) monies at least twice in the past, Regardless of its origins (i.e., gifted from the Las Cruces Country Club), the entire property is protected from "conversion" without sanction by the Federal Secretary of the Interior, who I believe oversees these protected lands.

I was really shocked to hear you say that there was a meeting with the Developer, Bob Pofahl, scheduled Monday with Parks and Recreation, to discuss the sale, exchange, or transfer of any part of Apodaca Park. The public has been left out of most of the discussion and input into the entire process. Therefore, we will be notifying our Senator Tom Udall concerning this City's lack of oversight and protection of the public trust.

The idea that these legal issues are being brought to you by a private citizen is outrageous. Please be clear that I got this information about the park's legal status from the CCNA's pro bono and other legal source. Other information about healthcare statistics and hospital data as well as physician investor hospital law have come through my discussions with hospital administrators, including those of both hospitals and others who helped establish the current sustainable healthcare system in Las Cruces.

Sincerely,

Connie Potter, RN, MBA;MBA

Chair, Country Club Neighborhood Association Infrastructure Committee

2505 Desert Drive

Las Cruces NM 88001

575-524-2443

Attachment:

Federal Matching Funds from Land and Water Conservation Funds

Apodaca Park demonstration final handout

Subject: Evidence

See link: http://waso-lwcf.ncrc.nps.gov/public/index.cfm

Federal Matching money from Land and Water Conservation Fund was used for Apodaca Park for two projects (renovation, sprinklers in 1974).

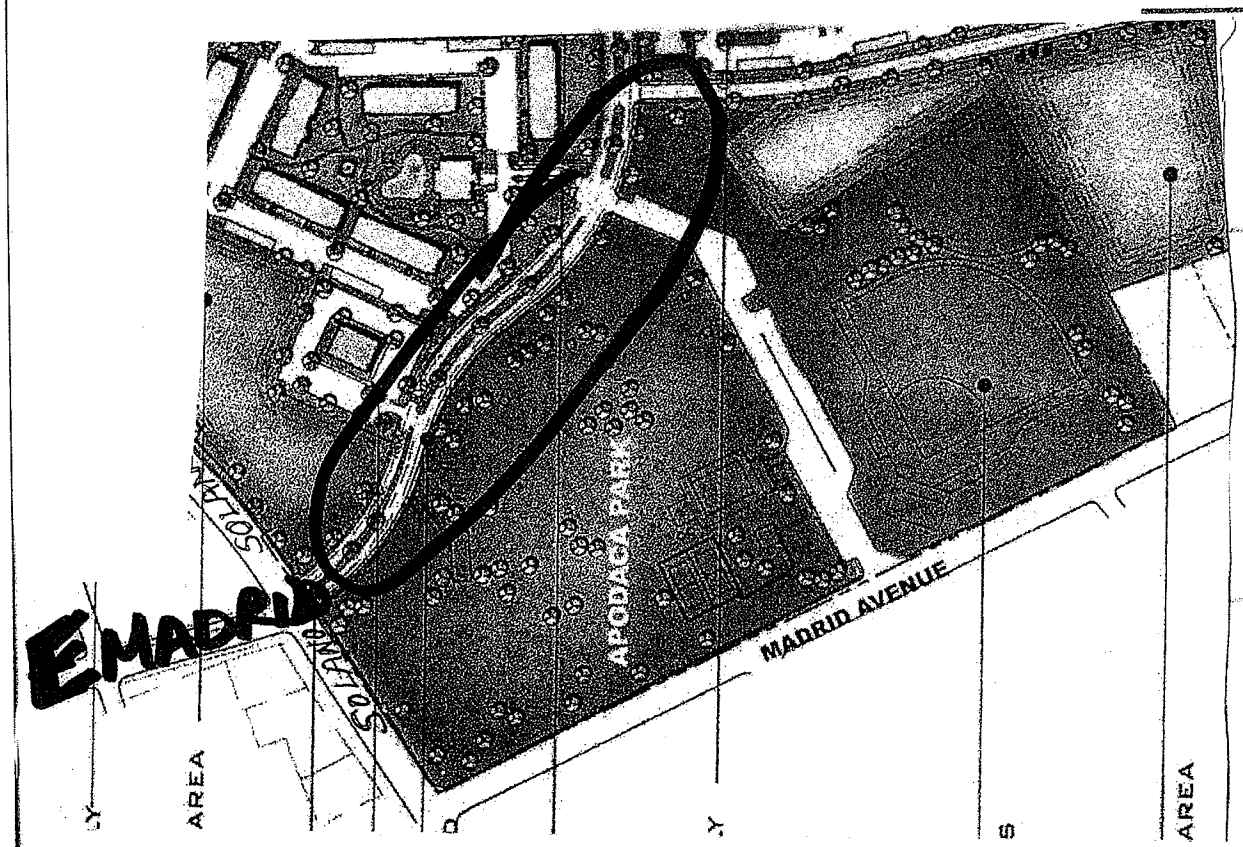
Legal Protection for Grant-Assisted Recreation Sites
Section 6(f)(3) of the LWCF Act

Section 6(f)(3) of the LWCF Act contains strong provisions to protect Federal investments and the quality of assisted resources. The law is firm but flexible. It recognizes the likelihood that changes in land use or development may make some assisted areas obsolete over time, particularly in rapidly changing urban areas. At the same time, the law discourages casual "discards" of park and recreation facilities by ensuring that changes or "conversions from recreation use" will bear a cost - a cost that assures taxpayers that investments in the "national recreation estate" will not be squandered. The LWCF Act contains a clear and common sense provision to protect grant-assisted areas from conversions.

SEC. 6(f)(3) No property acquired or developed with assistance under this section shall, without the approval of the Secretary, be converted to other than public outdoor recreation uses. The Secretary shall approve such conversion only if he finds it to be in accord with the then existing comprehensive statewide outdoor recreation plan and only upon such conditions as he deems necessary to assure the substitution of other recreation properties of at least equal fair market value and of reasonably equivalent usefulness and location.

This "anti-conversion" requirement applies to all parks and other sites that have been the subject of Land and Water grants of any type, whether for acquisition of parkland, development or rehabilitation of facilities. In many cases, even a relatively small LWCF grant (e.g., for development of a picnic shelter) in a park of hundreds or even thousands of acres provides anti-conversion protection to the entire park site.

THE CITY AND BIG MONEY DEVELOPERS WILL TAKE APODACA PARK LAND



NO **backroom deals**
- City of Las Cruces

NO land deals without **our vote or knowledge**

NO new road from East Madrid taking our park & parking

What Pofahl et. al. are wanting to do is "convert" a large portion of Apodaca Park into a "major thoroughfare" for a private development whose "anchor tenant" being a proposed new acute care hospital that is not being demanded for by the public, nor needed and whose written ownership structure is illegal. Apodaca Park is not "obsolete" and does not deserve to be "casually converted" for a high risk private venture rather it should be absolutely "federally protected"*

*The City of Las Cruces was the recipient of Federal Land and Water Conservation funds and thus subject to Federal protection.

Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Sunday, July 07, 2013 9:29 PM
To: Connie Potter; John Stevens
Cc: Susana Montana
Subject: Re: rally

John and Connie,

Let me, Karen, reply for myself and the rally Saturday. You published our personal name in an inflammatory statement on a handout that was given out to the public in a public setting. I had every right to be there to hear what was being presented to the public. I spoke to several people when I first got to the demonstration, however was told after the first 20 minutes that I was not welcome at "your event". From that point on, I never spoke to any person who approached the table to sign the petition.
In fact, I stood on the opposite side of the table from the petition and talked with your two co-workers for the rest of the rally. Our conversation was general about the development and certainly non-combative. I also spoke to a nice lady who had already signed the petition and we discussed the Las Cruces economy and I answered a couple of her questions regarding the proposed hospital. Those conversations were not held close to the petitions. I'm sure everyone who approached the table after the first 20 minutes thought I was just part of your group.

There was no intimidation on my part and your own co-workers who manned the petition table the entire time know that. You weren't even at the table most of the time. John and Connie, you and your supporters have been invited to attend every public meeting/event we've had. You were given a forum to speak at our events, so I feel that I certainly had every right to be present at a city-wide public event to hear the information, or misinformation, that was being presented about us.

Karen Pofahl

Bob Pofahl
575-680-8812 mobile
575-523-2500 office
575-993-5342 fax

Picacho Mountain
1340 Picacho Hills Dr.
Las Cruces, NM 88007
http://www.cbiholdings.com <http://www.cbiholdings.com/> http://www.picachomountain.com <http://www.picachomountain.com/> blog.picachomountain.com <applewebdata://8984518C-8582-43B3-BA30-12E834637AE9/blog.picachomountain.c
om>

On 7/7/13 12:44 PM, "Connie Potter" <cjmpotter@comcast.net> wrote:

>Dear John,
>

Susana Montana

From: Connie Potter <cjmpotter@comcast.net>
Sent: Sunday, July 07, 2013 7:57 PM
To: W. RON CAMUNEZ
Cc: John Stevens; Eva Booker; Palmer Clark; Mayor; Susana Montana; David Weir; Willie Roman
Subject: Re: Federal Issues related to Apodaca Park

Dear Ron,

I did not say there HAD been any closed meetings. I believe you said there was to be a meeting about the park monday (tomorrow) at parks and recreation and the gentleman on the motorcycle thought he heard it as well.

We know there have been discussions to sell, trade etc., that piece of Apodaca park. I spoke with Willie roman and mark Johnston about it. Mr. Pofahl has it on his latest rendering and spoke of same negotiations at a public meeting I recorded on June 18. That is why we were there demonstrating. Ron, We're not delusional. Otherwise it was a long hot day.

Hope you had a nice rest of holiday weekend. It was nice seeing you again. Next time we'll talk trauma centers again.

Sincerely,
Connie Potter

Sent from my iPhone
Connie J. Potter

On Jul 7, 2013, at 7:45 PM, "W. RON CAMUNEZ" <wroncamunez@yahoo.com> wrote:

> Ms. Potter:
>
> There has been NO meetings held behind closed doors nor have I alluded to any! Please do not assume some.
>
> Also, I never stated Apodaca Park was "worthless and there was negotiations for money" being made. This is incorrect. I stated that the triangle piece of land in the north side of the entrance of the park at Solano and Madrid could possible be a selling point in future negotiations....nothing set in stone.....just was my observation.
>
> Regards,
> Ron

W. RON CAMUNEZ
W.R. Camunez & Associates
Professional Consulting Services
Political and Emergency/Safety Planning
Email: wroncamunez@yahoo.com
Telephone (575) 805-0701

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From: Connie Potter <cjmpotter@comcast.net>
To: Sharon Thomas <skthomas_10@msn.com>
Cc: Ken Miyagishima <mayor@las-cruces.org>; Sharon Thomas <sharon1031@gmail.com>; Greg Smith <gsmith@las-cruces.org>; Nathan Small <nathan.p.small@gmail.com>; Gill Sorg <gillsorg@gmail.com>; Miguel Silva <miguel.silva@las-cruces.org>; Olga Pedroza <olgapedroza11@hotmail.com>; Robert Garza <rgarza@las-cruces.org>; "wroncamunez@yahoo.com" <wroncamunez@yahoo.com>; Mark Winson <mwinson@las-cruces.org>; Brian Denmark <briand@las-cruces.org>
Sent: Sunday, July 7, 2013 6:29 PM
Subject: Re: Federal Issues related to Apodaca Park

So why is parks and recreation holding closed meetings to discuss trade, sale, exchange of part of a federally protected park?

Just askin. Being from a sunshine state and all (Oregon) where I reported to the Governor. Feel free to ignore me.

Connie Potter

Sent from my iPhone
Connie J. Potter

On Jul 7, 2013, at 6:19 PM, cjmpotter@comcast.net wrote:

> Dear Ms. Thomas,
>
> With all due respect, I believe you are confusing which zoning you are involved with and is therefore outside of public discussion. The Apodaca Park legal issue is not within the 30 acre zoning application for Park Ridge Development.
>
> As a councilor, it is your jobs to understand the law as it applies to actions of the departments you oversee as elected officials, that being Parks and Recreation and Traffic Engineering. Those departments are negotiating the disposition of part of a Federally protected Park. I was asked to send you this information by Mr. Camunez. I did so as a courtesy since it is really the City's legal counsel that should do this work, not a very ill citizen.

Your confusion is understandable since the Developer has changed the application multiple times but it is not believable that you cannot view anything that you "might" have to vote on in some indefinite future time. I don't need the AG for that. However, the AG will likely be looking at the taking of part of Apodaca Park in violation of Federal law without permission of the Secretary.

Sincerely,

Connie Potter
2505 Desert Drive
Las Cruces NM 88001
575-524-2443

From: "Sharon Thomas" <skthomas_10@msn.com>
To: "Connie Potter" <cjmpotter@comcast.net>, lipson@zianet.com
Cc: "Ken Miyagishima" <mayor@las-cruces.org>, "Sharon Thomas" <sharon1031@gmail.com>, "Greg Smith" <gsmith@las-cruces.org>, "Nathan Small" <nathan.p.small@gmail.com>, "Gill Sorg" <gillsorg@gmail.com>, "Miguel Silva" <miguel.silva@las-cruces.org>, "Olga Pedroza" <olgapedroza11@hotmail.com>, "Robert Garza" <rgarza@las-cruces.org>, wroncamunez@yahoo.com, "Mark Winson" <mwinson@las-cruces.org>, "Brian Denmark" <briand@las-cruces.org>
Sent: Sunday, July 7, 2013 5:43:25 PM
Subject: RE: Federal Issues related to Apodaca Park

Once again, and as Ron Camunez has also stated (below), we can only discuss this matter in an open, public meeting.
Here's some information from the Attorney General's office about the 1978 Open Meetings act.

The "Open Meetings Act," NMSA 1978, Sections 10-15-1 to 10-15-4, is known as a "sunshine law." All states have such laws, which are essentially motivated by the belief that the democratic ideal is best served by a well informed public. Sunshine laws generally require that public business be conducted in full public view, that the actions of public bodies be taken openly, and that the deliberations of public bodies be open to the public.

All of this business, which is public business, will be conducted in an appropriate public meeting. Any actions taken will only be taken in a public meeting.

Sherry

Sharon Thomas

Mayor Pro Tem
City Councilor, District 6
Las Cruces, NM

CC: mayor@las-cruces.org; sharon1031@gmail.com; gsmith@las-cruces.org; nathan.p.small@gmail.com; gillsorg@gmail.com; miguel.silva@las-cruces.org; olgapedroza11@hotmail.com; rgarza@las-cruces.org
From: cjmpotter@comcast.net
Subject: Re: Federal Issues related to Apodaca Park
Date: Sun, 7 Jul 2013 09:21:39 -0600
To: lipson@zianet.com

To whom it concerns;
Mr Camunez clearly stated that the Apodaca park was worthless and was being negotiated for a lot of money Monday with the developer. I had a witness

He also stated that mark Johnston has only been there a short time so couldn't know this stuff. Well its easy to find. They have a damn website.

I think you folks will get a bill for my legal services since your advice and due diligence is so sorely lacking that a private citizen has to do it.

Connie Potter
Sent from my iPhone
Connie J. Potter

On Jul 7, 2013, at 8:01 AM, Charlotte Lipson <lipson@zianet.com> wrote:

> fyi
>
> Charlotte
>
> Begin forwarded message:
>
> > **From:** Connie Potter <cjmpotter@comcast.net>
> > **Subject: Fwd: Federal Issues related to Apodaca Park**
> > **Date:** July 6, 2013 6:45:21 PM MDT
> > **To:** Charlotte Lipson <lipson@zianet.com>, Tamie Premier Park <tamie.s@gmail.com>, Dan

Townsend <ecolo@centurylink.net>, Larry Gioannini <lgioannini@yahoo.com>, Hays Michael <whiteknyght@opendoor.com>, John Stevens <johnmill9@toast.net>, Eva Booker <ebooker@creativeconsultingsolutions.com>, Carl Baca <cbsqrd@comcast.net>, Palmer Clark <clark_2012@comcast.net>

Please forward on. I don't have a full list. Response from Ron Camunez.

Sent from my iPhone
Connie J. Potter

Begin forwarded message:

> **From:** "W. RON CAMUNEZ" <wroncamunez@yahoo.com>
> **Date:** July 6, 2013, 6:19:46 PM MDT
> **To:** "cjmpotter@comcast.net" <cjmpotter@comcast.net>
> **Cc:** John & Millie CCNA Stevens <johnmill9@toast.net>, Eva Booker <ebooker@creativeconsultingsolutions.com>, Carl Baca <cbsqrd@comcast.net>, PALMER S CLARK <clark_2012@comcast.net>, Mark Johnston <mjohnston@las-cruces.org>
> **Subject: Re: Federal Issues related to Apodaca Park**
> **Reply-To:** "W. RON CAMUNEZ" <wroncamunez@yahoo.com>

Ms. Potter, 869

Thanks for the information provided. I will see that the appropriate departments have a copy.

I did not imply or state that a meeting with Mr. Pofhal who plans to develop the country club property is planned for Monday. I did mention to you that Mr. Pofhal and his team presented the proposal as to the planned use for the country club to the City of Las Cruces Parks and Recreation Advisory Board in May of this year which was strictly information and not an action item on the Agenda.

We discussed various concerns and possibilities as to the project and it's impact on the park, however, NO formal action or vote was taken.

A copy of the board's minutes are available for your review.

Please contact the city's Parks and Recreation

Department for a copy.

Has this information been provided to the City's legal department and the City Manager?

It is illegal for me as Chair of the Parks & Recreation Advisory Board to make any further comments about this matter as it may become an appeal issue regarding the ruling of the Planning and Zoning Commission from your group or others and that the issue may come before my board in future.

Again, thank you for the information and I wish you success and a speedy recovery in your upcoming cardiac surgery.

P.S. I do not hold a doctorate degree, but have 2 bachelors in B.A. and a B.S in Political Science. However, thanks for the "upgrade" lol.

Regards,

W. Ron Camunez,
Chair
Parks & Recreation
Advisory Board
City of Las Cruces

W. RON CAMUNEZ
W.R. Camunez & Associates
Professional Consulting Services
Political and Emergency/Safety Planning
Email: wroncamunez@yahoo.com
Telephone (575) 805-0701

NOTICE The information in this email message and/or documents transmitted is CONFIDENTIAL and PRIVILEGED, and exempt disclosure under applicable law (Electronic Communications Privacy Act, 18 U.S.C. §2510-2521),and intended for the use of the individual named or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the dissemination, distribution, or copying of this communication is strictly prohibited. If you have received thiscommunication in error, please notify us immediately by telephone and returnthe original message/documents to us at this email address.

From: "cjmpotter@comcast.net" <cjmpotter@comcast.net>
To: wroncamunez@yahoo.com
Cc:

Susana Montana

From: David Weir
Sent: Monday, July 08, 2013 8:11 AM
To: Susana Montana; Katherine H. Rogers
Subject: FW: Federal Issues related to Apodaca Park

FYI

From: Brian Denmark
Sent: Monday, July 08, 2013 7:40 AM
To: Sharon K. Thomas
Cc: David Weir; Mark Johnston; Mark Winson
Subject: RE: Federal Issues related to Apodaca Park

Councilor,

Be advised that staff is well aware of the land and water conservation issue and have already advised the developer that the issue will have to be addressed as part of the property acquisition process. I don't know where Ron got the idea that there was a meeting today but there isn't. Mark and I do plan on meeting with Bob at some point, however, to explain the process in which they will have to go through in order for the City to consider land sale – appraisals, park amenity value issues, land and water conservation requirements, etc. I am not aware of a meeting even being scheduled yet but once one is conducted, it only has to do with process, no decision making because ultimately, Council has to approve any land transaction issue in a public hearing.

Let me know if you have any questions.

Thank you,

Brian Denmark, AICP
Assistant City Manager/COO
City of Las Cruces
(575) 541-2271: Office
(575) 642-1726: Cell

From: Sharon K. Thomas
Sent: Saturday, July 06, 2013 6:23 PM
To: Robert Garza; Brian Denmark; Mark Winson
Subject: Fwd: Federal Issues related to Apodaca Park

FYI,

Sherry

Sharon Thomas
Mayor Pro Tem
City Councilor, District 6
Las Cruces, NM
575 993 9347

Begin forwarded message:

From: Connie Potter <cjmpotter@comcast.net>
Date: July 6, 2013, 5:34:38 PM MDT
To: Tamie Premier Park <tamie.s@gmail.com>, Charlotte Lipson <lipson@zianet.com>, Dan Townsend <ecolo@centurylink.net>, Hays Michael <whiteknyght@opendoor.com>, "Miguel G. Silva" <msilva@las-cruces.org>, "Ken Myagishima" <mayor@las-cruces.org>, "Sharon K. Thomas" <sthomas@las-cruces.org>, Olga Pedroza <olgapedroza11@hotmail.com>, Gill Sorg <gillsorg@gmail.com>, <wroman@las-cruces.org>, <mjohnston@las-cruces.org>, Suzannah Montana <smontana@las-cruces.org>, David Weir <dweir@las-cruces.org>
Cc: Carlos <abc7desk@yahoo.com>, <tony.rodriguez@kfoxtv.com>, Diana Valdez <dvaldez@elpasotimes.com>, Steve Rameriz <sramirez@lcsun-news.com>, "Walt Rubel" <wrubel@lcsun-news.com>, Jim Lawitz <jlawitz@lcsun-news.com>
Subject: Fwd: Federal Issues related to Apodaca Park

My email to Parks and Recreation

This is public information.

