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HAND DELIVERED

March 30, 2010

Mr. Michael McKillip, Project Analyst
Mr. Craig Smith, Chief
Certificate of Need Section - Division of Facility Services
NC Department of Health and Human Services
701 Barbour Drive
Raleigh, North Carolina 27626

RE: Comments on the Certificate of Need application filed by Rex Hospital, Inc. to expand/ renovate North Carolina Cancer Hospital at Rex, Wake County, Project ID# **J-8470-10**

Dear Mr. McKillip and Mr. Smith:

On behalf of Parkway Urology, PA d/b/a Cary Urology, PA, thank you for the opportunity to comment on the above-referenced application for a Certificate of Need. We trust that you will take these comments into consideration during your review.

The applicant for the project is not clear.

- The title indicates that the project is the North Carolina Cancer Center at Rex. UNC Hospitals is not a named applicant, but the application indicates that UNC Hospitals will staff parts of the project. The application contains no documentation of the funds flow between University of North Carolina Hospitals at Chapel Hill (UNC Hospitals) and Rex Healthcare.
- There is also some question whether the application is valid. The certification page is signed on behalf of "Rex Hospital." The applicant is Rex Hospital, Inc., dba Rex Healthcare. (See application page 1). There is no mention of a legal entity "Rex Hospital."

The application is difficult to follow. A reviewer must pick through Sections I, II, III and XI to get a full project description. Similarly, where they exist, need justifications are scattered through Sections I, II, III and VII. The presentation results in multiple omissions of supporting facts, and assumptions that make it impossible for a reviewer to conclude that the request is reasonably supported.

In reviewing it, we ask the Agency to consider principles and statutory criteria. In the Findings of Fact for the Certificate of Need Statute (GS §131E-175), the General Assembly of North Carolina identified several guiding principles aimed at strengthening the health care delivery system in North Carolina and ensuring that its population has broad based access to services. Findings of Fact (2), (3) and (6) bear special consideration in this review:

(2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.

(3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.

(6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.

These Findings of Fact tie closely to two Basic Principles governing the 2010 State Medical Facilities Plan ("Plan"):

(2) Access Basic Principle. Equitable access to timely, clinically appropriate and high quality health care for all the people of North Carolina is a foundation principle for the formulation and application of the North Carolina State Medical Facilities Plan.

(3) Value Basic Principle. The SHCC defines health care value as maximum health care benefits per dollar expended. ...Cost per unit of service is an appropriate metric when comparing providers of like services for like populations.

The referenced CON application requires certificate of need approval by its definition as "new institutional health services," per GS §131E-178 (a):

> No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department.

As such, the application must be reviewed by the CON Section with the same scrutiny in regard to each CON Review Criteria as any other certificate of need application. This application fails to conform to or is in conflict with statutory review criteria, the General Assembly's Findings of Fact, and the Plan's principles. To summarize:

- The application fails to demonstrate that the population to be served has a need for the proposed services, hence fails the test of Criterion 3. For example, the application proposes staff, infusion therapy service space, imaging and support services for a new thoracic cancer program, but makes no attempt to quantify the need for thoracic cancer care in Wake County.

Rex Cancer Center does not yet have a thoracic cancer program. The application proposes a 22,249 SF clinic addition to Level 4 of the Rex Cancer Center, which will be billed as an outpatient department of the hospital, but provides no quantitative justification for the size of the clinic. New space alone in this clinic represents almost one-fourth of the proposed $60 million capital cost.

- The application indicates that 99 percent of the proposed users will be outpatients. Given the alternatives of a smaller project or a project built to outpatient standards, the proposed project is not a cost effective solution; hence, conflicts with Basic Principle 3 and Statutory Criterion 4.
- With regard to Criterion 3a, the application provides for proportionately less charity care and bad debt than the parent company UNC Healthcare offers at UNC Hospitals. The application proposes to draw staff away from UNC Hospitals as much as one day a week, thus making staff less available to underserved persons and to the rest of the state. The application notes that the Rex Cancer Center will serve primarily Wake County.
- The application clearly fails the test of Criterion 5. Operational changes related to phasing and renovation of space now in use is not explained. Problems with the financial forecasts related to unsubstantiated utilization and revenue forecasts add to the application's Criterion 5 problems.

The contradictions and the failure to comply with statutory criteria for Certificate of Need applications are discussed in detail in the attached Comments.

Thank you for your time and attention. Our comments are intended to highlight problems, not to provide a comprehensive analysis of the Rex application. We understand the difficulties presented in these types of reviews and appreciate your attention to details. Should you have any questions, please do not hesitate to call me.

Sincerely,

Kevin Khoudary /pp

Kevin Khoudary, M.D.

