

May 30, 2018

**TO:** Hospital CEO, Government Relations Office, Director of Planning

**FROM:** Mike Vicario, Vice President of Regulatory Affairs  
919-677-4233, [mvicario@ncha.org](mailto:mvicario@ncha.org)

**SUBJECT: State Health Coordinating Council Meeting/May 30, 2018**

Dr. Christopher Ullrich, Chair of the State Health Coordinating Council, conducted their meeting of May 30 to establish approval for policies and need methodologies for the Proposed 2019 State Medical Facilities Plan. The three standing committee's reports were provided.

Dr. Sandra Greene/Acute Care Services Committee

- Tentative bed need projections are for Forsyth (34), Gaston (32), Moore (31) and Mecklenburg (152). Some expressed concern over the high number of beds identified as being needed. The Committee was informed that the data are still under review and the number, especially in Mecklenburg County, would likely decrease significantly.
- A proposed change to the operating room methodology narrative inserts the term "adjusted case times" in step 3.
- The ACS Committee's disapproval of a petition for CON exemptions for demonstration projects for vascular access surgery centers was verified by the Council. The petitioner was advised of opportunities to apply for 2018 need determinations and/or to petition for an adjustment to the Need Determinations in the Proposed 2019 SMFP.
- Need for new operating rooms is established in Cabarrus (2)\*, Mecklenburg (11\*\*), New Hanover (6), Orange (3) and Wake (2) Counties. (\*Cabarrus removed; \*\*The Committee also recommends removal of the service area maximum of 6 ORs)
- No need determinations were established for Burn Intensive Care, Transplantation or Inpatient Rehabilitation Services.

Valerie Jarvis/Long Term and Behavioral Care Services Committee

- The Committee's disapproval of a petition by LeadingAge North Carolina for CCRC's to develop Home Health Agencies for their residents was corroborated by the Council.
- The Council will seek comments during the summer petition on a proposed insertion of the Semi-Annual Dialysis Report into the Annual State Medical Facilities Plan.
- The Council reviewed and approved several changes to the need methodology for Adult Care Homes as proposed by a group of interested parties and approved by the Committee.

- No need for additional Home Health or Hospice Agencies is shown, although data continue to be collected and reviewed.

#### Dr. Christopher Ullrich/Technology and Equipment Committee

- The Council adopted the Committee's recommendation that the Prostate Health Center, a "demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer, particularly in African American men," not be expanded.
- Need for five magnetic resonance imaging scanners is tentatively established in Davie (1), Gaston (1), Mecklenburg (1), Pasquotank/Camden/Currituck/Perquimans (1), and Wake (1).
- Need for one Positron Emission Tomography scanner exists in Wake County.
- No need is established for Cardiac Catheterization, Linear Accelerator, Gamma Knife or Lithotripsy equipment.
- Dr. Ullrich presented an overview on Telehealth using hospital licensure renewal data. It concluded that North Carolina Support for Telehealth remains limited due to reimbursement concerns, geographic & patient setting requirements and licensure and practitioner eligibility.

All need determinations are based on the currently available data. Public Hearing schedules for the Proposed 2019 North Carolina State Medical Facilities Plan, slideshows, and other related documents can be found at the DHSR website at <https://www2.ncdhhs.gov/dhsr/mfp/committeemeet.html#acsc>.

The Proposed 2019 State Medical Facilities Plan is expected to be available in late June and the public hearings will commence in Greensboro on July 11, 2018. See the above link for other scheduled hearings.