Connie Potter
2505 Desert Drive
Las Cruces. NM. 88001
575-524-2443

To: wroncamunez@yahoo.com

Subject: Federal Issues related to Apodaca Park

Dear Dr. Camunez,

Thank you for taking the time to speak with me today about the public information demonstration at Apodaca Park. It is apparent that many people in this City, including those in its government, are either unaware or unconcerned with the barriers to sale, trade, exchange, or other compensation related to Federally protected lands. This park clearly received Land and Water Conservation Fund (LCWF) monies at least twice in the past, Regardless of its origins (i.e., gifted from the Las Cruces Country Club), the entire property is protected from "conversion" without sanction by the Federal Secretary of the Interior, who I believe oversees these protected lands.

I was really shocked to hear you say that there was a meeting with the Developer, Bob Pofahl, scheduled Monday with Parks and Recreation, to discuss the sale, exchange, or transfer of any part of Apodaca Park. The public has been left out of most of the discussion and input into the entire process. Therefore, we will be notifying our Senator Tom

Udall concerning this City's lack of oversight and protection of the public trust.

The idea that these legal issues are being brought to you by a private citizen is outrageous. Please be clear that I got this information about the park's legal status from the CCNA's pro bono and other legal source. Other information about healthcare statistics and hospital data as well as physician investor hospital law have come through my discussions with hospital administrators, including those of both hospitals and others who helped establish the current sustainable healthcare system in Las Cruces.

Sincerely,

Connie Potter, RN, MBA;MBA

Chair, Country Club Neighborhood Association Infrastructure Committee

2505 Desert Drive

Las Cruces NM 88001

575-524-2443

Attachment:

Federal Matching Funds from Land and Water Conservation Funds

Apodaca Park demonstration final handout

Susana Montana

From: David Weir
Sent: Monday, July 08, 2013 8:12 AM
To: Susana Montana; Katherine H. Rogers
Subject: FW: Please dial it down, Michael!

FYI

From: Brian Denmark
Sent: Monday, July 08, 2013 7:31 AM
To: David Weir
Cc: Mark Johnston
Subject: FW: Please dial it down, Michael!

FYI and file.....there is no secret meeting today by the way.

Brian Denmark, AICP
Assistant City Manager/COO
City of Las Cruces
(575) 541-2271: Office
(575) 642-1726: Cell

From: Robert Garza
Sent: Saturday, July 06, 2013 3:38 PM
To: Brian Denmark
Subject: Fwd: Please dial it down, Michael!

Begin forwarded message:

> **From:** Connie Potter <cjmpotter@comcast.net>
> **Date:** July 6, 2013, 3:20:07 PM MDT
> **To:** Charlotte Lipson <lipson@zianet.com>
> **Cc:** Hays Michael <whiteknyght@opendoor.com>, John Stevens <johnmill9@toast.net>, Mayor Ken Miyagishima <mayor@las-cruces.org>, "Sharon Thomas" <sharon1031@gmail.com>, Olga Pedroza <olgapedroza11@hotmail.com>, Miguel Silva <miguel.silva@las-cruces.org>, Gill Sorg <gillsorg@gmail.com>, "Nathan P. Small" <nathan.p.small@gmail.com>, Greg Smith <gsmith@las-cruces.org>, Robert Garza <rgarza@las-cruces.org>
> **Subject: Re: Please dial it down, Michael!**
>
> Dear Charlotte,
>
> I believe in civil discourse. I don't believe anyone involved in this fiasco believes they themselves have ill intentions or are personally corrupt. No, they think they know best how to govern without public input, knowledge, or involvement. The perfect nanny state for a public with ADD.

However Michael does make a point about the transparency of these real estate dealings that certain councilors ran for office and were elected to correct.

Watch for my next email to city and park officials. The Proposed Development has legal issues that only can be addressed by the highest level of Federal government. Who knew that? City legal counsel? No, private citizens doing the city's due diligence.

It is time for better investigative journalism in this town. Are you aware that Parks and Recreation are holding a meeting (closed) with the developer on Monday to discuss a trade, sale or other compensation prohibited for Federally protected land? Only I and those protesting today know that law and I just found out about the secret meeting. Whose freedom did we just celebrate anyway? We the People's.

Sincerely,
Connie Potter
Speaking for myself

Sent from my iPhone
Connie J. Potter

On Jul 6, 2013, at 11:26 AM, Charlotte Lipson <lipson@zianet.com> wrote:

> Michael-
>
> Your ad hominem attacks would have been appropriate when under Mayor Mattiace the City Council was manifestly controlled by real estate interests. A great many of us worked very hard to elect the present panel motivated by the corrupt Philippou debacle which Mattiace and then State Land Commissioner Patrick Lyons "facilitated" and which led to the present situation. Gill Sorg is a Good Guy. Like me he lives near the Country Club neighborhood and I know that he and the entire Council are aware of our concerns. He and Miguel Silva (the Councilor for the Country Club area) and the other Councilors have listened to us and will continue to do so. There is no "fix." It is unhelpful to accuse the Council of being unresponsive to constituents' concerns and to imply that all government is corrupt.
>
> Charlotte
>
> On Jul 6, 2013, at 10:03 AM, Hays Michael <whiteknyght@opendoor.com> wrote:
>
> Some of you are receiving this message twice because you are on the LCCC concerned citizens list and my blog list. Because the lists are not entirely overlapping, I am sending this message to the LCCC group.

Friends,

"Tomorrow's news today," an old news slogan, becomes "today's blog tomorrow." In the meantime, a local development deserves a brief mention in the interim.

Everyone should please note an item in today's story (LCS-N, A2) on the protest at Apodaca Park: http://www.lcsun-news.com/las_cruces-news/ci_23605620/demonstrators-gather-at-apodaca-park-saturday

> "City Council recently met in closed session to discuss the potential of entering into negotiations with developers to construct a second entrance and exit into Park Ridge. No formal decision has been made by the council. It will have to convene to publicly to formal consider any possible sale or exchange of city-owned property, such as Apodaca Park."

More than anyone else, Gill Sorg has insisted on the ordinance which prohibits citizens from communicating with their representatives about planning and zoning matters until City Council holds formal hearings because of the quasi-judicial nature of the process. (Greg Smith and Sharon Thomas have put in merely cameo appearances on the subject of citizen communications.)

Meanwhile, Sorg, the other councilors, and the mayor in advance of those hearings have already made the decision to "facilitate, in City Manager Robert Garza's word, the proposal in a closed-door meeting to consider negotiations before a hearing takes place and a decision is formally made. Sorg knows that any communications from citizens will be too late to affect the outcome. Thus, City Council has make the public hearing set for August an empty formality, for it has already agreed on the issue to approve the recommended zoning change before receiving public input and publicly making the decision.

I have previously written about corruption of the process and the city's role in biasing the project in disregard of the interests of citizens. But I had not expected Sorg as well as Smith and Thomas to show such hypocrisy by willing and silent participation in this "fix" while advising citizens to wait their proper turn in a process made meaningless by their perversion of it. Indeed, the haste with which city government in advancing this proposal is intended to prevent meaningful public participation. I think it fair to say that, say, the Mayor's campaign promises of greater transparency were misinterpreted to mean greater forthrightness and accountability in government; what he meant was that city government would be quite open about, and indifferent to, its corruption of democratic processes.

While I am at it, I want to note with appreciation the Sun-News's previous editorial calling for careful consideration of the issues and to its coverage up to now. It remains to be seen, however, whether the paper will take a strong stand against this project not only because of its deficiencies (legal, economic, social, etc.), but also because of the lesson to be taught to government officials, elected and employed, who abuse democratic procedures, by its rejection. Unfortunately,

it is more likely they will be reporting and editorializing on legal proceedings in the courts (on the assumption that they are trustworthy).

Michael

Susana Montana

From: David Weir
Sent: Monday, July 08, 2013 8:13 AM
To: Susana Montana; Katherine H. Rogers
Subject: FW: Please dial it down, Michael!

FYI

From: Brian Denmark
Sent: Monday, July 08, 2013 7:28 AM
To: David Weir
Subject: FW: Please dial it down, Michael!

FYI and file.....

Brian Denmark, AICP
Assistant City Manager/COO
City of Las Cruces
(575) 541-2271: Office
(575) 642-1726: Cell

From: Robert Garza
Sent: Saturday, July 06, 2013 3:36 PM
To: Brian Denmark
Subject: Fwd: Please dial it down, Michael!

Begin forwarded message:

> **From:** Win Jacobs <winjacobs1@gmail.com>
> **Date:** July 6, 2013, 1:30:24 PM MDT
> **To:** Charlotte Lipson <lipson@zianet.com>
> **Cc:** Hays Michael <whiteknyght@opendoor.com>, John Stevens <johnmill9@toast.net>, Connie Potter <cjmpotter@comcast.net>, "Mayor Ken Miyagishima" <mayor@las-cruces.org>, Sharon Thomas <sharon1031@gmail.com>, Olga Pedroza <olgapedroza11@hotmail.com>, Miguel Silva <miguel.silva@las-cruces.org>, Gill Sorg <gillsorg@gmail.com>, "Nathan P. Small" <nathan.p.small@gmail.com>, Greg Smith <gsmith@las-cruces.org>, "Robert Garza" <rgarza@las-cruces.org>
> **Subject: Re: Please dial it down, Michael!**
>
> With respect, ad hominem attacks are never appropriate! Both classical rules of debate and common sense of civil living and civic accomplishing prohibit such attacks.
> Win
>
> On Sat, Jul 6, 2013 at 11:26 AM, Charlotte Lipson <lipson@zianet.com> wrote:
> Michael-

Your ad hominem attacks would have been appropriate when under Mayor Mattiace the City Council was manifestly controlled by real estate interests. A great many of us worked very hard to elect the present panel motivated by the corrupt Philippou debacle which Mattiace and then State Land Commissioner Patrick Lyons "facilitated" and which led to the present situation. Gill Sorg is a Good Guy. Like me he lives near the Country Club neighborhood and I know that he and the entire Council are aware of our concerns. He and Miguel Silva (the Councilor for the Country Club area) and the other Councilors have listened to us and will continue to do so. There is no "fix." It is unhelpful to accuse the Council of being unresponsive to constituents' concerns and to imply that all government is corrupt.

Charlotte

On Jul 6, 2013, at 10:03 AM, Hays Michael <whiteknyght@opendoor.com> wrote:

Some of you are receiving this message twice because you are on the LCCC concerned citizens list and my blog list. Because the lists are not entirely overlapping, I am sending this message to the LCCC group.

Friends,

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> "City Council recently met in closed session to discuss the potential of entering into negotiations with developers to construct a second entrance and exit into Park Ridge. No formal decision has been made by the council. It will have to convene to publicly to formal consider any possible sale or exchange of city-owned property, such as Apodaca Park."

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Meanwhile, Sorg, the other councilors, and the mayor in advance of those hearings have already made the decision to "facilitate, in City Manager Robert Garza's word, the proposal in a closed-door meeting to consider negotiations before a hearing takes place and a decision is formally made. Sorg knows that any communications from citizens will be too late to affect the outcome. Thus, City Council has make the public hearing set for August an empty formality, for

it has already agreed on the issue to approve the recommended zoning change before receiving public input and publicly making the decision.

I have previously written about corruption of the process and the city's role in biasing the project in disregard of the interests of citizens. But I had not expected Sorg as well as Smith and Thomas to show such hypocrisy by willing and silent participation in this "fix" while advising citizens to wait their proper turn in a process made meaningless by their perversion of it. Indeed, the haste with which city government in advancing this proposal is intended to prevent meaningful public participation. I think it fair to say that, say, the Mayor's campaign promises of greater transparency were misinterpreted to mean greater forthrightness and accountability in government; what he meant was that city government would be quite open about, and indifferent to, its corruption of democratic processes.

While I am at it, I want to note with appreciation the Sun-News's previous editorial calling for careful consideration of the issues and to its coverage up to now. It remains to be seen, however, whether the paper will take a strong stand against this project not only because of its deficiencies (legal, economic, social, etc.), but also because of the lesson to be taught to government officials, elected and employed, who abuse democratic procedures, by its rejection. Unfortunately, it is more likely they will be reporting and editorializing on legal proceedings in the courts (on the assumption that they are trustworthy).

Michael

Susana Montana

From: David Weir
Sent: Monday, July 08, 2013 8:14 AM
To: Susana Montana; Katherine H. Rogers
Subject: FW: Please dial it down, Michael!

FYI

From: Brian Denmark
Sent: Monday, July 08, 2013 7:27 AM
To: David Weir
Subject: FW: Please dial it down, Michael!

FYI and for file.....

Brian Denmark, AICP
Assistant City Manager/COO
City of Las Cruces
(575) 541-2271: Office
(575) 642-1726: Cell

From: Robert Garza
Sent: Saturday, July 06, 2013 12:02 PM
To: Brian Denmark
Subject: Fwd: Please dial it down, Michael!

Begin forwarded message:

> **From:** Charlotte Lipson <lipson@zianet.com>
> **Date:** July 6, 2013, 11:26:08 AM MDT
> **To:** Hays Michael <whiteknyght@opendoor.com>
> **Cc:** John Stevens <johnmill9@toast.net>, Connie Potter <cjmpotter@comcast.net>, Mayor Ken Miyagishima <mayor@las-cruces.org>, Sharon Thomas <sharon1031@gmail.com>, Olga Pedroza <olgapedroza11@hotmail.com>, "Miguel Silva" <miguel.silva@las-cruces.org>, Gill Sorg <gillsorg@gmail.com>, "Nathan P. Small" <nathan.p.small@gmail.com>, Greg Smith <gsmith@las-cruces.org>, Robert Garza <rgarza@las-cruces.org>
> **Subject: Please dial it down, Michael!**
>
> Michael-
>
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Michael

Susana Montana

From: David Weir
Sent: Monday, July 08, 2013 8:15 AM
To: Susana Montana; Katherine H. Rogers
Subject: FW: neighborhood support for Park Ridge Project

FYI

From: Brian Denmark
Sent: Monday, July 08, 2013 7:27 AM
To: David Weir
Subject: FW: neighborhood support for Park Ridge Project

FYI and for file.....

Brian Denmark, AICP
Assistant City Manager/COO
City of Las Cruces
(575) 541-2271: Office
(575) 642-1726: Cell

From: Robert Garza
Sent: Saturday, July 06, 2013 12:53 PM
To: Brian Denmark
Subject: Fwd: neighborhood support for Park Ridge Project

Begin forwarded message:

From: <PappaMdog@aol.com>
Date: July 6, 2013, 12:02:37 PM MDT
To: <mayor@las-cruces.org>, <rgarza@las-cruces.org>, <miguel.silva@las-cruces.org>
Subject: neighborhood support for Park Ridge Project

Gentlemen,

I am writing this Email to publicly share my feelings of support for the Park Ridge Project. I think Bob (developer) has done a good job of adjusting his development plans for the community needs. It appears that the plans would benefit the immediate neighborhood and the City of Las Cruces.

I know that I am only one person, but I hope the City is not placing too much emphasis on what the CCNA (Country Club Neighborhood Association), headed by John Stevens is expressing. From his own Emails, it appears that this organization is 23 in size and not all in agreement. There are people in this neighborhood (like me) that do not belong to this organization and do not feel the same way as John.

I understand that there may need to be a small adjustment in the north side of the park to accommodate traffic through Park Ridge. It appears to be a relatively small

adjustment for the benefits of having the property improved. It would be a shame to have it continue to deteriorate, instead of grow into something positive.

The 3 of you all have tough jobs, and I thank you for taking on the challenge of leadership for our Community.

Thanks for your time and consideration,

Steve Dahlgren
2035 San Acacio
homeowner
(575) 635-9123

Susana Montana

From: David Weir
Sent: Monday, July 08, 2013 9:54 AM
To: Susana Montana; Katherine H. Rogers
Subject: FW: Open Meetings

FYI

From: Brian Denmark
Sent: Monday, July 08, 2013 9:48 AM
To: David Weir
Cc: Mark Johnston
Subject: FW: Open Meetings

FYI

Brian Denmark, AICP
Assistant City Manager/COO
City of Las Cruces
(575) 541-2271: Office
(575) 642-1726: Cell

From: Hays Michael [mailto:whiteknyght@opendoor.com]
Sent: Sunday, July 07, 2013 9:36 PM
To: Sharon Thomas
Cc: lipson@zianet.com; tamie.s@gmail.com; John Millie Stevens; ebooker@creativeconsultingsolutions.com; clark_2012@comcast.net; ecolo@centurylink.net; Larry Gioannini; Connie Potter; Sharon Thomas; Greg Smith; Nathan Small; Gill Sorg; Miguel G. Silva; Olga Pedroza; Robert Garza; wroncamunez@yahoo.com; Mark Winson; Brian Denmark
Subject: Re: Open Meetings

Sharon,

You merely fence with my second paragraph and say nothing responsive to my third paragraph. It looks like evasion, but you may just need time and a second chance. The fencing is not effective, and I am surprised that you think that it might be. Your say-so denial under the circumstances must be suspect. But the fact of the meeting and of the subject reported are not suspect.

So my question in the third paragraph stands. See if you can address it. That was the question which I asked and to which I looked forward and still forward to receiving an answer.

Michael

On Jul 7, 2013, at 8:53 PM, Sharon Thomas <skthomas_10@msn.com> wrote:

City council did not meet in a closed door session to agree "among the members of the City Council . . . to negotiate or to permit others to negotiate with the developer or his agent," nor did we agree "to ratify these negotiations later in a public meeting . . . ." The city council only meets in closed door sessions to discuss real estate or personnel issues, as is allowed under the open meetings act.

Sherry

Sharon Thomas
Mayor Pro Tem
City Councilor, District 6
Las Cruces, NM

> From: whiteknyght@opendoor.com
> Subject: Open Meetings
> Date: Sun, 7 Jul 2013 20:26:34 -0600
>
CC: lipson@zianet.com; tamie.s@gmail.com; whiteknyght@opendoor.com; johnmill9@toast.net; ebooker@creativeconsultingsolutions.com; clark_2012@comcast.net;ecolo@centurylink.net; lgioannini@yahoo.com; cjmpotter@comcast.net
> To: mayor@las-cruces.org; sharon1031@gmail.com; gsmith@las-cruces.org; nathan.p.small@gmail.com; gillsorg@gmail.com; miguel.silva@las-cruces.org;olgapedroza11@hotmail.com; rgarza@las-cruces.org; wroncamunez@yahoo.com; mwinson@las-cruces.org; briand@las-cruces.org
>
> Sharon,
>
> I received the following text from an email which you sent earlier this evening to Connie Potter and copied to those addressed under "To:" I am taking the liberty to pass it on to others interested in this quasi-judicial proceeding.
>
> This is a wonderful statement, and I am glad that you have shared it with us. However, I can weasel-word its language as, I believe City Council has weasel-worded it: agreeing among the members of the City Council in a closed-door session to negotiate or to permit others to negotiate with the developer or his agent, and agreeing to ratify these negotiations later in a public meeting are not actions until they are acted upon in a public session. This conduct by City Council appears to be a plain evasion of the intent of the law and a perversion of public participation. The judges appear to be making sentencing arrangements in advance of trial and verdict.
>
> I invite you to explain that appearances are deceiving by explaining why City Council met in executive session to discuss negotiations in advance of a formal decision to rezone the property if a decision favoring the proposal in principle had not been made or was not being made in the course of its discussions.
>
> I look forward to your answer.
>
> Michael L. Hays
>
>
>

Susana Montana

From: John Stevens <johnmill9@toast.net>
Sent: Monday, July 08, 2013 11:19 AM
To: Bob Pofahl
Cc: Connie and Murray Potter; Susana Montana
Subject: Re: rally

Karen,

We've already agreed that you had the right to be there, it's just a matter of how long you were there, and what your actions were, while you were there. As far as "meetings", we had a joint meeting with your group, and one meeting with our Premier Park group (at which I was scolded by Bob for inviting the Sun-News) the point being that we all had our chance to speak, and we were all invited. I don't know what sign you are referring to, but if you'll describe it to me, I'll see that it's removed before the next protest.

Regards,

John Stevens, Pres.

