

EXHIBIT 9

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Statement of Dartmouth-Hitchcock Health (“D-HH”) of Intent to Continue to Fulfill the Charitable Objects of Valley Regional Hospital (“VRH”)

As required by New Hampshire RSA 7:19-b (III), D-HH hereby sets forth the manner in which it proposes to collaborate with VRH to continue to fulfill VRH’s charitable objects, as reflected in Articles 1 and 2 of the Integration Agreement (Exhibit 6):

1. STATEMENT OF PURPOSE AND MUTUAL VISION.

The Parties declare the following purposes for the integration described in this Agreement (the “Integration”) and the shared vision of its results.

1.1. Furtherance of Compatible Missions. Each of D-HH and VRH seeks to further its charitable mission and that of its respective affiliates and subsidiaries, to improve the health of individuals in the communities they serve and to advance health care through education, research, and continuous quality improvement. Based on the Parties’ successful clinical collaboration in cardiology, oncology, pathology and radiology services, among other clinical services, they believe that their respective missions will be furthered by creating a more fully-integrated health care delivery system that will avoid the duplication of services, provide efficiencies to improve access to care, and optimize health care delivery decision-making to serve better the health care needs of the residents in the Service Area.

1.2. Integration and Collaboration. The Parties envision the gradual integration of clinical services and quality improvement efforts throughout the Service Area by supporting local care when available and appropriate, aligning and promoting collaboration among their respective physicians and other health care providers, coordinating care and the allocation of resources, expanding the availability of tertiary services as appropriate, and fully-integrating the Parties’ electronic medical records systems. To facilitate this clinical integration, the Parties will integrate their governance structures, coordinate their financial matters, and consolidate administrative functions over time to the extent efficiencies can be achieved. The Parties acknowledge that the success of this integration depends upon a close alignment of MAHHC and VRH in all aspects of clinical, financial, and administrative operations.

1.3. Enhancement of Services in Service Area; Sustainability. By participating in the D-HH System, VRH will benefit from innovative and best practices in quality improvement, clinical services, research, information technology, financial planning and administrative services. To enhance its sustainability as a charitable organization, VRH anticipates that it will have the opportunity to participate in the Dartmouth-Hitchcock Obligated Group if it meets the qualifying criteria and all other conditions to entry are met, and to obtain financial support from D-HH as described below.

1.4. Recruitment and Retention of Providers and Medical Office Space. The Parties recognize that the recruitment and retention of physicians and other health care providers are critical to the ability of VRH to meet the health care needs of its community, and expect that VRH’s integration into the D-HH System will enhance its provider recruitment and retention abilities. Further, the Parties agree that the development of a new medical office building at VRH is and will remain a key strategic priority of VRH in order to ensure the efficient and effective delivery of health care services at VRH.

2. GUIDING PRINCIPLES.

The Parties understand that their relationship will not be static, but instead will evolve with changing patient needs, innovations in health care delivery and reimbursement models, and improvements in medical care and hospital and provider administration. The Parties also acknowledge that the many circumstances and decisions that they will have to address cannot be fully anticipated or addressed in a written agreement. The following principles will help guide the evolution of the Parties' relationship and the operation of the D-HH System as it applies to VRH so that the spirit of this Agreement, and the purpose and mutual benefits of the relationship, can be preserved:

2.1. Commitment to Health Care Needs of the Community. The health care needs of the communities served by VRH and the D-HH System are paramount, and the integration of VRH into the D-HH System will be designed and operated to best address the needs of the residents of the communities throughout the Service Area.

2.2. Commitment to Quality, Effective and Efficient Services through Integration. Through the integration of VRH into the D-HH System, the Parties seek to provide the highest quality and most effective health care services in an efficient manner by integrating more fully the services provided by, and the governance and administration of, the Parties and their subsidiaries. To achieve such integration, and consistent with the terms of this Agreement, VRH agrees to align its activities with the strategic plans established for the D-HH System.

2.3. Furtherance of Charitable Mission. The Parties have acknowledged the compatibility of their charitable missions, and those of their subsidiaries, and no party will be required to take any action which is materially inconsistent with, or in contravention of, its respective charitable mission.

2.4. Compliance with Applicable Charitable and Tax-Exempt Requirements. The D-HH System at all times will be operated in a manner consistent with the charitable missions of the Parties and their subsidiaries, and none of them will be required to take any action pursuant to this Agreement which may impair or jeopardize its tax-exempt or public charity status under federal income tax law, or its charitable status under state law.

2.5. Principles Underlying the Provision of Health Care Services. In providing health care services within the D-HH System, the Parties are committed to observing the following principles:

2.5.1. The promotion and maintenance of population health through health education, wellness and preventative measures, and the achievement of high quality clinical outcomes;

2.5.2. Meeting local community expectations regarding service;

2.5.3. Advancing the knowledge and training of health care professionals;

2.5.4. Preserving universal access to appropriate health care services for all in need, regardless of ability to pay;

2.5.5. Directing patients and providers to receive and deliver care at the most appropriate sites within the D-HH System and supporting the health needs of the population in the most appropriate, convenient and cost effective manner, while ultimately respecting the choice of patients and the medical judgment of providers; and

2.5.6. The provision of a true continuum of health care services and the creation of opportunities for joint participation in a wide variety of health care ventures including managed care products, rehabilitation services, primary care development, behavioral health services, nursing care, wellness and prevention services.