Attachments:
Compliance with CON Review Criteria
Patient origin and bad debt charity care –UNC Hospitals, CON Project ID J-8329-09
State Demographer projections 2000-2010

Attachment 1

Compliance with CON Review Criteria

Comments, Project ID# J-8470-10
North Carolina Cancer Hospital at Rex, Expansion and Renovation
Rex Hospital, Inc., dba Rex Healthcare

The following comments address some of the most glaring flaws in this application in the context of four Statutory Review Criteria in GS 131E-183. They are not intended to be comprehensive, or to address all statutory criteria with which the application is non-conforming.

Sections II, XI and III of the application indicate that the project involves a 71,542 square foot addition to two floors, and renovations to 21,624 square feet on other floors of Rex Cancer Center, a department of Rex Hospital, Inc. New space would accommodate an infusion center and expand the current 20 bays to 40 on Level V; and a multi-disciplinary clinic focused on Rex Cancer programs in breast, GI and a planned new thoracic cancer program (p. 32) on Level IV. Renovations put other clinics, a resource center, x-ray and relocated PET scanner in vacated /renovated space on other floors.

The following comments focus on statutory Criteria 3, 3a, 4, and 5 to which the application is non-conforming and/ or in conflict.

- Projections are overstated or missing.
- Impact of relocated services on underserved groups is not explained.
- Proforma assumptions are missing.

3. *The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.*

Patient origin data in Section III.4 identify the primary service area as Wake County and the secondary as Johnston, Franklin and Harnett Counties. Supporting data indicate that, depending on the service, 78 to 81 percent of patients will come from Wake County.

The applicant does not demonstrate the need this population has for services proposed or the extent to which all residents of the area, and in particular low income and other underserved groups, are likely to have access to the services proposed. In fact, Section V of the application focuses discussion of service to underserved persons on Rex Hospital and not on the services proposed.

Forecasts of service utilization are overstated or not provided. The application justifies need for the project on the basis of "explosive growth in Wake County (p. 14). It notes that Office of State Budget and Management (OSBM) projections that Wake County population will increase 37.9 percent between 2010 and 2020. However, with one exception, the application does not tie population to service use forecasts. Forecasts are based on retrospective, service-based compound annual growth rates (CAGR). These are very aggressive and are drawn from

a time when, according to the OSBM, Wake County population grew 49 percent. (See Exhibit A for Wake County population growth over the decade 2000 to 2010). In short, population growth in Wake County was 29 percent faster than in the coming decade ((49/39.7)-1) = 0.293). Hence, any forecasts based on service CAGR from the past decade will be significantly overstated.

Basis for Service Forecasts in Rex Cancer Center Application

Service	Measure	Forecast Method	Time Period	Rate (%)	Application page
Medical Oncology	Patient Encounters	Service CAGR	FY 2006-FY 2010 (*est.*)	12.1	70
Infusion Therapy	"volume"	Service CAGR	FY 2007-FY 2009	15.5	83
Cancer Op X-ray	"volume"	Service CAGR	FY 2007-FY 2009	25.3	90
Patient Origin	Patients	"Historical"	FY 2009		105
PET	Procedures	Population CAGR	2009-2014*	2.72*	88

**Note the project years end in 2017, not 2014.*

In the case of PET scans, the service CAGR showed a decrease in utilization of 2.2 percent. This decrease occurred during that decade when Wake population was increasing faster. Ignoring the service CAGR decline, the application uses a population CAGR to show growth. It notes, but dismisses, factors like new PET scanners in the market and increased pre-authorization requirements by insurance companies and forecasts that Rex PET utilization trends will reverse. Even then, the application does not use population forecasts for the proposed project years.

The application notes that the State Center for Health Statistics reported only 6.5 percent annual increase in cancer in Wake County in the years 2006-2009 but argues that Rex will sustain 15.5 percent annual increase in infusion therapy. This is unsupported and unreasonable. It does not show the need of the population for the project.

These unreasonable utilization forecasts are used to justify the space expansion and support the financial proforma forecasts (p. 210).

The excessive forecasts are used to support the project size. This risks underutilization. Underused space, once built, must still be depreciated; interest on bonds must be paid and the space must be maintained. The application itself admits to a history of excessive forecasting in Rex Hospital CON applications. The application proposes to expand 2003 project J-6944-03 for this Cancer Center, which is as yet incomplete. The application references "material compliance" adjustments to that application in 2005 to adjust it. Another recent Rex Hospital CON, J 8469-10, admits to a "material compliance" reduction of procedure rooms in the Macon Pond outpatient project.

The application proposes a new Level IV addition that would house "North Carolina Cancer Center at Rex." Proposed space on that level includes a new Hem Onc clinic and "multidisciplinary and specialty" clinics that do not yet exist (p. 29). The application claims, on p. 68, that the applicant is not required to show or to quantify need for the clinic space. This is not reasonable. On Level IV alone, the 30,749 square foot (22,249 new + 8,500) space represents 31 percent of the 71,542 square feet of the proposed new space, which has a fixed capital cost of $19.8 million[1]. Services in these clinics will be billed as hospital outpatient services by hospital-employed physicians and some UNC Hospital physicians. Not showing need of the population to be served for more than a 30 percent of the space in the proposed project is clearly non-conforming with Criterion 3[2].