CCNA

On Sun, Jul 7, 2013 at 9:29 PM, Bob Pofahl <bob@picachomountain.com> wrote:
John and Connie,

Let me, Karen, reply for myself and the rally Saturday. You published our personal name in an inflammatory statement on a handout that was given out to the public in a public setting. I had every right to be there to hear what was being presented to the public. I spoke to several people when I first got to the demonstration, however was told after the first 20 minutes that I was not welcome at "your event". From that point on, I never spoke to any person who approached the table to sign the petition. In fact, I stood on the opposite side of the table from the petition and talked with your two co-workers for the rest of the rally. Our conversation was general about the development and certainly non-combative. I also spoke to a nice lady who had already signed the petition and we discussed the Las Cruces economy and I answered a couple of her questions regarding the proposed hospital. Those conversations were not held close to the petitions. I'm sure everyone who approached the table after the first 20 minutes thought I was just part of your group.

There was no intimidation on my part and your own co-workers who manned the petition table the entire time know that. You weren't even at the table most of the time. John and Connie, you and your supporters have been invited to attend every public meeting/event we've had. You were

Susana Montana

From: David Aguayo
Sent: Tuesday, July 02, 2013 4:51 PM
To: David Weir; Susana Montana; Robert Garza; Brian Denmark; Scott Marr
Cc: Janice Jones; Barbi Narvaez; Esther Martinez-Carrillo; Linda Lewis; Christine Rivera; Harry (Pete) Connelly; Rusty Babington; Monica Campbell; David Aguayo
Subject: FW: Information Request

Importance: High

Below is a records request received today. Please submit the requested information to our office by 1pm, Monday, July 8, 2013. Thank you.

David Aguayo
Senior Office Assistant
City Clerk's Office
541-2114

-----Original Message-----
From: Hays Michael [mailto:whiteknyght@opendoor.com]
Sent: Tuesday, July 02, 2013 12:53 PM
To: Linda Lewis
Cc: John Stevens; PALMER S CLARK; Peter Goodman; Tamie Smith; Randy Harris; Johnnie Aldrich; Sue Cain; Eva Booker; John Deck; Shirley Davis; Allie Brooks; Win Jacobs; Charlie Scholz; Erika Graf-Webster; Representative Jeff Steinborn; Jack Welch; Ardyth Norem; Dan Townsend; Carl Baca; Ernie Bean; Martha Loustaunau; Larry Gioannini; Senator Stephen Fischmann; Peter Ossorio; Leticia Duarte-Benavidez; Wayne Hancock; Billy Garrett; Karen Perez; Dr. David Garcia
Subject: Information Request

Ms. Lewis,

It was certainly my pleasure to speak with you just now when you returned my call from yesterday. If I keep having fun, I am going to call you more often!

My request should be clear enough--I make no use of a Supreme Court justice on summer recess--to make a detailed response possible. I would like all information, including all documentation, about all meetings and all oral, electronic, and written communications between all members of the city staff concerned directly or indirectly with the rezoning request for the site of the defunct Las Cruces Country Club; all people who are, represent, or act on behalf of, the developer(s) or the contractor(s); and all members of the public who have had, or expressed an interest in having, meetings or communications with the staff on this rezoning request.

If this request is in any way unclear, please do not hesitate to request clarification. Thank you.

Unless I hear differently from you, I shall expect, in light of our conversation, a full response within three business days. Because of the national holiday, the deadline would be Monday COB.

Michael L. Hays

New hospital pitched for former Las Cruces Country Club site

By Steve Ramirez / sramirez@lcsun-news.com Las Cruces Sun-News
Posted:

lcsun-news.com

LAS CRUCES — The process to begin filling the largest open space within city limits will likely start in less than a month.

Barring the unforeseen, the Las Cruces Planning and Zoning Commission is scheduled to meet June 25 to consider rezoning 30 acres at the former Las Cruces Country Club. A rezoning application was filed April 22 with the city's Community Development Department seeking two zoning designations: commercial high intensity (C-3), and multi-dwelling high density and limited retail and office (R-4c).

If approved by the commission and then the Las Cruces City Council, there are plans to build and operate Park Ridge Medical Center, a 42-bed full service hospital, that would specialize in cardiac health care.

Information provided to city officials indicates the hospital would be developed by Galichia Hospital Group, a limited liability company that owns and operates hospitals throughout the U.S. A Galichia Hospital Groups brochure provided to city officials said developers are "partnering with over 20 local physicians who are investing in the real estate and equipment." The brochure added "Las Cruces is experiencing rapid population and economic growth."

Numerous messages seeking comments and details from Dr. Joseph P. Gallichia, co-founder and chief executive officer, and Michael Phillips, founder, chief operating officer and chief financial officer of Galichia Hospital Group, LLC were not returned.

However, Las Cruces developer Robert Pofahl, whose company has developed conceptual plans and conducted several meetings with city officials and residents about the proposed development, has said the sale of the former country club property is contingent upon the city approving rezoning. A sales price has never been publicly disclosed, but the property has been appraised at $7.4 million.

Currently, the 110-acre former country club property is zoned single-family residential medium density. The existing zoning designation allows for only one single-family residential home to be built on any portion of the 110 acres.

Timetable

Pofahl has shown ambitious conceptual plans for the property. The in-fill project could include development of Park Ridge Medical Center, an assisted living center, a small office park, a hotel, a retail center, a plaza, multi-family housing, townhouses, a charter school, and walking paths throughout the development.

"This zone change is to zone the 30 acres C-3 and R-4c," Community Development Director David Weir said. "The condition for the R-4 is to allow only the residential use of assisted living and residential rehabilitation facilities."

Weir added the process for considering a zone change for the 30 acres could take at least six to nine months.

"Once the Planning and Zoning Commission has made its recommendations, it would go to City Council about six weeks after that," Weir said.

A Planned Unit Development (PUD) designation would be sought for the remaining 80 acres of the former country club. Weir said there is no timetable for that, because a PUD application has not been submitted to the city.

"Something like that would probably take at least another year to go through the process," Weir said.

Roadway issue

Developers of the proposed Park Ridge would need a second major entry and exit point into the development. They have identified the former country club's primary entrance, off North Main Street as one of those locations.

However, a second entry and exit point is still to be determined. Developers proposed a second route off Madrid Avenue. They presented an option to city officials to realign Madrid Avenue so it would be contiguous from Triviz Drive west to Alameda Boulevard.

But that would have meant moving a portion of Madrid through Apodaca Park, one of the city's largest parks.

City Manager Robert Garza said that probably would have been a tough sell to the City Council. Garza added city administrators also expressed concerns about the proposal.

"The question still being bantered about is what is the appropriate road alignment network," Garza said. "In our discussions with developers we asked them how they intended to make the city whole if they were to move the road through Apodaca Park. We told them, quite frankly, that Apodaca Park is not for sale."

Residents living in the country club neighborhood also disapproved of any notion of rerouting Madrid to cut through Apodaca Park.

"We observe how much use the park gets and we are grateful for the trees," Charles Greene said. "There are always lots of families with children enjoying the park on weekends and holidays."

Weir said it doesn't appear now that a realignment of Madrid will happen.

"My understanding is that the realignment of Madrid is no longer being pursued and will not be proposed for the PUD," Weir said.

Garza said city officials suggested to developers a second major entry and exit into Park Ridge could be at intersection of Solano Drive and Madrid, where a second entrance into Apodaca Park now exists. However, that idea didn't initially seem to interest developers.

Third hospital needed?

In meeting with Galichia and Phillips, Garza said they envisioned the proposed Park Ridge Medical Center as "a cross between the Ritz Carlton (Hotel) and a hospital."

Galichia is the founder of the Galichia Medical Group. The company owns and operates: the Galichia Heart Hospital, in Wichita, Kan., the Lubbock (Texas) Heart Hospital, and the Galichia Hospital Group.

"They said Las Cruces has the customers and clientele for it," said Garza, of Park Ridge Medical Center. "They were very serious about it. They said it would be a physician-owned investment. They would be prepared to develop a market for up to 60 beds, but building 42 to start.

"They said a new hospital would fill a niche not currently being met."

But, Garza, who, as city manager, is an ex-officio member of the Memorial Medical Center board of directors, said there would be pluses and minuses of another hospital in Las Cruces.

"As an economic development project, I encourage them to pursue the possibilities," Garza said. "It's a medical facility, and those are generally considered to be clean industries. Hospitals are generally quiet and well-managed places.

"But one question will be if the timing of it fills a void the community needs. Also, the process of establishing itself in the community is probably going to take a considerable amount of time."

Statistics from American Hospital Directory.com indicated that neither Memorial Medical Center or MountainView Regional Medical Center are at full patient capacity. The occupancy rate at MMC is less than 50 percent, and MountainView is about two-thirds full.

"We are proud of the quality care provided by MountainView Regional Medical Center over the past 10 years, from obstetrics to open heart surgery," said Denten Park, MountainView Regional Medical Center chief executive officer. "... The number of patients who choose us for their medical care has steadily grown, and, because we offer high-quality health services and have the capacity to care for even more patients, we are confident that this will continue."

High-end retail

In addition to the hospital, Pofahl said high-end retail could be located near Park Ridge Medical Center.

Who or what type of high-end retail would locate there has not been disclosed. But, possible examples could includes such retailers as Nordstroms, Macy's, or maybe even Trader Joe's or possibly Costco.

Kary Bulsterbaum, an associated broker with Steinborn TCN Commercial Real Estate said while the notion is a good one, he isn't sure if Las Cruces — despite it's recent increase in population to an estimated 100,000 — is ready for high-end retail.

"I wish the developers and investors nothing but the best with this proposed high end retail, medical and multi-family development," said Bulsterbaum, a Las Cruces native. "Development in this sector of town can only be a positive for our community, if properly planned.

"(But) I am not necessarily convinced about the high end, upscale retail elements of the plan, itself, due to typical and historical retailer behavior and the desire to be located in more proven retail districts. However, this does not mean they do not have the best of intentions. In general, we have not yet proven to be a community that attracts true high-end retail. If this trend were to change, there is a much higher probability of this occurring within the Telshor and Lohman corridor up to and including the intersection of Sonoma Ranch and east Lohman."

Steve Ramirez can be reached at 575-541-5452. Follow him on Twitter @SteveRamirez6

Park Ridge

— The 110 acre former Las Cruces Country Club property could become a development known as Park Ridge.

— The proposed development would include: a 42-bed medical center, a combination assisted living center and rehabilitation hospital, a small office park, a hotel, pad sites for restaurants, a retail center, a plaza, multi-family housing, townhouses, a charter school, parks and a walking path around the development.

— The Las Cruces Country Club property was sold in November, but final closing of the sale is contingent upon developers being able to get the property rezoned.

— The Las Cruces Planning and Zoning Commission is scheduled to meet at 6 p.m. June 25 to begin its consideration of a rezoning application.

— The rezoning application is for 30 acres where the proposed Park Ridge Medical Center would be located.

ONLINE EXTRAS
ONLINE EXTRAS:

A copy of the Park Ridge application to city of Las Cruces Community Development Department

A draft of the conceptual layout for Park Ridge

Park Ridge website

CBI Holdings website

Galichia Medical Group website

July 7, 2013

Las Cruces Sun News

To the Editor,

On July 6th, Developer Bob Pofahl, with absolutely no hospital experience, again publicly expounded on hospital economics, saying a 42-bed hospital wouldn't negatively impact the two larger local hospitals. From what depth of expertise does he speak? A 42-bed hospital skimming limited, revenue-producing business from Memorial Medical Center will devastate its vital services, particularly for underprivileged patients. The McManus Study presented at P&Z proved "small" specialty hospitals damage even 500-bed hospitals, and "physician investor hospitals", including Wichita's Galichia, ("only" 8-60 beds) scavenged $16 to $18M yearly from neighboring full-service hospitals.

It's time for Pofahl to verify his rhetoric to the City. One critical Zoning criteria is "the impact on the retention and expansion of existing businesses..." (i.e. MMC). Pofahl says he has been very transparent. Three key questions require proven facts and figures:

1) Pofahl: 20% of inpatients leave Las Cruces. Show data proving this. Facts given P&Z show <7% outmigration. Where will these new patients come from?

2) Pofahl : a 42-bed hospital will not negatively impact local hospitals. Show the Hospital's business plan, pro-forma for profitability without cannibalizing local hospitals.

3) Pofahl: the hospital will not be physician-owned. Can he attest that no local physicians will have an investment stake of any kind in land, building or equipment for the Proposed Hospital, or in entities holding investments, i.e., LLCs? Answer these questions directly.

Re: Dr. Robert Graor, the physician soliciting local physician investors; a felon imprisoned in Ohio for embezzling $1M+ from the Cleveland Clinic, his Ohio medical license permanently revoked, his probationary New Mexico license contingent on mental health care. What are implications of his association with the Proposed Hospital and Galichia's Medicare Fraud history in 2000 and 2009? Also, review Pofahl's finances to assure he has the resources to fund this project. It's all public record.

Sincerely City of Las Cruces, do your Due Diligence,

Connie J. Potter, RN, MBA, HCA
Healthcare Economist
2505 Desert Drive
Las Cruces NM 88001
575-524-2443

JUSTICE NEWS

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE

Tuesday, March 3, 2009

Kansas Cardiologist to Pay U.S. $1.3 Million to Settle False Claims Act Allegations

WASHINGTON – Joseph P. Galichia, M.D. and Galichia Medical Group P.A., a Kansas cardiologist and his practice group, have agreed to pay the United States $1.3 million to settle claims that the physician and his group violated the False Claims Act between 2001 and 2006, by submitting false claims to Medicare, the Justice Department announced today. The government contends that claims were submitted for services not provided, and in other instances, claims were submitted without proper documentation.

In May 2000, Galichia and Galichia Medical Group agreed to pay more than $1.5 million to settle a previous False Claims Act matter. In that case, the government contended that between 1993 and 1998, Galichia billed Medicare for a higher level of services than provided (up-coding), billed twice for the same services, and billed for services not provided.

"The Department of Justice is committed to ensuring that Medicare funds are paid out appropriately for services actually provided to beneficiaries," said Michael F. Hertz, Acting Assistant Attorney General for the Department's Civil Division.

As part of the $1.3 million settlement, Galichia and Galichia Medical Group have entered into an Integrity Agreement with the U.S. Department of Health and Human Services, Office of Inspector General. The Integrity Agreement contains measures to ensure compliance with Medicare regulations and policies in the future.

"Exposing Medicare fraud is a top government priority," said Lewis Morris, Chief Counsel to the Inspector General of the Department of Health & Human Services. "We will aggressively pursue both individuals and companies seeking to enrich themselves by cheating U.S. taxpayers and the nation's health care system."

The settlement here was the result of a coordinated effort among the Commercial Litigation Branch of the Justice Department's Civil Division; the U.S. Attorney's Office for the District of Kansas; and the Department of Health and Human Services' Office of Inspector General and Office of Counsel to the Inspector General.

Marietta Parker, Acting U.S. Attorney for the District of Kansas, commended the following investigators for their work on the case: Dan Coney of the Department of Health and Human Services' Office of Inspector General, Troy Bird of the U.S. Postal Service's Office of Inspector General and David Nitz of the U.S. Postal Inspection Service.

Civil Division

09-184

locations, we have a president who, as dean of the business school, received a substantial raise while others suffered cuts. Ouch!

But even more problematic has been the expressed attitude of Regent Cheney, who articulated the reason why NMSU wants to subsidize athletics by saying it's all about "branding" the university — i.e., big sports campus. Ouch!

Who then, among the leadership, loves academics more than sports? Where did we lose the way? How will we return to our core mission of ... "education, research, extension education, and public service?"

JOHN HAMILTON
Las Cruces

Kiwanis thanks

The Kiwanis Club of Las Cruces wants to thank everybody who participated in the 14th annual Kars for Kids car show. The owners of the custom, classic and antique vehicles that filled Young Park on June 16 attracted hundreds of visitors. The fishing clinic for youngsters helped 50 children experience the fun of fishing during the day. The NAACP's Juneteenth celebration attracted even more members of the Las Cruces community to the park.

The Kiwanis' mission is to serve the children of the world, starting in our local community. Thanks to the participating car clubs, the vehicle owners, our corporate sponsors, local advertisers and community members, Kiwanis was able to raise thousands of dollars to help children in Las Cruces. Jardin de los Niños and the youth groups sponsored by the local Kiwanis clubs will especially benefit from this year's event.

We are grateful for the support we received for this year's show and are already starting work on the 15th Kars for Kids. We hope to see you all at Young Park next summer.

JIM PUDLEWSKI
president, Kiwanis Club of Las Cruces
Las Cruces

Developer's free ride

How gratifyingly that you could squeeze in enough information about CCNA's legal analysis to give Mr. Pofahl a pedestal to lie about it. You have the full information but chose not to cite it. The law prohibits "physician investment whether direct or indirect," not "ownership," which he carefully dances around. Also about Galichia's brochure, presented to city administration less than two months ago, being published before the law went into effect? Section 6001 of the PPACA went into effect Dec. 31, 2010. Who are you all kidding?

So your paper gave a developer, who has acknowledged he has no authority to speak for any potential investors, a free ride. The lead doctor soliciting investors has been revealed by me. Why not others? 1) no wish to be associated with the twice federally fined Galichia Hospital Group; 2) no desire to be outed as party to an illegal investment scheme or 3) unwilling to be known as the cause of the demise of a stable health-care system that serves 93 percent of all medical needs in this community with MMC running at only 50-percent capacity and Mountain-View at 67 percent.

You tell me where these new patients will come from? In health care, it is called scavenging or, worse yet, cannibalization from existing safety net facilities. I call it dishonest and illegal.

The least you could have done is to direct the people to the city website for full disclosure.

CONNIE POTTER
Las Cruces

Is it our fault?

Neal Hooks presents a highly distorted picture of global warming in his contribution of June 20. His points are repetitions of absurd arguments and red herrings concocted by well-known disinformation outlets. Let's get a few things straight:

First, global warming is real. Picking short intervals of time out of a long trend of rising temperature, in an attempt to imply that climate warming has ceased, is a fool's game. The stock market shows ups and downs, too, but the trend over many decades has been upward.

Second, there has been no increase in the sun's output since precise measurements began in 1979. Yet global temperature has risen rapidly since then.

Third, virtually all of the CO_2 added to the atmosphere since the beginning of the industrial age is man-made, and the amount of it continues to increase every year.

All would agree that the best way to test global warming would be to conduct an experiment, where Earth's CO_2 could be raised or lowered to see how temperature responds. Actually, this has already been done in nature. CO_2 was indeed much higher in the distant past, but so was global temperature. Also in the past there were ice ages when CO_2 was lower, and so was temperature. In fact, these correlated changes in CO_2 and temperature are in reasonable agreement with the current conditions predicted from climate models and basic atmospheric physics. Mr. Hooks' claim that climate models have overestimated temperature by 5 degrees in the last 16 years is, like his other assertions, false.

We know that the current rise in CO_2 cannot be blamed on geology. We also know that the sun cannot be blamed for temperature rise. Thus, we can confidently answer Mr. Hooks' title question, "Global warming: Is it our fault?" Yes it is.

DONALD F. NEIDIG
principal astrophysicist (retired), USAF
Research Lab
Las Cruces

This is in support of the caller who brought up the issue of how much it takes to raise a child. It is not that he is not compassionate, it is just a reminder that people should only have children that they can actually support, feed and so forth.

***

Our school district found it most important to put many thousands of dollars into plastic turf for the Field of Dreams while our children went to the absolute bottom of the U.S. list for child well-being. What are their priorities?

***

President Carruthers has just demonstrated that he fully understands the difference between policy and rules. He consulted the regents with regard to Dr. Howard as provost. Dr. Howard is likely to be the best second in command NMSU has had in many decades.

***

For all of those who are against the way that President Carruthers has hired a new provost, just remember what a national search did for us the last time we searched for a president and a provost. Those were total disasters. This time, we have somebody we know.

***

Saying Kingston's forest did just fine for years without logging is like saying people did just fine when barbers opened their veins to let the bad blood out. Only selective logging was allowed in national forests and they were healthier and even more beautiful.

***

On Page 4A, a fireworks vendor talks about how relatively safe fireworks are. On Page 7A, a story that suspects fireworks as starting a barn fire northwest of Las Cruces. Priceless!

***

With all the fires raging in California, Colorado, New Mexico, do you think the fireworks vendors would approve of limiting or banning fireworks? No. The Legislature needs to act.

***

I think the City Council made a good decision to provide traffic-slowing effects instead of totally closing off the Indian Hallow Road. The city is expanding, every neighborhood would like to control certain things. It is not realistic.

***

For at least two years, an "eyesor set" of a building at 430 S. Main St. has detracted from the downtown renovation. Solution, anyone?

***

I live in Trails West Senior Community. Somebody here called the city complaining of some dark water, so the city opens the fire hydrants and wastes gallons and gallons of water in this drought when our yard plants are suffering for water.

***

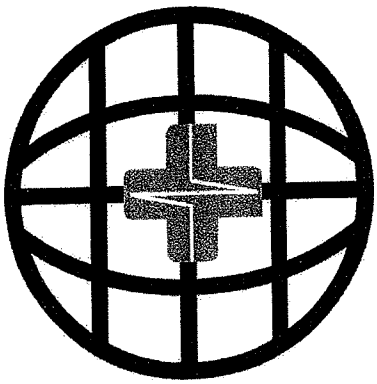
A recent "SoundOff!" points out that Judge Murphy was indeed convicted of making boorish comments about a co-worker, a misdemeanor. It was all the accu- [illegible] office-buying that

GALICHIA
HOSPITAL GROUP, LLC

Joseph P. Galichia, MD, FACC
Founder & CEO

808 North Linden Street
Wichita, KS 67206

Mobile: 316-619-3334
Fax: 316-634-2883
jgalichia@galichia.com



GALICHIA
HOSPITAL GROUP, LLC

GALICHIA
HOSPITAL GROUP, LLC

Michael Phillips
Founder, COO & CFO

2600 North Woodlawn
Wichita, KS 67220

Mobile: 316-641-1560
Fax: 316-634-2883
mphillips@galichia.com

MISSION

Galichia Hospital Group's mission is to improve the quality of the health care system through the development and management of "Five Star" quality healthcare organizations

Galichia Hospital Group employs top notch managers and understands how to create environment that makes patients feel safe and empowers physicians to deliver the highest quality care

Galichia Hospital Group has a network of the worlds leading experts in the field of medicine, medical therapies, real estate, and business

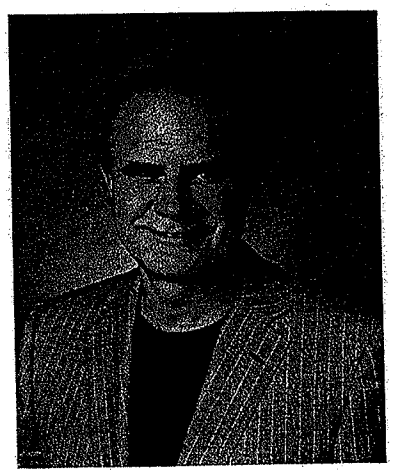
Galichia Hospital Group Strategy

•Partnering with the best local physicians that are well established and have a solid patient base

- The "Five Star Hotel" approach, service oriented model to provide outstanding customer service in a safe and friendly environment with best results for the patients
- Using the latest technologies and superior science
- Top notch managers and administration
- Empowering physicians with the tools they need to provide high quality patient care

The Galichia Hospital Group Team

Joseph P. Galichia, MD, FACC – Board Chairman/CEO



- Dr. Galichia is the founder of the Galichia Medical Group, P.A, the Galichia Heart Hospital in Wichita, Kansas, the Lubbock Heart Hospital in Lubbock, Texas and the Galichia Hospital Group. He is a native Kansan who has studied medicine in the United States, Germany, England, Sweden, and Switzerland. Due to Galichia's leadership, expertise, and skills, Galichia Medical Group remains one of the leading centers for the treatment of vascular disease in the world
- Dr. Galichia is internationally recognized pioneer in the field of interventional cardiology
- Dr. Galichia established the first free-standing outpatient catheterization laboratory in Kansas and possibly the world

The Galichia Hospital Group Team

Joseph P. Galichia, MD, FACC – Board Chairman/CEO

- Dr. Galichia established one of the nation's most active clinical research organizations for pharmaceutical and device research studies, such as:
  - Thrombolytic therapy
  - Atherectomy
  - Intraluminal ultrasound
  - Stents
  - PTMR
  - Laser
- Dr. Galichia has been published in the New England Journal of Medicine, the Journal of the American College of Cardiology, and many other scientific publications
- Dr. Galichia has conducted a monthly interventional training course for treating peripheral vascular disease since 2000
- Dr. Galichia was one of the first cardiologist in the USA to perform carotid stenting under government guidelines

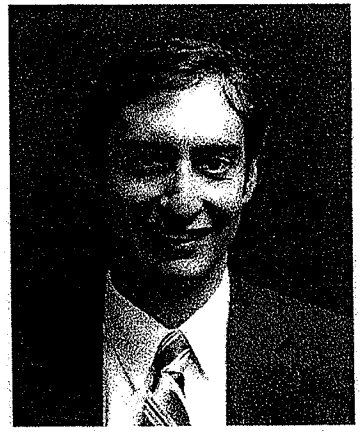
The Galichia Hospital Group Team

Joseph P. Galichia, MD, FACC – Board Chairman/CEO

- Over the past twenty years, Dr. Galichia has lectured and trained physicians in many countries around the world, including China, Japan, Chile, Switzerland, Argentina, Italy, Spain, and Hong Kong
- Dr. Galichia is one the founding members of the International Society of Cardiovascular Interventionists and a former president
- A noted medical spokesman, Dr. Galichia hosts a weekly syndicated radio talk show with guests from various specialties on his program "Take Your Health To Heart"
- Dr. Galichia has also served as a moderator for the National Lifetime Medical Television Network

The Galichia Hospital Group Team

Michael Phillips, MBA –Board Member/COO/CFO



- Co-Founded Galichia Hospital Group
- Long time healthcare executive and consultant
- Previously partner and senior equity analyst at Zeff Capital Partners, a $70.2 million hedge fund in San Francisco, CA
- Former Budget Officer for City of Aspen, where he managed a $150 million dollar annual budget
- MBA, Florida Atlantic Business School; BA, Drake University

The Galichia Hospital Group Team

Stella Galichia, M.A. Economics – Board Member / Treasurer

- Co-Founded Galichia Hospital Group
- Previously worked as credit risk analyst for all companies at Koch Industries, Wichita, KS
- Broad based experience in US and International Hospitals
- Masters in Economics Wichita State University; BA in Finance, Wichita State University

The Galichia Hospital Group Team

Sam Catanese , JD, MBA – Board Member

- Managing member and principal of HCW Development LLC, a company that has developed numerous real estate projects valued in excess of $1 Billion in the past 20 years
- Owner and president of Investment Resources Corporation
- Highly respected and successful real estate developer
- Past board experience with many highly successful companies
- Graduate of the University of Kansas School of Law
- Masters of Business Administration Degree from the University of Kansas Graduate Business School

The Galichia Hospital Group Team

Herb Krumsick – Board Member

- Senior Vice President of J.P. Weigand & Sons, Inc
- Active member of the real estate community in Wichita for over 30 years
- Recognized as one of the top investment brokers in the United States
- Has sold over $1,000,000,000 in real estate investments
- Wichita Board of Realtors "Salesman of the Year" award in 1976 and the SIOR "Instructor of the Year" in 1990
- Herb has given over 100 speeches and seminars on real estate investment to such groups as the National Association of Corporate Real Estate Executives, National Association of Accountants and The Young Presidents Organization, to name a few.

The Galichia Hospital Group Team

Pat Do, MD – Board Member

- Dr. Do founded Mid-America Orthopedics in El Dorado, KS
- Practices as an orthopedic surgeon specializing in general orthopedics, sports medicine and workers' compensation injuries
- A Fellow of the American Academy of Orthopedic Surgeons and board certified by the American Board of Orthopedic Surgery
- Dr. Do is a champion for best practices medicine
- Founder of a national consulting effort to help physicians across the country establish and improve their practices
- School of Medicine at University of Missouri Kansas City

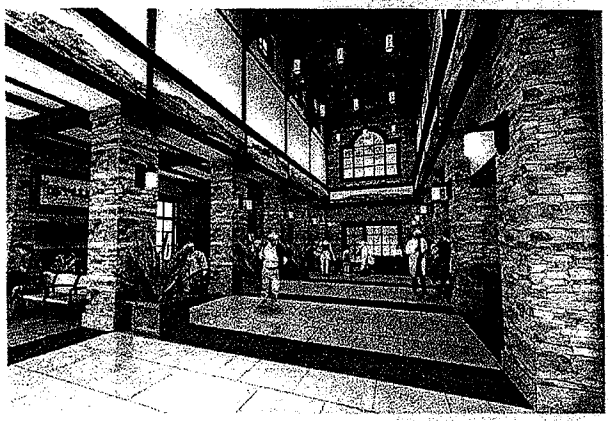
OUR MODEL

- Partner with local physicians who own real estate and equipment
  - Physicians become stakeholder with the benefit of a fair market lease from the hospital operating entity
- Galichia Hospital Group develops and manages hospital operating entity
- Physicians are empowered with input into how the hospital is managed and run
  - Physicians get to work in "their hospital"
- Best practices are implemented to ensure the hospital is a great place to work and the best place for patient care

CRITERIA FOR ENTERING A MARKET

- Physicians
  1. Physicians of the highest quality to partner with
  2. Physicians with a substantial patient base
  3. Physicians from various and complementary specialties
  4. Physicians willing to be stake holders and invest in project
- Market
  1. Growing and healthy market
  2. Low barriers to entry
  3. Potential to produce strong recurring business earnings
  4. Manageable regulatory environment
- Management
  1. Focus on shareholder value and return-on-investment
  2. Past successful performance
  3. Own stock in projects
  4. Conservative forecasting and accounting
  5. Good vision of the future

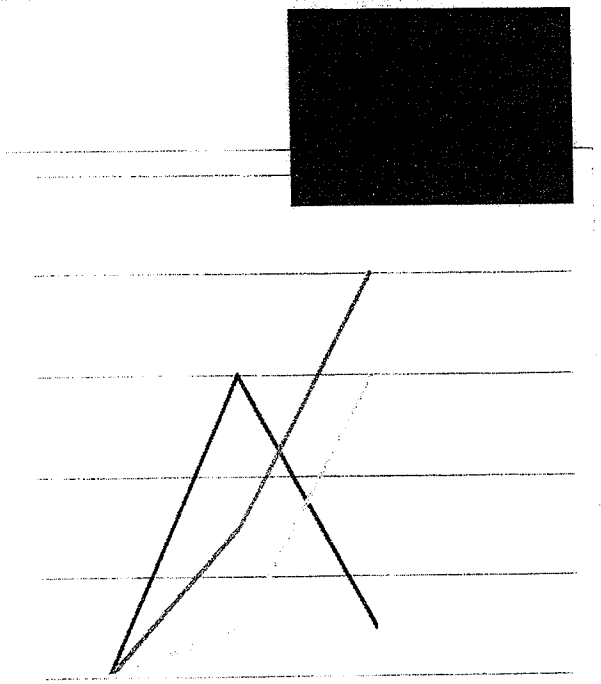
CURRENT PROJECTS



•Currently Developing a 42 bed full service hospital in Las Cruces, New Mexico

- Partnering with over 20 local physicians who are investing in the real estate and equipment
- Employing Galichia Hospital Group team's vast experience and scientific expertise on design of physical layout and best practices for high quality care and healthy environment for all
- Las Cruces is experiencing rapid population and economic growth.

Galichia Hospital Group Process



Research is the basis of our process

- We take a bottom-up approach, analyzing the physicians, the business opportunity, the competition, the market potential and the general economic environment
- We create our own, proprietary models to help determine value of an opportunity
- We invest in every project we do

ADVANTAGES GALICHIA HOSPITAL

GROUP APPROCH

- A conservative investment strategy with an opportunistic approach
  - We build small with ability to expand after the demand is proven
  - Intense research that takes the guess work out of how many patients we will serve
- Investment strategy aligns goals amongst the shareholders, managers, and physicians who drive the revenue and success of the institutions
- Diversification
  - Our hospitals include various specialties, that complement each other in diverse markets and offer various sources of payments

CONTACT INFORMATION

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COO / CFO
316-641-1560
mphillips@galichia.com

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Treasurer
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808 North Linden
Wichita, KS 67206

www.GalichiaHospitalGroup.com

Katherine H. Rogers

From: David Weir
Sent: Monday, June 03, 2013 1:00 PM
To: Susana Montana
Cc: Robert Kyle; Katherine H. Rogers
Subject: FW: PPACA Physician Owned/Investor Hospitals prohibited Section 6001

FYI

From: cjmpotter@comcast.net [mailto:cjmpotter@comcast.net]
Sent: Monday, June 03, 2013 12:00 PM
To: David Weir; Mayor
Cc: John & Millie CCNA Stevens; Carl Baca; PALMER S CLARK; Eva Booker
Subject: PPACA Physician Owned/Investor Hospitals prohibited Section 6001

Dear Mayor and Mr. Weir,

I am bringing to your attention resources and information about the illegality of building physician owned/indirect invested hospitals under the Patient Protection and Affordable Care Act (PPACA) Section 6001 (statute is first link). I am adding some links that are from legal firms that clarify and give practical examples of that ownership. The only way such a hospital can be built (including medical offices) is if they do not accept Medicare or Medicaid payment, i.e., apply for a medicare provider number. Medicare also has a dim view of indirect ownership and schemes to hide ownership through purchase agreements for equipment etc. This is all under Medicare Self Referral. There are fewer than 240 physician owned hospitals in the US out of over 7000 other hospitals. More than 40 have been sold recently because the regulations for disclosure and ownership are very onerous and will affect patients choosing care at that facility.

Such a hospital typically cherry picks patients by financial prescreening for elective care (procedures), thereby driving low pay (government or self pay) patients to safety net hospitals to the detriment of access to care throughout the community. This type of hospital would, in my and other informed healthcare executives opinion, lead to the failure of at least one facility, Memorial Medical Center. Should that occur, the lease arrangement remaining for 31 years would be gone, leaving a $26M shortfall to the city and $!2-14M shortfall in lease payments to the County. If this is for any public good, I can't imagine what would be.

http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf See page 566 of 906

http://www.bakerdonelson.com/files/Uploads/Documents/Thirteen-Things-Providers-Should-Know-About-Stark-Law-and-Physician-Ownership-Changes-Under-Health-Reform.pdf

http://www.americanlegislator.org/5th-circuit-upholds-ppacas-limits-on-physician-owned-hospitals/

Re the Gallichia group: There are three links, one confirming that they sold the Wichita KS Galichia Heart Hospital to Wesley Medical Center, and two that they have twice been convicted and fined for Medicare fraud for overbilling and double-billing, in 2000 and as recently as 2009.

http://www.thestreet.com/story/11394326/1/hca-completes-purchase-of-galichia-heart-hospital-in-wichita.html

http://m.bizjournals.com/wichita/stories/2000/05/22/weekinbiz.html?page=all&r=full

http://www.justice.gov/opa/pr/2009/March/09-civ-184.html

I wish that this information be made known to Mr. Garza and the City's legal council as he was apparently mislead in interviews with the Medical Group's CEO and COO about their ownership(s) of hospitals and their ability to build a new hospital here according to his statements to the Sun News.

I believe that this hospital complex actually is a Trojan horse which cannot be built, will be abandoned conceptually once commercial high intensity zoning is attained, after which the city and neighboring residents will have NO ability to control what development is done on that site.

Please feel free to call me for clarification or more information. I have verified this information with the Senate Finance Committee chaired by Senator Max Baucus (MT) who I know personally through my lobbying activities for trauma care.

In addition, I have verified that two of the lead physicians locally who are planning to invest in this development have serious issues in their backgrounds. One is a felon convicted and imprisoned for embezzling over $1.2M in research funds (public information). The other has no privileges at either local hospital but allows healthgrades.com etc to claim he does. I will offer that public information at a future time if this issue cannot be resolved in the publics interest.

These are serious issues related to what we consider to be a flawed application for rezoning based on claims to the local residents, media and public officials that this rezoning is for the public good, a third hospital in Las Cruces and Medical Offices. It would be in the City's interest to review and reject this application before it goes to public hearing at which time all this information will be made public. The city could then appear to have not done its due diligence in sending this application forward. I am aware that under the letter of the zoning regulations you can only respond to the zoning application; however, statements made to the public, media, city administration that misrepresent these facts should be a strong consideration in determining whether this application should go forward.

Sincerely,

Connie Potter, RN, MBA; HCA

Healthcare Economist

Chair, Country Club Neighborhood Association Infrastructure Committee

524-2443

MEMORANDUM

TO: Mayor and City Council

FROM: Harry S. (Pete) Connelly, City Attorney

SUBJECT: LEGAL OPINION – Las Cruces Country Club Zone Change

DATE: July 10, 2013

A review of the seminal New Mexico Supreme Court and Court of Appeals' decisions has reconfirmed my recent opinion concerning a requested zone change of some thirty (30) acres within the Las Cruces Country Club property requires the City Council to act in a quasi-judicial capacity in hearing the matter.

The difference between legislative and quasi-judicial actions by a City Council are as follows:

> **Legislative** – reflects public policy relating to matters of a permanent or general character, is not usually restricted to identifiable groups, and is usually prospective.
>
> **Quasi-Judicial** – [on the other hand . . .] generally involves a determination of the rights, duties, or obligations of specific individuals on the basis of the application of currently existing legal standards or policy considerations of past or present facts developed at a hearing conducted for the purpose of resolving the particular interest in question.

"Small scale zone changes [such as the Las Cruces Country Club] are necessarily quasi-judicial, not legislative in nature. Said another way, a rezoning directed at a small number of properties, newly restricting the uses of those properties in ways that are not applicable to the surrounding area. Such restrictions are limited to identifiable properties and are not general policy decisions that apply broadly. They require specific factual findings related to the affected properties. These qualities are the hallmark of a quasi-judicial action." *Albuquerque Commons v. City Council*, 2008-NMSC-025, ¶32, 144 N.M. 99, 109, 184 P.3d 411.

Lastly, "quasi-judicial zoning matters are not politics-as-usual as far as the municipal governing body is concerned. In such proceedings, the Council does not sit as a mini-legislature, as it functions in most matters, but instead must act like a judicial body bound by 'ethical standards comparable to those that govern a court in performing the same function (citation omitted)'." *Id.*, ¶ 33, 144 N.M. 110. *See also, Los Chavez Community Ass'n. v. Valencia County*, 2012-NMCA-044, ¶ 33, 277 P.3d 475.

The *Albuquerque Commons* and the *Los Chavez Community Ass'n. v. Valencia County* cases are available in my office for your perusal.

c: Robert L. Garza, P.E., City Manager
Mark Winson, Asst. City Manager/CAO
Brian Denmark, Asst. City Manager/COO
Jamey Rickman, Community Liaison
W. R. Babington Jr., Deputy City Attorney
David Weir, Department Director, Community Development
Robert Kyle, Building & Development Services Administrator, Community Development
Katherine Harrison-Rogers, Senior Planner, Community Development
Susana Montana, Planner, Community Development

Susana Montana

From: cjmpotter@comcast.net
Sent: Thursday, July 11, 2013 10:25 PM
To: Susana Montana
Cc: John & Millie CCNA Stevens; Eva Booker
Subject: For includion in LCCC rezoning packet

July 11, 2013

To City Council and Staff:

Per Ms. Montana, please include in the public comment materials for the upcoming rezoning hearing for the Las Cruces Country Club.

On June 25, 2013, at the Planning and Zoning hearing for the Las Cruces Country Club rezoning, testimony was given by a realtor (who may not have identified herself as such) who stated she lives on Camino Del Rex. She said in her commentary in support for the rezoning that "Connie Potter's home" had been invaded/burglarized twice since the closure of the LCCC. I was so shocked that I did not get up to correct the record. John Stevens knows her full name, I do not except that it is Betty.

The home invasion/robberies are public record under Records at the Las Cruces Police Department. The first occurred at NOON on a Sunday in June 2010 in full sight of the Fifth Hole of the course. That day the course was heavily in use. Two persons broke two separate doors in the far back of our home in sight of golfers.

The second event occurred in October 2011, again while the LCCC was fully operational.

I am upset that my name was used and a horrific event in our lives misrepresented (gunshots were fired in defense of our lives at one of the two perpetrators in 2010) to advance the cause of the realtor's support for the Park Ridge Development. "Betty" had no right to misinform the public and the Planning and Zoning Commission and state that our terrifying event was caused by the LCCC's closure. The LCCC closed in November 2011.

Sincerely,

Connie and Murray Potter
2505 Desert Drive
Las Cruces, NM 88001
575-524-2443

Susana Montana

From: Bob Pofahl <bob@picachomountain.com>
Sent: Friday, July 12, 2013 7:42 AM
To: Susana Montana
Cc: Karen Pofahl
Subject: neighborhood support for Park Ridge Project

Susana,

Please see the e-mail below from Steve Dahlgren a resident near the Country Club. Please add to your packet for Council.

Thanks,

Bob Pofahl

From: PappaMdog@aol.com [mailto:PappaMdog@aol.com]
Sent: Thursday, July 11, 2013 2:57 PM
To: hal@1stvalley.com
Subject: Fwd: neighborhood support for Park Ridge Project

Steve Dahlgren
(575) 635-9123

From: PappaMdog@aol.com
To: mayor@las-cruces.org, rgarza@las-cruces.org, miguel.silva@las-cruces.org
Sent: 7/6/2013 12:02:37 P.M. Mountain Daylight Time
Subj: neighborhood support for Park Ridge Project

Gentlemen,

I am writing this Email to publicly share my feelings of support for the Park Ridge Project. I think Bob (developer) has done a good job of adjusting his development plans for the community needs. It appears that the plans would benefit the immediate neighborhood and the City of Las Cruces.

I know that I am only one person, but I hope the City is not placing too much emphasis on what the CCNA (Country Club Neighborhood Association), headed by John Stevens is expressing. From his own Emails, it appears that this organization is 23 in size and not all in agreement. There are people in this neighborhood (like me) that do not belong to this organization and do not feel the same way as John.

I understand that there may need to be a small adjustment in the north side of the park to accommodate traffic through Park Ridge. It appears to be a relatively small adjustment for the benefits of having the property improved. It would be a shame to have it continue to deteriorate, instead of grow into something positive.

The 3 of you all have tough jobs, and I thank you for taking on the challenge of leadership for our Community.

Thanks for your time and consideration,

Steve Dahlgren

2035 San Acacio

homeowner
(575) 635-9123

Mayor and Council,

At our June 10th meeting we passed a motion, unanimously, that we are in favor of smart, sensible development. This development is "wall-to-wall" in-fill, with very little open-space, green-space. Going from R-1-a to C-3 in one jump is a big leap. We've proposed some R-1 adjacent to the townhouses on Camino Del Rex with a green space barrier, as in a small Park, but the developer declined the proposal.

There were many discrepancies in the zoning codes, which weren't addressed by the planning and zoning commission, but were pointed out by our Secretary-Treasurer Eva Booker.

There is no access-exit road other than the Main entrance from Main Street to this Hospital proposal. The traffic increase is said to be something like 7,000 cars a day. With one access-exit, that would mean 14,000 vehicles a day, coming and going using the same point of entry-exit. When the other 80 acres are developed, what will be the traffic figure? There are serious questions as to who would own and operate the proposed Hospital. * See legal opinion from Alston & Bird. There are also serious questions about a possible sale or land trade of land from Apodaca Park for a roadway for the proposed development. * See statement of regulations regarding sale of Park land without Federal approval.

There are questions about weeds and dead trees on the LCCC property. Codes has agreed with us that it doesn't matter how big the property is, it's the same with one dead tree on a small lot, or 50 dead trees on 110 acres, the OWNER is responsible for the removal of the dead trees and also the weeds.

Please don't think that the development of this property will result in a lot of additional tax revenue for the City. It never ends up with that result. Do the research, or just realize that the larger the City, the higher the taxes. A large Park, which four (4) of you promised to support with your leadership, would bring recognition, more people visiting our City, resulting in more money being spent here. I've never heard anyone say " I bought my property because there's a nice commercial development out the back door".

We ask that you deny this zone change.

John Stevens, Pres,

Country Club Neighborhood Association

ALSTON & BIRD LLP

TO: John Stevens, President
Country Club Neighborhood Association
Las Cruces, New Mexico

FROM: Alston & Bird, LLP

DATE: June 21, 2013

RE: Analysis of Proposed Physician-Owned Hospital Development

You have asked us to review the proposed development of a new regional hospital on property that is currently occupied by the closed Las Cruces Country Club (the "Proposed Hospital"). Specifically, you have asked us to focus this review on the federal physician self-referral law (the "Stark Law").

Please note that the information and analysis contained herein is intended for use by CCNA and CCNA is the only party entitled to rely on it.

I. Description of Proposed Development

Based on documents and information you provided, it is our understanding that the Proposed Hospital would provide a full range of services, including emergency room, surgical suites, cardiac catheterization, radiology service, laboratory and pharmacy. Up to twenty (20) local physicians are reportedly being recruited to invest in the development of the hospital, by purchasing an interest in an entity that would acquire the real estate, build the hospital facilities, purchase the hospital equipment, and then lease all of those assets to an operating entity at a "fair market value" rate (the "Proposed Arrangement").

Based on a written prospectus from the Galichia Hospital Group (the "Galichia Group"), it has been involved in developing the Proposed Hospital and would potentially serve as the hospital operator. Written materials from the Galichia Group describe its business model as involving local physicians to become stakeholders, with the physicians getting to work in "their hospital." One part of the Galichia Group's written criteria for entering a market includes:

1. Physicians of the highest quality to partner with
2. Physicians with a substantial patient base
3. Physicians from various and complementary specialties
4. Physicians willing to be stake holders and invest in project

The prospectus also states their "[i]nvestment strategy aligns goals amongst the shareholders, managers, and physicians who drive the revenue and success of the institutions."

II. Summary of Analysis

Changes to the Stark Law by the Patient Protection and Affordable Care Act ("PPACA") have severely restricted the ability of a physician to possess an ownership or investment interest in a hospital to which the physician refers. Based on the facts described above and a review of the Stark law regulations and other related guidance, we believe it is likely that federal regulators would view the physician involvement in the Proposed Hospital as implicating the Stark Law's prohibitions. If so, each physician investor would be prohibited from referring Medicare patients to the Proposed Hospital, and the Proposed Hospital would be prohibited from billing Medicare for any related services. Failure to comply with the Stark Law restrictions could result in significant financial penalties.

The following analysis is based on the Proposed Arrangement as described above. Any analysis of the Stark Law is a very fact sensitive process. It is important that each party considering involvement in an arrangement that might implicate the Stark Law have independent legal counsel review the details of the proposed relationships for compliance with the law.

III. Summary of the Federal Physician Self-Referral Law (the "Stark Law")

Under the Stark Law, a physician is prohibited from (1) making a "referral" of a Medicare patient to an entity; (2) for the furnishing of "designated health services;" (3) if there is a "financial relationship" between the referring physician (or an immediate family member of the physician) and the entity; (4) unless an exception applies.[1]

The Stark Law defines a "referral" to mean a request by a physician for, or the ordering of, or the certifying of the need for, or the establishment of a plan of care including, any designated health service ("DHS") for which payment may be made under the Medicare program.[2]

The Stark Law defines a "financial relationship" to mean either: (1) an ownership or investment interest in the DHS entity; or (2) a compensation arrangement between the

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[1] 42 U.S.C. § 1395nn(a)(1).

[2] The following categories of items and services are considered "DHS" when covered by Medicare: clinical laboratory services; physical therapy, occupational therapy, and speech-language pathology services; radiology services, including magnetic resonance imaging ("MRI"), computerized axial tomography ("CAT") scans, and ultrasound services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment, and supplies; prosthetics, orthotics, and prosthetic devices and supplies; home health services; outpatient prescription drugs; and ***inpatient and outpatient hospital services***. 42 U.S.C. § 1395nn(h)(6); 42 C.F.R. § 411.351 (emphasis added).

IV. Analysis

A. Review of the Current Regulatory & Enforcement Environment

The regulatory and enforcement environment around physician-owned health care enterprises, as well as other arrangements that potentially implicate federal "fraud and abuse laws," has increased dramatically in the last few years.

For 2012, the Department of Justice reported recovering more than $3 billion from health care fraud related cases, a one-year record. In its March 2013 Semi-Annual Report to Congress, the federal Office of Inspector General, Department of Health and Human Services ("OIG") reported expected recoveries from October 2012 through March 2013 of about $3.8 billion. For the same period, the OIG reported exclusions of 1661 individuals and entities from participation in federal health care programs. Enforcement actions involving Stark Law allegations have also increased, including settlements with hospital chains ranging from $14 million to $25 million and the Tuomey Healthcare System jury trial that resulted in initial Stark Law damages of nearly $40 million, with False Claims Act liability still to be determined.

The Patient Protection and Affordable Care Act ("PPACA"), which passed in March 2010, largely eliminated the development of new physician-owned hospitals in the United States. In addition, on March 26, 2013, OIG published a "Special Fraud Alert: Physician-Owned Entities," which labeled physician-owned distributorships as "inherently suspect." An entry for certain Physician-Owned Distributors also appears on the OIG's 2013 Work Plan, a document outlining the OIG's enforcement priorities for the coming year.

This regulatory and enforcement landscape provides an important backdrop when analyzing any proposed arrangement involving the Stark Law, but particularly in the context of physician investment involving a new hospital, which was the precise subject of PPACA's changes to the Stark Law. Given this recent Congressional action virtually eliminating new physician-owned hospitals, it seems likely that federal regulators will view any arrangement in this area that comes "close to the line" with a significant degree of skepticism and an eye towards protecting the underlying policy interests expressed by Congress through PPACA.

B. The Proposed Arrangement Would Likely Be Viewed as Creating an Ownership or Investment Interest in the Proposed Hospital

The first question in this analysis is whether regulators would view the Proposed Arrangement as equivalent to the physicians acquiring an ownership or investment interest in the Proposed Hospital.[9] If so, the Proposed Arrangement would clearly implicate the Stark Law, including its prohibition that (1) the physician-owners not refer

[9] Without additional information about the structure of the proposed lease payments, we cannot analyze those payments to determine whether or not they satisfy a compensation exception to the Stark Law.

Medicare beneficiaries to the Proposed Hospital and (2) the Proposed Hospital not bill for any of those services.

The definition of "financial relationship" includes both direct and indirect ownership or investment interests. In discussing this definition in 2001, the Health Care Financing Administration (the precursor to CMS) ("HCFA") stated:

> *We believe that limiting the statutory prohibition to direct ownership and compensation arrangements would seriously weaken the statute. Unscrupulous physicians and entities furnishing DHS would simply interpose entities between themselves and funnel the money through them.*[10]

Under PPACA, a section of the Stark Law discussing the whole hospital exception defines the applicable ownership or investment interest as including any interest "held in the hospital ***or in an entity whose assets include the hospital***..."[11] Under the Proposed Arrangement, the physician investors would own interests in an entity whose assets include the hospital, including the real estate, the hospital facilities, and all equipment utilized by the hospital.

In the only published Advisory Opinion examining the question of whether a particular arrangement constituted an ownership or investment interest by physicians, CMS focused, among other things, on whether the physician-shareholders had a "pecuniary incentive to enhance their investment interests . . ."[12] It seems likely that, under the Proposed Arrangement, the physician investors would have a pecuniary incentive to ensure that the Proposed Hospital generated revenue and was profitable. Even if the proposed "fair market value" lease payments were not directly tied to the profitability of the Proposed Hospital, the hospital's success would benefit the physician-investors in at least two ways: (1) it would ensure that the lease remained viable and rent payments continued to flow and (2) it would likely cause the physicians' investment in the underlying real estate to appreciate in value. We believe these are the kinds of economic indicia that would lead CMS, OIG or other regulators to conclude the physician-investors had an ownership or investment interest in the Proposed Hospital, were regulators to analyze the Proposed Arrangement.

Finally, the Galicia Group's own documents illustrate the parties' view of the Proposed Arrangement. The documents state that the physicians will become "stakeholders" and get to work in "their hospital." It is likely that these statements would be viewed by regulators as further evidence that the developers and physicians considered the physicians to be owners of the Proposed Hospital. Furthermore, part of the Galicia Group's stated criteria for entering a new market includes the presence of physicians "with a substantial patient base," who are also "willing to be stake holders and invest in

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[10] 66 Fed. Reg. 856, 867 (Jan 4, 2001).

[11] 42 U.S.C. § 1395nn(i)(1)(D)(i) (emphasis added).

[12] See Advisory Opinion No. CMS-AO-2005-08-01, available at: http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Downloads/MS-AO-2005-08-01.pdf

[the] project." This implies a connection between (a) a potential physician-investor; (b) the size of the physician's patient population; and (c) the Galicia Group's willingness to enter the market. The Group also reports that its "[i]nvestment strategy aligns goals among shareholders, managers, and ***physicians who drive the revenue*** and success of the institutions." (Emphasis added).

This type of connection – between physicians, patient referrals, and investment opportunities – was exactly what Congress hoped to mitigate by passing the Stark Law. As HCFA stated in 2001:

> *Prior to enactment of [the Stark Law] there were a number of studies, primarily in the academic literature, that consistently found that physicians who had ownership or investment interests in entities to which they referred ordered more services than physicians without those financial relationships . . . Increased utilization occurred whether the physician owned shares in a separate company that provided ancillary services or owned the equipment and provided the service as part of his or her medical practice. This correlation between financial ties and increased utilization was the impetus for [the Stark Law].*[13]

C. An Entity That Owns the Real Estate, Hospital Facilities & Equipment Would Likely be Viewed as the Entity That "Performs" the Hospital DHS

In 2008, CMS revised the Stark regulations to address physician-owned entities that were providing services to hospitals "under arrangements." An "under arrangements" arrangement involves a hospital purchasing a health care service (such as dialysis or advanced imaging) for its patients from a third party vendor. The services are then billed by the hospital to third party payers "under arrangements." The under arrangements provider receives a fee from the hospital, generally pursuant to a written services agreement.

CMS became concerned about a proliferation of physician-owned "under arrangements" companies and revised the regulations in 2008 to curtail their use. In preliminary guidance, CMS described this concern as follows:

> *We agree with the commenter that arrangements structured so that referring physicians own leasing, staffing and similar entities that furnish items and services to entities furnishing DHS . . . but [the physicians] do not submit claims raise significant concerns under the fraud and abuse laws and would appear contrary to the plain intent of the physician self-referral law. These structures are particularly problematic because referrals by physician-owners of leasing, staffing and similar entities to a contracting DHS entity can significantly increase the physician-owned entity's profits and investor returns, creating incentives for overutilization and corrupting medical decision-making.*[14]

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[13] 66 Fed. Reg. 856, 859 (Jan. 4, 2001).

[14] 72 Fed. Reg. 51012, 51014 (Sept. 5, 2007).

Prior to 2008, for purposes of Stark, only the entity that submitted a bill to Medicare was considered a DHS entity. This meant a physician-owned under arrangements company was not a DHS entity and therefore the physician could refer patients to the company without violating Stark. By changing the definition of entity to include both the entity that billed the service and the entity that "provided" the service, CMS largely foreclosed the use of physician-owned under arrangements companies.

In its regulatory discussion of this change, CMS specifically declined to provide a specific definition of "perform."[15] While a physician-owned company that provides a narrow, discrete service to a hospital (*e.g.*, the company only leases a single piece of equipment to the hospital) might not be viewed as "performing" the DHS service, we believe the scope of assets being provided under the Proposed Arrangement (the real estate, the hospital facilities, and all equipment) would likely result in the physician-owned entity being viewed as the "performing" entity.

It appears that the Proposed Arrangement is attempting to avoid these regulatory restrictions by breaking apart a hospital's assets between two entities: one that possesses the hospital license and the other that possesses nearly all other assets necessary for operating the hospital, including the real property, the facilities, and the equipment. While not structured as an "under arrangements" arrangement *per se*, we believe it was this type of bifurcation that the 2008 under arrangements rules were attempting to prohibit.

V. Conclusion

Based on the facts that we have been provided (as described above) and available guidance, the Proposed Arrangement appears to be an effort to "end-run" both PPACA's prohibition on new physician-owned hospitals and the 2008 "under arrangements" rule changes.

Given the clear Congressional policy behind the PPACA revisions to the whole hospital exception, and the other guidance discussed above, we believe it is likely that regulators would construe the Proposed Arrangement as creating an ownership interest between any physician investor and the Proposed Hospital, thereby implicating the Stark Law.

Please note that the information and analysis contained herein is intended for use by CCNA and CCNA is the only party entitled to rely on it.

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[15] 73 Fed. Reg. 48434, 48726 (Aug. 19, 2008).

TITLE 36, CHAPTER 1, PART 59 - Land and Water Conservation Fund Program of Assistance to States; Post-Completion Compliance Responsibilities:

36 CFR 59.1	**Applicability**
36 CFR 59.2	**Information Collection**
36 CFR 59.3	**Conversion Requirements**
36 CFR 59.4	**Residency Requirements**

You can also read more about post-completion compliance responsibilities in the **LWCF Stewardship booklet**

Legal Protection for Grant-Assisted Recreation Sites

Section 6(f)(3) of the LWCF Act

Section 6(f)(3) of the LWCF Act contains strong provisions to protect Federal investments and the quality of assisted resources. The law is firm but flexible. It recognizes the likelihood that changes in land use or development may make some assisted areas obsolete over time, particularly in rapidly changing urban areas. At the same time, the law discourages casual "discards" of park and recreation facilities by ensuring that changes or "conversions from recreation use" will bear a cost - a cost that assures taxpayers that investments in the "national recreation estate" will not be squandered. The LWCF Act contains a clear and common sense provision to protect grant-assisted areas from conversions.

SEC. 6(f)(3) No property acquired or developed with assistance under this section shall, without the approval of the Secretary, be converted to other than public outdoor recreation uses. The Secretary shall approve such conversion only if he finds it to be in accord with the then existing comprehensive statewide outdoor recreation plan and only upon such conditions as he deems necessary to assure the substitution of other recreation properties of at least equal fair market value and of reasonably equivalent usefulness and location.

This "anti-conversion" requirement applies to all parks and other sites that have been the subject of Land and Water grants of any type, whether for acquisition of parkland, development or rehabilitation of facilities. In many cases, even a relatively small LWCF grant (e.g., for development of a picnic shelter) in a park of hundreds or even thousands of acres provides anti-conversion protection to the entire park site.

To ensure the continued effectiveness of Section 6(f)(3) protection, several management tools have been developed to monitor and correct changes in assisted sites from year to year. For example, the NPS requires on-site inspections of all grant-assisted areas and facilities at least once in every five years most of which are conducted by cooperating state agencies.

Another important tool to ensure good communication between grantors and grantees is the "6(f)(3) project boundary map." With each application, the grantee submits a dated project boundary map showing the park area to be covered by Section 6(f)(3) anti-conversion protections. This map need not be a formal survey document, but it contains enough site-specific information to serve several purposes:

- it ensures that both the grantee and the administering agency agree on the proper boundaries of the covered site at the time of project approval;
- it provides location, size indicators and a picture of key facilities and landmarks to help later project inspectors better identify and evaluate the site.

Petition-Apodaca Park.txt

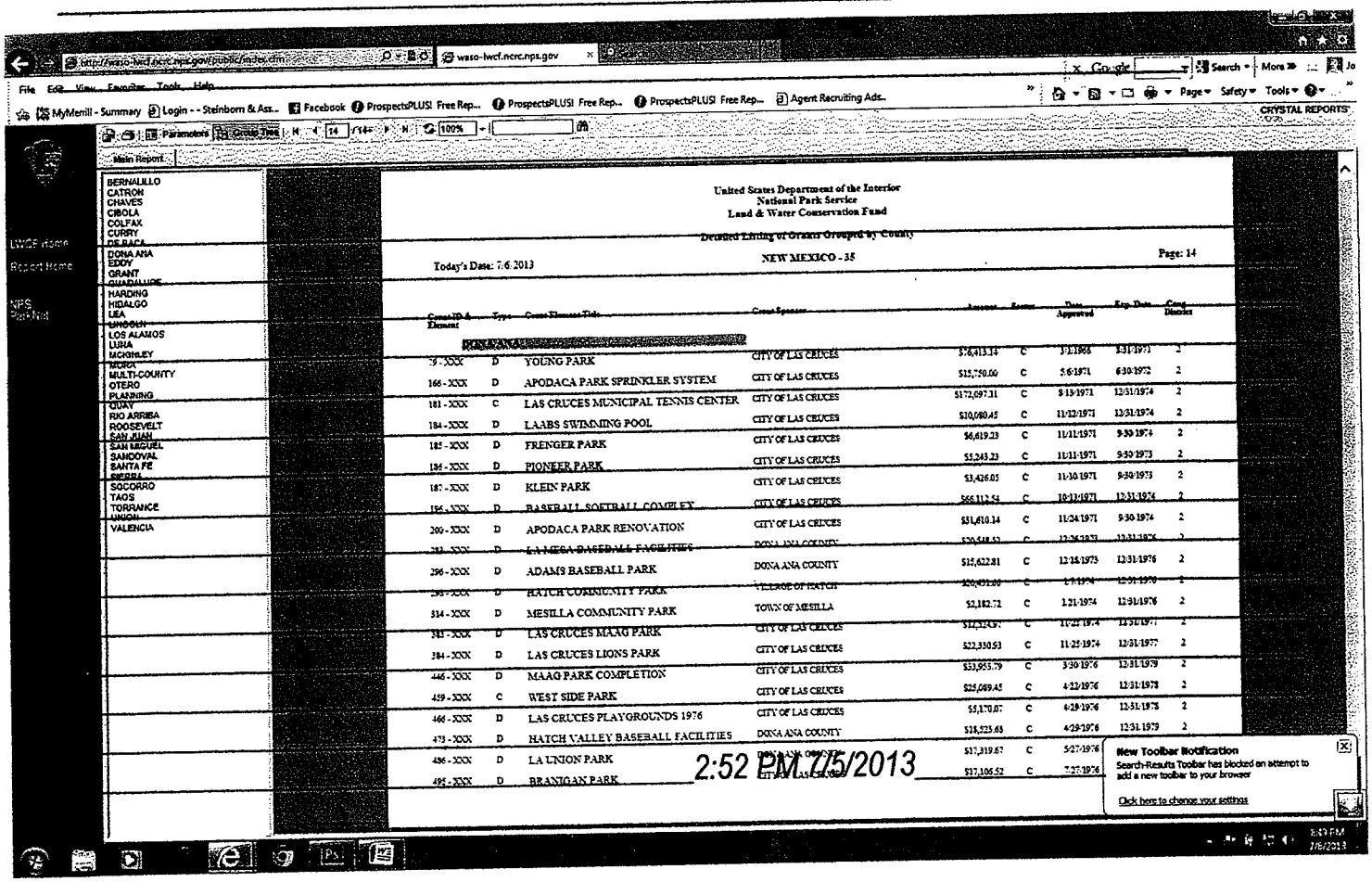
Sometimes the protective provisions of LWCF grants result in "win-win" solutions to the problems of changing parks and changing communities. An example of this is Shoreline Park in Long Beach, California.

After using a sizable LWCF grant for basic development of the 20 acre park, the community felt that the park was not meeting its full potential. It was decided to replace the park with a commercial aquarium, amphitheater and shopping mall, and to build a new community park elsewhere in the neighborhood. National Park Service and the State worked closely with Long Beach. Within a short time, a new 24 acre site was identified.

Shoreline Park never succeeded in meeting its usage goals, because of reduced population in the downtown areas. Thanks to common sense replacement provisions, the park site will effectively be relocated and Long Beach residents will be able to enjoy new recreation opportunities as well as a viable tourist and convention site that will aid downtown economic recovery.

The conversion was approved, with the result that the "anti-conversion" mandate of the law, instead of being a negative, helped bring business leaders and community park users together for an improved Science Center AND an entirely new public recreation opportunity in the form of the riverfront park.

Two Projects for Dona Ana County from FLWCF (Renovation & Sprinkler System in 1974 Dollars):



United States Department of the Interior
National Park Service
Land & Water Conservation Fund

Today's Date: 7.6.2013 NEW MEXICO - 35 Page: 14

Grant ID & Element	Type	Grant Element Title	Grant Sponsor	Amount	Status	Date Approved	Exp. Date	Cong. District
59 - XXX	D	YOUNG PARK	CITY OF LAS CRUCES	$76,413.14	C	3-1-1968	1-31-1971	2
166 - XXX	D	APODACA PARK SPRINKLER SYSTEM	CITY OF LAS CRUCES	$15,750.00	C	5-6-1971	6-30-1972	2
181 - XXX	C	LAS CRUCES MUNICIPAL TENNIS CENTER	CITY OF LAS CRUCES	$172,097.31	C	8-13-1971	12-31-1974	2
184 - XXX	D	LAABS SWIMMING POOL	CITY OF LAS CRUCES	$10,080.45	C	11-12-1971	12-31-1974	2
185 - XXX	D	FRENGER PARK	CITY OF LAS CRUCES	$6,619.23	C	11-11-1971	9-30-1974	2
186 - XXX	D	PIONEER PARK	CITY OF LAS CRUCES	$5,243.23	C	11-11-1971	9-30-1973	2
187 - XXX	D	KLEIN PARK	CITY OF LAS CRUCES	$3,426.05	C	11-10-1971	9-30-1973	2
195 - XXX	D	BASEBALL SOFTBALL COMPLEX	CITY OF LAS CRUCES	$66,112.54	C	10-12-1971	12-31-1974	2
200 - XXX	D	APODACA PARK RENOVATION	CITY OF LAS CRUCES	$31,610.14	C	11-24-1971	9-30-1974	2
281 - XXX	D	LA MESA BASEBALL FACILITIES	DONA ANA COUNTY	$30,548.53	C	12-26-1973	12-31-1976	2
296 - XXX	D	ADAMS BASEBALL PARK	DONA ANA COUNTY	$15,622.81	C	12-18-1973	12-31-1976	2
298 - XXX	D	HATCH COMMUNITY PARK	VILLAGE OF HATCH	$20,451.00	C	1-7-1974	12-31-1976	2
314 - XXX	D	MESILLA COMMUNITY PARK	TOWN OF MESILLA	$2,182.72	C	1-21-1974	12-31-1976	2
341 - XXX	D	LAS CRUCES MAAG PARK	CITY OF LAS CRUCES	$12,323.97	C	11-22-1974	12-31-1977	2
384 - XXX	D	LAS CRUCES LIONS PARK	CITY OF LAS CRUCES	$22,330.93	C	11-25-1974	12-31-1977	2
446 - XXX	D	MAAG PARK COMPLETION	CITY OF LAS CRUCES	$33,953.79	C	3-30-1976	12-31-1979	2
459 - XXX	C	WEST SIDE PARK	CITY OF LAS CRUCES	$25,089.45	C	4-12-1976	12-31-1978	2
466 - XXX	D	LAS CRUCES PLAYGROUNDS 1976	CITY OF LAS CRUCES	$5,170.07	C	4-29-1976	12-31-1978	2
473 - XXX	D	HATCH VALLEY BASEBALL FACILITIES	DONA ANA COUNTY	$18,525.68	C	4-29-1976	12-31-1979	2
486 - XXX	D	LA UNION PARK	DONA ANA COUNTY	$17,319.67	C	5-27-1976		
495 - XXX	D	BRANIGAN PARK	CITY OF LAS CRUCES	$17,106.52	C	7-27-1976		

2:52 PM 7/5/2013

175

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
John F. Stevens	JOHN F. STEVENS	890 Camino Del Rey	524-8506	JOHNMILL9@TOAST.NET
Mildred Stevens	MILDRED E. STEVENS	890 Camino Del Rey	524-8506	JOHNMILL9@TOAST.NET
Armando Silva	Armando Silva		5756424698	
Tommie J. Schroeder			525-0111	
Sarah Smith			640.5956	Mesilla, NM.
Neal Wilkinson			640 Lori Ls. NM.	
Will McWhorter			1700 Camino Del Rey LCNM 88001	
Lisa F. Parrott	Lisa F. Parrott	2494 Cherokee Circle 88011		
Helen Berridge	Helen Berridge	671 Loomis Rd. LC 88007		
Tamie A. Smith	Tamie A. Smith	1807 Highland Ave		
Corby Allred	Corby Allred	2015 Jordan	621-9157	allredc@nmsu.edu 88005
Earnestine Simmons	Earnestine Simmons	2131 Pioneer Av. 88011	521-9262	
Lorenzo Delgado Jr.	Lorenzo Delgado Jr.	5249 Creek Trail 88012	649-0941	
Jim Cilento	4248 Great Sandy Dr LCNM 88011		575 312 6698	
Earl R. Greene	EARL R. GREENE	1540 Altura Ave 88001		
Michael L. Hays	Michael L Hays	651 Cedardale Loop LC 88005	523-5533	
Beth Bannister	Beth Bannister		521-9346	
Win Jacobs	Win Jacobs		521-9331	
Mamie Aragon	Mamie Aragon		805-1575	
Charlotte Lipson	Charlotte Lipson		527-4083	3808 Monddel 88005
Everardo Lopez III	Everardo Lopez III		805 1575	
Rwellier	Rachel Welliver	3208 Jupiter Rd 88012	4053349256	rw_bee@Hotmail
George Welliver		3208 Jupiter Rd LC 88012	(575) 571 8617	
Sarah Wilson		2635 Desert LC 88001	524-0992	
Robert L. Smith		2645 DESERT DR LC 88001	523-8860	
Avril Pendley		1900 N Solano Dr apt 15 88001	571-0432	
Brenda Peradera		1900 N. Solano Dr. #11 88001	(575) 496-9492	
M J Potter	Murray Potter	2505 Desert Dr 88001		
Michael W. Ormsby		910 S. Esparanza St. Las Cruces, NM 88001		
Carlos Colón	Carlos Colón	1725 Mariposa Dr 88001		
Laun C. Smith	LAUN C. SMITH	2450 Calle de Picacho 88046		
Eva Booker	Eva Booker	1725 Mariposa Dr 88001		
Edward Oquendo		1075 Poplar Avenue 88001	Edward Oquendo	Edward Oquendo

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
JoAnn Wright	JoAnn Wright	2230 Dona Ana Rd #98	(575-805-3701)	
Kimberly Chacon	Kimberly	515 Oasis Ave	(575) 805-2038	
Virginia Gonzalez	Virginia Gonzalez	2160 Desert Circle	(575) 526-6788	
Jesse Ray Gonzalez	Jesse Ray Gonzalez	2160 Desert Circle	526-6788	
Margarita Gonzalez	Margarita Gonzalez	1800 N. Sexton	526-6788	
Saturnino Gonzalez	Saturnino Gonzales	1800 N. Sexton	526-688	
[illegible]	Rebecca Vasquez	1076 E Kenedy Rd	(575) 805-2038	
Maria Aldaz	Maria Aldaz	660 Jaos Ln	(575) 805-1552	
Margaret [illegible]	[illegible]	2170 Desert Circle		
[illegible]	[illegible]	2210 Desert Cir Las Cruces NM 88001	(575) 993-9527	
Erissa DeLaO	Erissa DeLaO	2210 Desert Circle Las Cruces N.M.	312-7067	
Gilbert DeLaO	Gilbert DeLaO	2210 Desert Circle LCNM 88001	(575) 312-8828	
Isidro R. Gonzales	Isidro R. Gonzales	1800 N. Sexton	575-312-4611	
Rudy Garcia	1660 Mariposa	575-405-2903		
Monica Garcia	1660 Mariposa	915 4011683		
[illegible]	1660 Mariposa			
[illegible]	Carol Lee	3292 Tila	915-791-9861	
[illegible]	Frank Medina	1665 Mariposa	523-1874	
[illegible]	[illegible]	12-15 [illegible]		
Zack Thomas-Chappell	Zack Thomas-Chappell	1605 Mariposa Dr.	575-621-9624	
Martha Ward	Martha Ward	1545 Mariposa Dr		
Michaella Panciera	1525 Mariposa	575-636-9574		
Christine D. Martinez	5758056964			
Mary J. Smead	1845 Altura Ave	649-3731		
[illegible]	1845 Altura Ave	640-2030		
Oscar Ruiz	(575) 312-8563			
Leticia Madrid	Leticia Madrid	1655 Mariposa Dr	640-3579	
Elizabeth Bisher	1900 Arlington	575-652-2666		
Alexis Larsen	3245 University Ave.	575-6545-3374		
Betty Bishop	1900 Arlington Ave.	575-526-5766		
Daniel H. Townsend	624 Turner Ave.	575-523-1207		

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
[illegible]	Gary Bales	B Box 265 Fairacres	640-9261	
[illegible]	TRISH CONTRERAS	940 Mulberry Ave LCNM 88001		
[illegible]	JOHN SANDOVAL	201 E Montana Ave LCNM 88005		
[illegible]	Ortiz	1465 Dona Ana Las Cruces NM 88012		
Christopher P Rodriguez		1810 Beverly Las Cruces NM 88005		
Connie J Potter		2505 Desert Dr Las Cruces NM 88001		
Linda McCamley		1540 Karrie Las Cruces 88007		unit 49
Daniel A. Mengeling		905 Conway Ave, Las Cruces 88005		
Randi Sipson	Randi Simpson	855 E. University	575-640-3414	rblair@nmsu.edu
[illegible]	Tulley Trantham	" "	575-520-1742	tttgage@[illegible]
Jordan Lundy	[illegible]	4722 Wilt Ave.	viperlundy@[illegible]	
Elaine Frost		1405 Princess Jeanne L.C.NM		
Alex Moore-Jones		1230 Tamony Ln 526-0935		
[illegible]		710 Lees DR. L.C.NM.		
Michaela Kelley	Michaela Kelley	5444 Angel Fire Court (515) 523-0108	mskelley@nmsu.edu	
[illegible]	Dominic A. Nuñez	1345 Branson Ave. Apt 1B (505) 935-0323	d-nunez9@nmsu.edu	
Pauline B Sanchez	Pauline B Sanchez	239 S. Weinrich Rd. 523-4493	psanchez55@q.com	
[illegible]	David C. Bustillos	4120 Cholla Rd 496-3382		
[illegible]	LAURO HINOJOSA	3889 CALLE DE LAS MARGARITAS	575-640-6501	
Brenda Lenderman	Brenderman	3889 calle de las Margaritas	lendermanbrenda@yahoo	
Julia Carlos	Julia Carlos	9530 Antares St	805-39-12	
Javier Medrano	Javier Medrano	9510 Polaris St	805-88-20	

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
Paul C Gagnier	Paul C GAGNIER	2230 Desert	575 649 6869	
Beatrice Melendez		2240 DESERT	649-9816	
[illegible]	(A. Melendez)	" "	649-0184	
Sonia Williams	Sonia Williams	2235 Desert Dr	757-647-05[illegible]	
Gertrude Williams	Gertrude Williams	545-4679	"	
Sandra Williams	Sandra Williams	545-4270	"	
Soraya Jay	Soraya Jay	"	"	
Jamonica Williams	Jamonica Williams	575-312-6708	"	
Steven Padilla	Steven Padilla	2235 Desert Dr	757-647-0502	
M Waters	Meghann Waters	(575) 640-9452	2111 Desert Dr. LC 88001	
Ellen Perry	Ellen Perry	1625 MARIPOSA	575-649-1401	
Boudeau Belt	Boudeau Belt	1630 Mariposa Dr	575-526-1528	
Kathryn Van DaSing	Kathryn Van DaSing	1565 Mariposa	575-495-1420	
Dr. David J. Lucero		1555 MARIPOSA Dr. LAS CRUCES N.M. 88001		
Sergio A Huerta	[illegible]	1540 Mariposa LC 88001		
MARY HAYNES	Mary Haynes	1520 Mariposa LC 88001		
[illegible]	ALFRED MADRID	575-571-5268		
[illegible]	ISMAEL GALVAN	575-805-0027		

937

Petition-Apodaca Park

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
[signature]	Arthur G. Aleman	1650 Palo Verde	5242068	ArtAleman@Comcast.Net
[signature]	Rachel Gamboa	1024 N. Melendres	(575) 621-8793	rrfimbres@hotmail.com
Magdalena Aleman	MAGDALENA ALEMAN	1650 Palo Verde, N.M.	575-5242068	
[signature]	Raquel Fimbres	1650 Palo Verde Las Cruces, NM	575-571-1109	Qgfimbres@aol.com
[signature]	Gary Bartholomew	3684 Ascencion Cr.		
[signature]	Kent O Hemburg	3105 High ST.		
Kathy von Ende	KATHY VON ENDE	6471744	2110 Via Tesoro	
Victoria Simons	VICTORIA SIMONS	4052 SOTOL		
[signature]	Gerald L. Kumpf	1209 Stell Drive	521-9261	
[signature]	Dave Tomblom	2952 Lookout Ridge	382-2048	
[signature]	BARBARA HANSFORD	3561 VENUS 88012	3730599	barbara@desertimpressions.net
Darrel HADLEY	712 STAGECOACH	(575) 521-1237		
GIL LIEBERMAN	1958 EL SEGUNDO TR	5220773		
Don Aveny	2775 N. Roadrunner, PKWY #1305	575-323-3472		
H. Walter Heilemann	H. WALTER HEILEMANN	4669 NOGAL CANYON RD, LC. 88011	575-521-1823	
Patricia H. Martinez	1029 Olla de Oro Las Cruces 88005	571-4575		pathmartin@aol.com
Martin E. Maese	2868 Diamond Springs Dr Las Cruces, NM 88011	575-532-6060		maesem@comcast.co

Petition-Apodaca Park
938

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
	Rosemarie Marquez	6824 Cortez Dr LC NM 88011		
Rudy Elizalde	Rudy Elizalde	3602 Oak #3 88005		
	Michael Hammond			
	Rita Cheng			
	Helen Aragon			
	Jeff Saiz			
	Joshua Lujan			
Jessica Conder	Jessica Conder	993-4871	jesslynn_85@hotmail.c	
Leah Triste				
Gilbert Sonier		373-0111		
Michael ONeil		2507 cole village		
Antonio Rodriguez	Antonio Rodriguez	1285 El Paseo		
Nicole		1701 Princess Jeanne LC NM 88001		

Petition-Apodaca Park

939

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
Deidre Halpain	Deidre Halpain	3115 El Camino Real #2	575-556-4598	
[illegible]	Mark Lopez	1701 princess Jeanne	(575) 496-7945	
[illegible]	MARY Lopez	1701 princess Jeanne	(575) 932 9220	
[illegible]	Tommy Lopez	1701 PRINCESS JEANNE	(575) 932-9219	
[illegible]	RICK SMITH	1289 MAC ARTHUR	575 622 2231	
Sophia Hernandez		1709 Princess Jeanne	575-805-4020	
Alfie Gamboa		1709 Princess Jeanne	575 571 477	
ALFRED TELLES		1217 Wna	575-556 4357	
T. S. Crawford		1800 California Ave.	575-639-394[illegible] 575 802 3040	
Mark Frost	Mark Frost	1705 Princess Jeanne		

Petition-Apodaca Park
940

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
[illegible]	Robert E Mitchell	2990 Long Bow Loop	575-521-4146	
Sara Norris	Sara Norris	2613 Comstock	575-312-0500	
Lanny Norris	LANNY R NORRIS	2613 Comstock	5954057130	
Deborah Pouliot	Deborah Pouliot	3425 Pinnacle View	575642-1496	
James N Harbison	JAMES W HARBISON	2306 STAGECOACH DR	575-522-3909	
Annie Harbiso	ANNIE Harbison	2306 STAGECOACH DR	575-522-3909	
Kyle Harbison	Kyle Harbison	2306 Stagecoach Dr	575 5223909	
Jean Marrot	JEAN MARROT	5020 HUNTERS CHASE Rd LAS CRUCES, NM 88011	522-2749	N/A

Petition-Apodaca Park

941

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
Dannie K Parrott	Dannie K Parrott	2494 Cherokee Circle Las Cruces, NM 88011	575 522 5275	parrott2005@comcast.net
M K Sims	M.K. Sims	501 Roadrunner Pkwy Apt 1601 Las Cruces, NM 88011 Formerly 23123 Cimarron L.C. NM 88011	575-522-2275	
H F Adams	H.F. Adams, JR.	2221 Durango Ct. LC NM 88011		
Barbara J. Adams	Barbara J Adams	2221 Durango Ct LCNM 88011		
Allan D Lindley		2096 Sagecrest ave. Las Cruces N.M. 88011		
Beverly A Lindley		2096 Sagecrest Ave, Las Cruces, NM 88011		

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
Pedro Oquendo	Pedro Oquendo	2141 N. Solano Dr. #376	575-915-7343	none
Kristina Herrera	KRISTINA HERRERA			none
Fatima Bonnda	Fatima Bonnda		575 (312) 6646	
Patricia Sanchez	Patricia Sanchez		575 8050542	
Priscilla V. Gonzalez	Priscilla Gonzales		575 312 7982	
David Flores	David R. Flores	1920 E. Idaho	575-644-0223	

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
Griselda Soto	Griselda Soto	195 SLATE	644-8121	
[illegible]	[illegible]	195 Slate	644-8121	
Hector Villalpando	Hector Villalpando	850 Holly Dr	312-6012	hectorv@nmsu.ed
Marisol Martinez	Mercy	850 Holly DR A27	miguel06@nmsu.edu	680-625

944

Petition-Apodaca Park

We, the undersigned, oppose the taking of any part of Apodaca Park for any reason, and also oppose the re-zoning of 30+ acres of LCCC property from R-1-a to C-3 for a Hospital, or any other commercial enterprise.

Signature	Printed name	Address	Phone #	E-mail
Victor Loya	VICTOR LOYA	855 E. UNIVERSITY #215	(915)691-2875	victorloyasvcs23@yahoo.com
Rose Hackney	Rose Hackney	6430 Torrolr	88007	575-636-5581 hackneyrmz@yahoo.com
L Gioannini	LARRY GIOANNINI	205 HOAGLAND RD	88005	

RE: The proposed medical facilities for the Park Ridge Development,

hospital and heliport

I do want to say that I am extremely concerned about the traffic problems resulting from the proposed development, however, my specific concern is the proposed "heart hospital" and heliport. I was directly involved with the issue of a second hospital for Las Cruces back in the late 70s and 80s. I was Chairperson of the local Board of the NM Health Systems Agency, and later Chair of the State Governing Body and the NM Health Planning Committee. We were operating under the Certificate of Need law, 96-341. A public hearing was required under the law, and I "officiated" at that hearing. There was input from citizens, legislators, and health care providers. The proposed new hospital was a private hospital with physician investors. As Chair of the local board, I had a competent staff and access to every bit of relevant data I could get.

The basic issues were almost the same as we have in the present case. Under the guidelines, Las Cruces had adequate beds, while trying to expand services and make Memorial Medical a regional center. As a public facility, they were required to take all patients, and were then expanding the emergency room.

After the hearing, the issue went to the Governing Body, in Albuquerque where I and others testified. The proposed hospital was denied (no capital reimbursement) due to the fact that the physician investors would send their paying patients to "their" hospital, creating a distinct conflict of interest. It would also damage Memorial Medical by forcing them to take the brunt of the non-paying patients. As a public hospital, they were also required to maintain the unprofitable services like maternity and obstetric care, and the open emergency room. Patients and taxpayers would suffer. Under the bed/population formula, services were more than adequate. We anticipated that within a few years, we would need another hospital, after Memorial Medical was firmly established as a regional facility.

A very similar situation seems to apply in the present case..... there is still a conflict of interest, we are considerably overbedded, with Memorial Medical at 50% occupancy and Mountain View (with extensive heart services) at 67%. And we must still seriously consider the fact that we must also serve a poverty population. Health care is a matter of life, death, pain and suffering, and healing. That comes before the bottom line. Although health care facilities must make a profit, they also have a heavy responsibility to the entire community. I do not see that here, with a boutique, no Medicare or Medicaid, facility that can only bleed off needed income from our present adequate facilities.

With regard to the helioport, this is almost too bizarre to contemplate. We already have adequate air lift services, (very expensive) and having a helicopter landing on top of a one-story building surrounded by taller buildings, residential houses, trees and power lines, is ridiculous. I refer you to the comments of a member of the Planning and Zoning Committee, who was a helicopter pilot.

Finally, I refer you to the State of New Mexico Department of Health needs projections for 2013-2014. None of the very serious needs listed are addressed in any way by the proposed facility.

Martha O. Loustaunau m_loustau@hotmail.com

Susana Montana

From: David Weir
Sent: Monday, July 15, 2013 8:12 AM
To: Susana Montana; Katherine H. Rogers
Subject: FW: Country club

From: Brian Denmark
Sent: Monday, July 15, 2013 6:45 AM
To: David Weir
Subject: FW: Country club

FYI and file.....

Brian Denmark, AICP
Assistant City Manager/COO
City of Las Cruces
(575) 541-2271: Office
(575) 642-1726: Cell

From: Sharon K. Thomas
Sent: Sunday, July 14, 2013 10:16 PM
To: Robert Garza; Brian Denmark; Mark Winson
Subject: Fwd: Country club

FYI,

Sherry

Sharon Thomas
Mayor Pro Tem
City Councilor, District 6
Las Cruces, NM
575 993 9347

Begin forwarded message:

> **From:** Judith <jlpward@gmail.com>
> **Date:** July 14, 2013, 7:43:41 PM MDT
> **To:** "CityCouncil@las-cruces.org" <CityCouncil@las-cruces.org>
> **Subject: Country club**

Honorable Mayor & City Councilors,

Just a brief message regarding the future development of the country club. My husband and myself are in favor of the proposed plans for development. We live in the area and have a business on Solano and Madrid. We believe that it will add to the value of existing property and

the quality of life. It is time to think of the people on this side of the dam! You have a few vocal people that really do not speak for the majority of the residents . We have talked with many customers and neighbors that are all for it, that do not belong to the association . The plans will not destroy Apodoca Park but enhance it, it will bring a much needed since of community pride to the area. We need to get the ball rolling so that we don't have to see the eye sore that the property has become.

Thank you for your time,
Wayne & Judy Ward

Susana Montana

From: Barbara Whittenton <BWhittenton@crdist.com>
Sent: Tuesday, July 23, 2013 10:08 AM
To: Susana Montana
Subject: Park Ridge Plan and zoning changes

I urge the City Council to REJECT the zoning change for the Park Ridge area or the Las Cruces Country Club. This space should be kept as something that would benefit the citizens of Las Cruces and another hospital is not necessary or needed. If this change goes through we will have the beautiful Sonoma Ranch Golf Course turn into another blighted Las Cruces Country Club. Thank you for taking time to read my comments.

Barbara Whittenton

The information contained in this email and any attachments is confidential and may be subject to copyright or other intellectual property protection. If you are not the intended recipient, you are not authorized to use or disclose this information, and we request that you notify us by reply mail or telephone and delete the original message from your mail system.

From: Roy G. Hendrix [mailto:hendrix2@comcast.net]
Sent: Wednesday, July 24, 2013 4:45 PM
To: Susana Montana
Subject: Fwd: rezoning of former Las Cruces Country Club property

This e-mail and any attachments thereto, is intended only for the use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachment thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message, and permanently delete the original and any copy of any e-mail and printout thereof.

From: "Roy G. Hendrix" <hendrix2@comcast.net>
Subject: rezoning of former Las Cruces Country Club property

This email is to let you know of our support for the rezoning of the 110 acres of land formerly known as Las Cruces Country Club.
We have reviewed the plans for the new development and feel the proposed project will be a great addition to our community and will revitalize that area of Las Cruces. The plans for the new development will increase property values near the development and offer much needed new neighborhood and employment opportunities. We are very much in favor of the proposed new hospital and rehab. facilities to be built on that site.
Thank you for your consideration. We hope you will use your influence to help the rezoning of this land pass the City Counsel.

Sincerely,
Roy and Linda Hendrix
1089 Nena Ct
Las Cruces, NM

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Susana Montana

From: arrington@zianet.com
Sent: Wednesday, July 24, 2013 7:18 PM
To: Susana Montana
Subject: Rezoning Las Cruces Country Club Property

Dear Ms. Montana,

Jack and I are members of Las Cruces Country Club and certainly are as anxious as the rest of the membership to see the zoning change completed in a timely manner.
More than that, as residents of the north valley, (the medical helicopter flies over our house all the time) we are really hopeful that all goes well so that there will be a good hospital closer to this end of town.
Lastly, as Realtors, we know first hand what an enormous PLUS it will be for the home and commercial property values in that area. Currently, the old Country Club housing area is one of the slowest moving, least appreciating areas in Las Cruces. Further, there are great misconceptions as to a need to conform the emergency exit road using a portion of the Apodoca Park parking lot. It has not been properly explained to the general public that more land will be transferred to the city to well compensate for this necessary alteration for safety's sake.
Please give my regards to Katherine (we worked together on subdivisions when she was at the county). Also, please say 'Hi' to Mrs. Driggers for me too!!
Our office is still just down the hall from Doug's former office in the Tower.
Thank You for your time and all your very hard work on ours and all the members of Las Cruces Country Club behalf and whether they realize it right now, the property owners in that area!

Thank You,

Patricia(Pat) L. Arrington(Jack)
30 Horseshoe Circle

Arrington's Theatre of Homes
506 S. Main Suite 444
Las Cruces, New Mexico 88001

Susana Montana

From: Lee Webb <technut@comcast.net>
Sent: Wednesday, July 24, 2013 10:03 PM
To: Susana Montana
Subject: rezoning

Please support the rezoning of the old Las Cruces Country Club.

Respectfully
Layton T. Webb
5220 Violet Way
Las Cruces, NM 88001
575-644-3803

Susana Montana

From: Vic Rose <vrose1193@gmail.com>
Sent: Thursday, July 25, 2013 6:57 AM
To: Susana Montana
Subject: Old Las Cruces Country Club Prperty

As a very local resident, I strongly support the proposed zoning changes at the Las Cruces Country Club property.

Victor Rose
1510 Country Club Circle
Las Cruces NM 88001

Susana Montana

From: SWBNM-Ernesto Ortiz <eortiz@nmhidta.org>
Sent: Thursday, July 25, 2013 11:00 AM
To: Susana Montana
Subject: Las Cruces Country Club Property

Ms. Montana:

I have been a member of the Las Cruces Country Club for approximately 25 years and was recently informed that the Las Cruces City Planning and Zoning Commission will soon be reviewing an application to approve rezoning of the entire 110 acres of the Las Cruces Country Club property located at 2700 N. Main. I am unable to attend the scheduled meeting for this hearing; however, my opinion is that the rezoning will have a very positive impact to the City of Las Cruces; therefore, I am in favor of the proposed rezoning.

Sincerely,

Ernie Ortiz
Regional Director
New Mexico HIDTA
2450 Lakeside Drive Bldg. A
Las Cruces, New Mexico 88007
Office# (575) 541-7507
Fax# (575) 541-7510
eortiz@nmhidta.org

**Please note my new email address is eortiz@nmhidta.org

Susana Montana

From: LENNY LARSON <llarson48@msn.com>
Sent: Thursday, July 25, 2013 12:45 PM
To: Susana Montana
Subject: RE: News Letter

Las Cruces Country Club Redevelopment

Susana,

We are residents of the Las Cruces community and neighborhood surrounding the Las Cruces Country Club. We are in support of the proposed mixed-use community and medical campus to be located on the Las Cruces Country Club site. We support the proposed rezoning of the 110-acre site as a PUD (Planned Unit Development) and the C-3 zoning for medical use, assisted living and rehabilitation facilities. We believe this project will bring economic revitalization to this neighborhood and offer quality employment opportunities and retail amenities. It will bring homebuyers back to the neighborhood and quality services to the central core of Las Cruces.

Leonard and Pam Larson
2072 Pinecone Way
Las Cruces, NM 88012

llarson48@msn.com
Cell: 719-964-6653

Thank you

Susana Montana

From: JAime R <concernedincruces2@gmail.com>
Sent: Friday, July 26, 2013 4:21 PM
To: smontanta@las-cruces.org; Susana Montana
Subject: Re: Delivery Status Notification (Failure)

It is unfortunate that alot of the signatures that you will have for the rezoning hearing will be biased and from the las cruces country club members, as well as their family and freinds. They have a financial interest in seeing that the rezoning gets approved so they can take the proceeds and buy Sonoma Ranch Golf course.
Please take 5 minutes and read the link below.

Thank You For Your time,

http://www.lccountryclub.com/newsletter.php

Las Cruces Country Club

Newsletter

July Newsletter

FROM THE PRESIDENT

It was a good July 4th of the community and the Club; celebrations from Elephant Butte, to Las Cruces, to Mesilla and El Paso. I hope that everyone enjoyed the day and keeps in their thoughts that freedom is not free and our active duty military, our veterans, police and emergency responders have a lot to do with you and me enjoying our freedoms. When you can, offer our men and women in uniform your thanks.

The City Planning and Zoning Commission recommended approval of the rezoning of 31 acres. As you know the rezoning will provide the clearance for the buyer to construct a hospital, physical rehabilitation center and condos on the old course. The next process is for the Las Cruces City Council to be presented the zone change for their approval.

As a Club this zone change is important to our future. If the change does not meet approval the sale may be in jeopardy. Our Members can assist the process by:

1. Have friends and family sign attached petition and return to Chuck Rohr or the Business Office.
2. Send emails endorsing the Park Ridge plan and zone change, to the mayor, city council members and Susana Montana (City planner, smontanta@las-cruces.org). You may call in your support to 575-541-2066.

And most importantly!

3. Attend the Monday, August 19th City Council meeting for final zoning approval – 1 pm, Council Chambers, City Hall, 700 N. Main St.

Please do whatever you can to show your support for this!

Remember that until the purchase and closing of Sonoma Ranch we still remain under the agreement which affords us playing privileges at Sonoma Ranch. Please respect the fact that the management of the facility is not our responsibility until there is a closing on the property.

In the meantime play some golf and enjoy!

Robert Caldwell
President
LCCC Office: (575) 526-9723 Sonoma Pro Shop: (575) 521-1818
E-Mail: lascrucescountryclub@gmail.com
Website: www.lccountryclub.com
85th Year of Operation of the Friendliest Golf Course in NM

July 2013
2011

FROM THE BOARD

Most of you have heard by now that the City Planning and Zoning Commission approved the rezoning of 30+ acres of our old land for the hospital being planned by our buyers. Now the City Council needs to approve it. We are still hopeful that the closing will take place the first part of Aug. We are starting serious talks with the Sonoma owners and will keep you, our members, updated as anything new happens. We will be asking for a lot of help from all of you during the transition stages.

The 4th of July All-American Scramble was a lot of fun for those who participated. The teams were very evenly made with final scores ranging from 61-68. The weather was beautiful for golf, warm with a pleasant breeze. And the beer flowed freely. Thanks go to everyone who helped make this a success—too many to name, but you know who you are. Winners were: 1st place (score card playoff) – Phil Woods, John Bealmear, Charley Brown & Cheryl Marsh; 2nd place – Cal Fisher, Mike Kelley, Eddie Chavez, Lita Jones & Mark Perkins; 2rd place – Larry Alford, Rick Baker, Scott Blair & Sue Smith. Congratulations to all of them—and to everyone who participated.

UPCOMING EVENTS

SRGC August 17-18 Nike Promo Weekend

LCCC Aug. 19 - Monday WGA Member/Guest. More information will be out soon. Contact Cheryl Marsh or Inge Peter to register.

Mark your Calendars September 28-29 tentative dates for Club Championship

More info next month

June Newsletter

From The President

As most of you know, by majority vote of the Membership Certificate Holders, your Board of Directors was given authorization to enter into a purchasing agreement with Sonoma Ranch Golf Club to acquire; the golf course, lounge, restaurant, pro shop, liquor license and all water rights. There was a large turnout for this special meeting of the Membership Certificate Holders. The Board would like to thank everyone that attended and those that voted by proxy. The turnout expresses to us how important the vote was to our Members. The vote allows the process as it relates to the purchase of a new home to begin.

The Board is working on many projects: Lee Stringham our Attorney has moved to another city and we have retained Damien Martinez of Holt Maynatt and Martinez as or new Attorney. The search by the Tax Committee for a quality tax accountant to guide the Board in managing the proceeds and future operation of the facility is underway. The

anticipated closing of the old course is scheduled for August 7, 2013. These projects were enhanced when the Membership voted to purchase Sonoma Ranch Golf Club. Completing these projects allows us to focus on deriving a business plan that utilizes the funds from the sale of our assets to the maximum benefit of the Membership.

It is important to remember that until the purchase and closing of Sonoma Ranch we still remain under the agreement which affords us playing privileges at Sonoma Ranch. The Sonoma Ranch partners operate the facility and we must do our best as a Club to adhere to the agreement. Please respect the fact that the management of the facility is not our responsibility until there is a closing on the purchase or until such time as Sonoma Ranch agrees to allow LCCC to manage the operations. Please keep this in mind ... we have only agreed as a Club to pursue the purchase of Sonoma Ranch. The purchase will take some time and in the interim LCCC is the guest of SR. Let's respect their right to operate their facility and be good guests.

The developer will go before the Planning and Zoning Commission on Tuesday June 25th. The meeting will be held at the Las Cruces City Hall, 700 N. Main St. If you have an interest in the proposed use of the land, please plan to attend. The meeting starts at 6 pm. Chuck Rohr has coordinated this project and reported to the Board that the plan is to build a "heart" health hospital, senior-living residential housing, and condos. In addition to these plans commercial and open-space uses are in the zoning plans. It is good to know that there will be good community uses derived from our old home.

The Fourth of July All-American Scramble will be held at Sonoma Ranch and if you would like to join in on the fun, sign up at the Pro Shop soon.

Hope to see you on the course.

Robert Caldwell
BOD President

May 2013 Newsletter

From The President

Your Board of Directors has been diligently at work on educating ourselves on the proposals from Sonoma Ranch Golf Club and Picacho Hills Country Club. The Board has also reviewed documentation on the 501c7 status of LCCC.

On Thursday, May 16th and on Monday, May 20th, the Negotiations Committee held an informational meeting to present two viable options available to us for purchase: Sonoma Ranch Golf Club and Picacho Hills Country Club. If you were unable to attend the meeting and would like to have a copy of the presentation you may call the Business Offices (526-9723) and have it emailed to you, placed in the mail to you or you may come by the office and pick up copies, call ahead to be sure the copies will be ready when you arrive. The documents are a summarized comparison of SRGC and PHCC and a preliminary look at the proceeds from the water and land sale.

The Board has set June 11, 2013 as the date of a Special Membership Certificate Holders meeting at 6:00 p.m., at the Elks Club to vote on a permanent location of Las Cruces Country Club. The meeting will request your vote on whether the BOD should pursue SRGC or PHCC for purchase. At the

meeting you will have a presentation by Dale Russell on the 501c7 limitations/requirements and the affect the exemption has and will have on the Club operations and income, a presentation by Chuck Rohr on PHCC's proposal and Jim Rives will present SRGC's proposal. The majority vote of the Members will provide direction to the BOD in the facility the Members choose to purchase.
The agenda and proxies will be sent to you in advance of the meeting. Please look for them in the US Postal mail. I urge you to attend the Tuesday, June 11th, Special Meeting and if you are unable to, give your proxy to another member or a Board member. I am excited about this opportunity to move forward and purchase a new home for LCCC.
The golf season in kicking off and it is time to enjoy playing golf. See you on the course.

Robert Caldwell BOD President

From the Board

It has been almost 7 months since our annual meeting last November and your Board of Directors and the Negotiations Committee has been extremely busy creating options for the membership to evaluate and determine a permanent home for the Club. We now have enough preliminary information that we can present to you, the membership, so you can make an informed decision on our future. The Committee has narrowed our options. Those two options are Sonoma Ranch and Picacho Hills. As most of you are not familiar with Picacho Hills we have arranged though their owner that Las Cruces Country Club members can call Picacho Hills Pro-shop at 575 523-8641 and arrange to play a round of golf for $35.00 which includes a cart. Play is contingent on available tee times, Tuesdays through Sundays. Groups should be limited to 4 persons. Up Coming Events
SRGC May Promo - May 25-27 Memorial Day weekend – Footjoy Socks June 8-9 Bridgestone Golf Balls (On these days they will have times blocked from 7am-12pm).
LCCC June 11th, 6:00 PM Special Membership Meeting. More information will be coming.
MGA July 4th All American Tournament @ SRGC more information will be forth coming

Susana Montana

From: Judy and Ron Chadwick <meandmyrc1977@hotmail.com>
Sent: Monday, July 29, 2013 9:03 AM
To: Susana Montana
Subject: Re-zoning

As a residents of Las Cruces, we are in favor of the re-zoning of the property of the old Las Cruces Country Club. We feel it will provide needed medical facilities & as well would increase property values in that area. It also will bring in much needed money to the city in taxes. If the zoning is not allowed, we fear the property will sit there for many years with lost revenue to the city.

We urge you to vote in favor of this important zoning change.

Regards,

Ronald & Judy Chadwick
4113 Papago Ct.
Las Cruces, NM 88005

Susana Montana

From: Paula Moore <pmoore@fastwave.biz>
Sent: Monday, July 29, 2013 9:25 AM
To: Susana Montana
Subject: Zoning Change for Old Las Cruces Country Club Property

We request that the City Council approve the zoning change for the Old Las Cruces Club property, as approved by the Zoning committee recently. We understand that a small number of vociferous people are endeavoring to stop this approval, while a majority of property owners around the old club property can see past their own druthers to a wonderful improvement to their property values and an outstanding plan that will beautify and contribute to the well being of that whole area.

Thank you for your consideration and for your recommendation of approval of the zoning change.

Leon and Paula Moore

Susana Montana

From: Lee Webb <technut@comcast.net>
Sent: Tuesday, July 30, 2013 7:38 PM
To: Mayor; Miguel G. Silva; Greg Smith; Olga Pedroza; Nathan P. Small; Gill Sorg; skthomas@las-cruces.org; Susana Montana
Subject: Rezoning Old LCCC
Attachments: LCCChist.pdf

Dear Mayor, City Council Member and City Planner: July 30,2013

As a longtime member of the Las Cruces Country Club and Las Cruces citizen, I would like to encourage your positive vote to allow the rezoning of the old LCCC property. The Las Cruces Country Club has supported the city through many years, Note: **July 13, 1953** Sold 30 acres to City of Las Cruces for $8,250 for what is now Apodaca Park. I among many other citizens will be monitoring your support of this rezoning. For your information I am attaching a copy of the History of the Las Cruces Country Club.

Respectfully

Layton (Lee) Webb
5220 Violet Way
Las Cruces, NM 88001

HISTORY OF LAS CRUCES COUNTRY CLUB

March 5, 1928 Course was six holes at first. Then three more greens installed with the six fairways to make the first nine holes. Then in 1953 the other nine was started.

Al Valestino, golf pro from El Paso laid out the first six holes.

March 1937. First pro was Art Ashton, "A professional of unusual standing and ability" took charge of the clubhouse and golf course.

December 1938. H. T. "Shorty" Hornbuckle - pro and club manager
January, 1941. Wallace Bost, Abilene, Texas - golf pro
February 1948. Morris E. Morton - pro and club manager
October 1, 1955. Pete Lamb - golf pro
February 25, 1958. Ray Dznowsky - pro and club manager.
October 1970. Terminated Ivy and Louise Martin as pro and club manager
July 21, 1971. Roland Rudosky Now pro
January 17, 1978. Howie Tucker, golf pro was also golf course maintenance supt. Resigned in April 1981.

February 29, 1928. The first club officers were:

Mr. Fred S. Hess, President
Mr. Gus Manassee, Vice-Pres.
Mr. F. T. Bingham, Secy.-Treas.
Mr. J. B. Newell, attorney, board member
Mr. R. E. Boney, Insurance broker, board member.

May 31, 1928. Joe Serabia was employed by the club for 45 years. He was the greens keeper about as long as most of the members could remember. He was also Head Bartender and General custodian of the property.

He complained in 1969 when the new nine was built, that we had double his work (two nines to keep) with no raise in pay.

His wife, Jane, ran the kitchen during the late 40's and most of the 50's when the biggest Social event in town was the "Covered Dish Supper" at the Club every Thursday night. (The demise was laid to television).

ORIGINAL SUBSCRIBERS IN THE LAS CRUCES COUNTRY CLUB

J. J. Aragon	Contact Mrs. Greely Myers 1675 Valencia, Las Cruces, NM 88001 526-9317
C. B. (Blackie) Baker	Active member 1785 So. Main St., Las Cruces, NM 88001 527-8365
R. E. Boney	Contact Mrs. Greely Myers (See J. J. Aragon)
Pat. F. Campbell, Sr.	Contact Pat F. Campbell, Jr. 2650 N. Valley Dr., Las Cruces, NM 88001 524-4184
T. K. Campbell	Active member now P. O. Box 846, Las Cruces, NM 88004 525-2859 Office 526-6464 Home
W. L. Dean	Contact grandson - Dyne Buckley 2241 Entrada del Sol, Las Cruces, NM 88001 525-0350
L. E. Freudenthal	Contact daughter - Elsa Freudenthal 539 W. Las Cruces Ave., Las Cruces, NM 88001 526-2694
W. F. Isaacks Jesse Isaacks Ollie Isaacks	Contact Ollie's son - Bob Isaacks P. O. Box 114, Organ, NM 88052 382-5295
Fred S. Hess, 1st Pres.	Contact daughter - Kathy Easterling 3714 Hwy 28, Las Cruces, NM 88005 523-2240
Sam Klein	Contact sons - Howard Klein 2011 Turrentine Ave., Las Cruces, NM 88001 526-2684 Sonny Klein La Quinta Ave., Las Cruces 523-6970
Gus Maveety	Contact sons - Jack Maveety P. O. Box 1478, Las Cruces, NM 88004 Bob Maveety 790 Camino Del Rex, Las Cruces, NM 88001
J. B. Newell	Contact son - Billy Newell P. O. Box 4, Las Cruces, NM 88004 524-3107
Earl Stull, Sr.	Contact sons - Earl Stull, Jr., 382-9077 Jamie Stull 1905 San Acacio, Las Cruces, NM 88001

526-6815

CHRONOLOGICAL SUMMARY OF THE EVENTS AND HAPPENINGS OF THE LAS CRUCES COUNTRY CLUB, INC.

March 10, 1923. Initial meeting of organizers

During the summer of 1924, a group of citizens of Las Cruces got together and formed some kind of a golf group, apparently scraping the brush and mesquite bushes off of some of the land on the Northeast Mesa on the edge of the city.

This was the start and the site of what is presently the LCCC we have today. The water for the course was rainfall, the greens oil sand.

October 27, 1927. By this time the group was formally organized and called themselves "The L. C. C. C.". Dues for the organization were $3.00 per quarter.

February 29, 1928 records show some type of stock subscription had taken place, and a deposit had been placed on the purchase of the land.

March 5, 1928 The first deed was issued to the club. This warranty deed describes approximately 177.77 acres of land. Al Valestino, a golf pro from El Paso came and laid out the first 6 holes.

November 24, 1928 Articles of Incorporation filed by officers:
Fred S. Hess, President of Board of Directors
Gus Manessce, Vice President
Frank T. Bingham, Secy.-Treas.
J. B. Newell, member, was the attorney
R. E. Boney, members, was in the insurance business

Another deed from City Mortgage Co. to LCCC covered an additional 69.82 acres, making a total of 247.59 acres.

May 31, 1928 Joe Serabia was the first employee of the club. Joe retired from club employment in 1973, after 45 years. He was the greens keeper, head bartender and general custodial. He complained in 1969 when the new nine holes were built, that we doubled his work (2 nines to keep) with no raise in pay. Joe's wife, Jane, ran the kitchen when they had social functions. During the late 40's and most of the 50's the biggest social event in town was the "Covered Dish Supper" at the club every Thursday night. (The demise they laid to television).

February 7, 1929 Meeting was held to consider letting of bids for the new clubhouse.

August 23, 1929 A letter to Toro Mfg Co. Said: "It is a pleasure to report to you that our new Club House is rapidly nearing completion. It is a thing of beauty and we trust will be a joy for many years to come. The building stands on the highest point of the

course, about six hundred yards from the West line of our property, and upon the chosen site we were fortunate enough to develop a magnificent and abundant supply of good water. The well threw a strong 4" stream, the pump being operated by an electric motor, and the cost of operation so economical that our Board of Directors decided to grass the course as well as the greens. We had an expert come from El Paso and rearrange the course in such a manner that we are able to play nine holes on six fairways, so the cost of maintaining the grass is reduced to a minimum."

December 9, 1929 Assessed dues of $30.00 per month. This motion was taken after days of budget figuring, and the sum arrived at is the lowest possible figure necessary for the maintenance and operation of the club. This figure was based on the assumption that they would collect their dues 100% each month.

If dues were unpaid for 30 days, a past due notice was sent. If, after 10 days, the dues were not paid, the name of the delinquent was posted on the bulletin board for 30 days. If not paid by then, the membership and certificate of stock were forfeited.

September 30, 1931 Annual report to stockholders showed the club heavily in debt. The net worth was $19,895.42. 71% receivables were set up in Bad Debt reserve. This was the time of the "Great Depression".

January 1, 1931 All active members paid $5.00 per month dues.

January 1, 1932 George M. Clark was President and had 31 members. They each contributed $5.00 towards course maintenance and construction. Six applications for membership included Vaughn Corley, whose wife, Bernice, is still an active member.

December 5, 1933 George W. Frenger was president. Social membership was $2.00 per month in advance and entitled the member to all the privileges of the Club House and one free dance a month. Also could play golf by paying a green fee of 50 cents for each day he played.

March, 1937 Hiring of first pro - Mr. Art Ashton, a professional of unusual standing and ability, took complete charge of the club house and golf course.

The first sale of land of 14.25 acres to Fay Sperry for $750. Expenses were $138.46. Balance of $611.54 was applied to the outstanding debt. The Sperry's hired Chris Hansen, father of Bernard Hansen, current member, to build the rock house across Highway 70 at #3 hole. The remaining part was later sold for the shopping center.

Years 1933-1939 Difficult financially. H. B. Holt was very active in preserving the club. Mr. Menassee was always ready to help the club and records show that at one time the Club owed Mr. Menassee $2,300. He raised in excess of $950 to make clubhouse repairs in 1938, and raised funds to build the swimming pool in 1939.

March 3, 1938 Financial Report showed:

Fixed Asset Cost	$19,518.
Notes Due	11,526.
Net Worth	9,634.

December 14, 1938 Hired H. T. "Shorty" Hornbuckle as Golf Pro and Club Manager.

January 11, 1941 Hired Golf Pro Wallace Bost, of Abilene, Texas. Excerpt from minutes - bar whiskey raised to 40 cents and mixed drinks 50 cents.

November 5, 1947 Billy Newell was chairman of handicap committee.

December 10, 1947 Dues raised to $5.00 per month.

February 1, 1948 Employed Morris E. Morton as Golf Pro and club manager.

June 8, 1949 Ten years after the pool was proposed they got the go ahead, cost not to exceed $2,500. Later donated.

February 9, 1953 Adequate water for golf course was provided by borrowing $8,000 at 6% interest.

July 13, 1953 Sold 30 acres to City of Las Cruces for $8,250 for what is now Apodaca Park.

November 9, 1953 Study expansion of club in the direction of 9 additional holes and a possible subdivision of the remaining club land.

October 1, 1955 Pete Lamb employed as Golf Pro.

June 9, 1956 Approved sale of about 50 acres to Seaborn Collins for $65,000 to be paid in five years. This is the money that built the present lounge, rest rooms, and ballroom.

September 8, 1956 Dues raised to $9.00 per month.

January 9, 1957 Authorized moving the bar from the basement to upstairs location (storeroom now at west end of building).

February 25, 1958 Proposed hiring of Ray Dznowsky as golf pro and club manager.

Now had 195 members.

October 15, 1958 Burns Construction bid $1.35 per sq yard to pave the tennis courts.

Summer, 1959 Underground water system installed.

August, 1959 Construction started on Golf Shop.

October, 1970 Contract with Ivy and Louise Martin terminated as pro and club manager.

February 17, 1971 Club bought two golf cars to try out rentals.

July 21, 1971 Roland Rudosky is now pro.

August 18, 1971 Club bought two more rental golf cars.

April 2, 1974 Jim Estepp new greens superintendent. Bob Gomez was club manager for a few months. Austin Lord replaced Bob.

March 26, 1976 Bar prices raised to 60 cents beer and $1 mixed drinks.

October 27, 1976 $20 per member assessment to defray the property tax.

June 28, 1977 Greens fees increased to $6 week days and $8 Saturdays, Sundays and holidays.

Members 230 - 186 golf and 44 social.

January 17, 1978 Howie Tucker, golf pro, was also Golf Course Maintenance Superintendent.

A special stockholders' meeting was called for consideration of selling the Madrid property and the possibility of selling the entire country club. The group from Picacho Hills was talking about a merger.

April 28, 1978 Howie Tucker gave up the greens keeper part of his job and they offered $16,000 to Ed Jennings for the job.

January 9, 1979 Maurie Adair, chairman of Grounds & Greens reported that with the splendid cooperation of Jim Powers and equipment from Southwestern Construction, that the rough areas would be cleaned, contoured and ready for seeding by February 1st.

February - April, 1979 Tex Gemoets replaced Gerry Martin on the board. Barney Reeves was replaced by Fred Frank. 21 new golf and 10 new social members made it 156 total members.

June 4, 1979 50th Anniversary Party to be held on July 26th. 126 golfer, 76 social members totaled 202.

October 30, 1979 New directors included Jon Stungess, President, Tex Gemoets, Vice President, Phil Laws, Treasurer, and Berry Corbett, Secretary, Juanita Alley, Maury Adair, Fred Woodberry, and Jim Hallinan. Shirley MacLean and Margaret Winans, Women's Golf Association.

March 25, 1980 Stockholders' meeting. "It was resolved on a vote of 28 for and 13 against that the four pieces of property - Madrid, Highway 70 East, Camino Del Rex, and the triangle be sold for the offer of $237,500 and the monies applied to the mortgages against the property."

April 21, 1981 Howie Tucker resigned as Golf Pro.

August 1985 The board began to talk about a new sprinkler system.

September 1985 Rejected a proposal we swap LCCC for Picacho Club as offered by Agency. This had been considered and discarded in 1978-79. The statement by the president was "The LCCC has a future because of the land, but it may be squeezed out to the East Mesa."

Sold 50 ft by 50 ft piece of land to Mountain Bell Telephone for their switching purposes on the east side of fairway #16 for the sum of $13,500.

March 1986 President Jim Delamater gave his report on the status of LCCC Stock. The board rescinded the ban on sale of club stock for 30 days after which time further sales would again be prohibited. Stock was only made available to regular golf or social members in good standing as of March 3, 1986. This was in response to the danger of an "unfriendly" takeover.

September 1986 City of Las Cruces completed the "Three Crosses" corner rock retainer at the corner of N. Mesquite Street and Highway 70 East.

November 1986 Celebrated the 58th birthday of LCCC

December 1986 In the President's report to the stockholders, Jim Delamater reminded the membership of a realization that this Club, while residing on an extremely valuable property, does have and almost always has had more expenses than membership income. Another realization is that, while in past years the Club had excess property to sell to finance deficits and improvements, this is no longer true. Even so, we continue to have deficits, and we have improvements that are desired.

Notwithstanding these facts, that the board made decisions that resulted in a stronger and better club. Among those decision were:

1. Rejected an outside proposal to sell or trade out Club. This decision was based on the firm belief that our members prefer our present location and organization in spite of the problems they faced.

2. Began work on a most important project of developing a long range plan.

3. Acted to increase and safeguard Club water rights. Our operation rated a considerably greater water allotment, and applied and got approval for it. The Club should always be assured of an adequate water supply.

January 1987 The LRPC Report stressed the need for a new sprinkler system to use our adequate water supply. Other needs were golf course supervision, maintenance of clubhouse which included re-roofing of the entire clubhouse.

February 1987 In preparation for the development of a sprinkler system, the two ponds were joined by digging "Bogard's Big Ditch" to equalize the level of the two ponds and to have the capacity to water both nines even if one pump went out.

May 1987 Membership included 166 golf, 36 social and 45 swim pool.

October 1987 President Delamater put together the first policy manual. Black slacks or skirts with white golf shirts or blouses was required for all clubhouse employees.

November 1987 Stockholders gave honorary membership to George Sanger, member for 40 years and gave outstanding help in the management of our finances. After his death, the Club made a special dedication to him by planting the Sanger Evergreen Forest just south of #11 tee box.

Frank Hollar, member since 1955, had the wrought iron entrance to the Club built. It is 29 ft. wide with colored rock base and 18" high letters "LAS CRUCES COUNTRY CLUB" with the inscription of the donors on the left side of the entrance.

Policy was set for use of clubhouse for election polling place as a community service contribution.

March 1988 LRPC presented their objectives:

1. To examine the feasibility and implications of remaining at the present site.

To examine the feasibility of moving to a different location within the proximity of the current property. They reported the need for a new watering system with photos of pipes taken from out system. If the pipes disintegrate, we would lose the greens.

The cost of remaining at this site set out in detail expenditures for the golf course were estimated at $342,400. Clubhouse improvements, parking lot paving, completion of new roofing of bar and ball room another $5,000 and swim pool maintenance and modernization could run $15,000 - $45,000. A total of $1,107,400 for known estimates for an improved facility.

2. The feasibility of moving to a different location. A consideration was given to

a trade of our present location for a turnkey operation of a new clubhouse, golf course, etc. without any debt and money in the bank.

August 1988 Curt Kiser was our representative in the possible sale and relocation activity. The board found that it was almost impossible to put together a turnkey operation because we had to sell the property before we can have the money available to start the new project. At the time we discussed the turnkey we didn't know about the court decision regarding the sale and purchase of country clubs such as ours. It seemed that the decision was made for our situation. We could sell and then have 3 years in which to buy or relocate without having a problem with the IRS.

Three task forces were appointed to bring back information to a Stockholders' Meeting in October, 1988.

1. Description of golf programs and services, facilities, and equipment together with recommendations and costs.
2. Description of non-golf programs and services, facilities, and equipment together with recommendations and costs.
3. Descriptions and evaluation of the club's management and administrative system with recommendations and costs.

October 1988 Reports from task forces were received. A petition signed by over 60 stockholders directing the board to cease and desist in all efforts to relocate the LCCC.

December 1988 Kiser reported that the water from both wells at our present location has been tested and found to be of such high quality that it is potable. He also told of possibilities regarding trade for property east of Las Cruces.

President Delamater appointed 2 long Range Planning Sub-committees. One to pursue ways and means to stay at this location and one to explore any and all possibilities including relocation at some future time.

March 1989 The committee report on staying at this location included a sale of 15.3 acres on the west side of the property at $3.5 a net square foot subject to a survey and a feasibility study concerning zoning changes. This was a proposed strip shopping center. This would amount to about $2,332,000 in cash at closing.

A design of the course would relocate holes 3, 4, and 5 and to redesign #6 where only a part of the fairway would be lost. The design that was favored the most would leave the back nine intact so that we would have a course to play while construction was underway.

The committee to explore relocation reported that a Roswell Realtor who represents the Bureau of Land Management which has 150 acres on the east side of the High Range where the water is guaranteed by the U. S. Government at a price of $3,000 an acre. An Albuquerque bank was willing to buy the rest of the land for

development.

Neither committee could take any constructive steps until our contract with Kurt Kiser expired in July.

July 1989 The committee to relocate reported that Kiser has a location in High Range where Albuquerque developers are going to build a hospital. The proposed site was on BLM land with 2 wells which would be included. They were anxious to have a golf course as the focal point of the development and would agree to a turnkey operation so that we could play our course until they day we move. They offered $5,500,000.

The committee to stay presented a proposal from Johnson Developers to conduct a feasibility study with the intention of buying 15.3 acres at $3.55 per sq. feet. Action on this was postponed until we got a proposal from the Albuquerque developers.

It was noted that there was still a third option to finance necessary improvements. We could buy Tax Deferred Interest Payment Bonds at 8%.

A report of the club financial history was reviewed. The needs and advantage of the property sale was considered.

August 1989 Another presentation for relocation was heard. This included land development, golf course, and clubhouse construction.

A proposal to stay at the present location included improvements which were included in the plan were largely cosmetic, except for the watering system. This plan called for:

1. Installation of a first class sprinkler system at a cost of $450,000
2. Minor improvements to Clubhouse $15,000
3. Partial replacement of course equipment $100,000

September 1989 Delamater gave a detailed presentation to the Board of Directors on the proposal from The Lakeland Group of Houston, Texas to provide a turnkey operation. They proposed a special category of membership to our present members. No initiation fee and lifetime membership, reduced monthly fee, special lounge and parking area. The Board of Directors would contain one more LCCC representative than Lakeland.

October 1989 Special Stockholders meeting to vote on the relocating proposals. All three were presented. The vote was as follows:

Proposal 1. To increase out debt service and to the most necessary things to remain here	52 votes
Proposal 2. To sell 15 acres and keep the rest	40 votes

Proposal 3. Turkey operation 11 votes

1 ballot miscast

The second ballot would be only proposals 1 and 2 and a majority of votes cast would determine the issue.

Proposal 1	58 votes
Proposal 2	45 votes

January 1990 Hired Jim Christie and Clubhouse manager

Stan Peterson, greens committee chairman, reported that Toro and Rainbird Co. Are creating a design for our watering system. His committee is also creating one which is near completion.

March 1990 EEOC law suit filed against club by Louise Merchant.

April 1990 In order for us to borrow money from the bank to finance the watering system, we had to show a stable income in a large enough amount to repay it. Golf member dues were raised $10 and Social $5. Greens fees for walk-ons were also raised, effective June 1, 1990.

May 1990 Stan Peterson, who designed the new sprinkler system, reported a grand total estimate on the cost of the installation of the whole system at a price of $162,498. Volunteers will be sought to perform various assembly tasks. He invited any members with experience in any and all facets of installation.

July 1990 Rolled back green fees.

October 1990 Road hole #3 Hazards and liabilities were discussed and immediate action should be taken. Four proposals will be presented to the stockholders regarding the realignment of Hole 3. Two of them will involve reconfiguration, one will involve planting trees and adding a high barrier. The other option is to do nothing and take our chances on being sued.

December 1990 New sprinkler system will be completed by February 1991. $9,000 left over. More expenses for aeration.

March 17, 1991 Dedication of water system. Membership - 167 Seniors, 13 snowbirds, 5 corp. 38 young executives. Total 243

April 1991 Further consideration of Road Hole 3.

January 1992 Richard Garcia, golf pro resigned and has taken a position in Bisbee,

Arizona. The board wished him well in his new position.

April 1992 The search committee was out looking for applicants for pro or pro/manager position. Bobby Deevers from Kansas City, Missouri was hired as Director of Golf/General Manager, effective May 1, 1992.

Susana Montana

From: Harry Hansen <hansen@zianet.com>
Sent: Tuesday, July 30, 2013 1:54 PM
To: Mayor; Miguel G. Silva; Nathan P. Small; Olga Pedrosa District 3; Sharon K. Thomas; Gill Sorg; Greg Smith; Robert Garza; Susana Montana
Cc: David Weir
Subject: Support Park Ridge Zoning

My name is Harry Hansen

As an owner of a home adjacent to the proposed medical center I am excited about plans to transform the deteriorating golf course property into a modern medical facility. The neighborhood will be much enhanced with a new hospital, rehabilitation and assisted living facilities. It will provide a positive economic impact for the area, creating jobs and increase demand for housing in the neighborhood. I believe this is a good thing and will have a positive impact on my property's value. This will also be a significant city infill project providing millions of dollars in new property and gross receipts taxes to support the city, county and schools.

As a real estate appraiser for over forty years I know that large vacant land tracts are best developed under the concept of highest and best use. For a property like the golf course this usually means developing the frontage areas that have the most exposure for commercial retail and offices uses and the rear portions to less density such as multi-family and single-family residential. The concept being put forward at Park Ridge includes developing some of the interior area also for commercial uses including the hospital and medical facilities and offices. This is an excellent plan and the diverse uses within the development together with the planned walking trails, bike lanes and open space should prove to be a welcome change to a declining neighborhood. We need more medical facilities in Las Cruces. They attract retirees. Half the people I know over fifty go to Tucson and Phoenix for medical care. We need more special care facilities in Las Cruces. I am very much in support of the zone change and the Park Ridge development.

I hope you will support the zoning change. Thanks, Harry