The application proposes a new thoracic cancer program (p. 29), but shows no need for such a program.

The application explains the need for increasing infusion space from 20 to 40 bays as driven by the applicant's plans to add 0.4 physicians and 3.5 nurse practitioners (p. 67). It provides no correlation between this staffing plan and patients to be served. It makes an assertion that one bay can accommodate 1.8 patients per day, but does not support its own calculation. When the calculations do not support interim year projections, the application notes that patients will be temporarily shifted to the Day Treatment area, implying that area is overbuilt.

These problems alone render the application non-conforming with Criterion 3.

3a. *In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.*

A larger concern with this proposed project is the application's notation that faculty of UNC Cancer Hospital will staff the proposed clinics. Taking state employees away from the state Cancer Hospital even one day a week reduces their accessibility to residents of the state who live outside Wake County. UNC Cancer Hospital receives tax subsidy to serve the entire state –100 counties. This project proposes to focus on one county. The application contains no justification for this proposed change in resource allocation. Moreover, it proposes to shift staff from an institution with 5.6 percent charity care and 29 percent Medicaid to an

[1] SF times $645.33 per SF, p. 187

[2] The Findings, F-3176-04 in Exhibit 12, which were referenced as justification for not showing need for the clinic space, were written for a project in which clinics were moved to vacated backfill space, and under a different State Medical Facilities Plan.

institution that proposes 2 percent charity care and 4 percent Medicaid[3], without showing how this shift will benefit low-income and other underserved populations.

4. *Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.*

This project would serve primarily outpatients (99 percent), yet the proposed facility is inpatient. It proposes to construct medical office space at an average project cost of $645.33 per square foot. The application fails to explain why this is necessary and why the applicant did not consider a less expensive approach to care. Freestanding facilities are less expensive to build and their services are billed at a much lower charge structure.

The project proposes an outpatient resource center where volunteers will distribute brochures to 8,000 people a year (less than 1 percent of Wake County population). It would be located on the third floor on a site that is so crowded that cancer patients need valet parking. The application does not explain why this is necessary. Nor does it explain why patients will be directed to computer kiosks to find their own clinical trials (p. 34).

The application contradicts the spirit of Basic Principle 3 and is non-conforming with and in conflict with Criterion 4.

5. *Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.*

The operational projections for the project are overstated. See discussion in Criterion 3. Financial projections also contain many unsupported and unreasonable statements.

The application indicates that the PET scanner will be moved, but shows no disruption in service during the move. In fact, it shows number of procedures increasing every year.

The narrative in Section III emphasizes the extent to which Wake County is aging, but the proformas make no change in percent of the payor mix that is Medicare.

Proformas show without explanation that Medicare and Medicaid unit payments will increase annually in the face of state and federal budget crises.

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[3] See J-8329-09

The application indicates that infusion treatment volume will increase because of the hospital's plan to add physicians (0.4 FTE) and nurse practitioners (3.5 FTE), but clearly states in Section VII that the applicant has no concrete plans to recruit them.

The financing letter from Bank of America Merrill Lynch (Exhibit 23) contains no information on interest rates, term or amortization schedule to support assumptions used in the proformas. The application contains no other supporting documentation for these assumptions.

Rex Healthcare Balance Sheet (p. 193) shows an unexplained $121 million increase in cash between FY 2010 and 2011. The Income Statement for Rex Healthcare shows an unexplained patient revenue increase of $75 million between 2009 and FYE June 30 2010, almost twice as much as in future years. This increase coupled with a dramatic reversal of Other Revenue loss in FY 2009 ($10 million) generates $38 million annual net revenue gain in FY 2010. Forecasts sustain that gain with few fluctuations through 2017 (p. 194). No assumptions explain this.

The application is non-conforming with and in conflict with Criterion 5.

Attachment 2

Patient Origin and Bad Debt-Charity Care
UNC Hospitals, CON Project ID J-8329-09

underserved populations and a provider with a history of serving this patient population will be better positioned to expand services to this population than a provider with little or no history of undertaking the responsibility necessary to adequately respond to this population's needs.

As described above, UNC Hospitals considers the project as proposed in this application to be the best alternative to meet the needs of the residents of North Carolina.

4. (a) **For an existing facility, provide the current patient origin (by percentage) by county of residence *for the entire facility.***

UNC Hospitals Facility Patient Origin – FY 2008

County	*% of Cases*
Orange	26.8%
Wake	12.3%
Durham	11.0%
Alamance	8.9%
Chatham	7.6%
Cumberland	3.5%
Lee	3.4%
Johnston	1.8%
Moore	1.6%
Harnett	1.6%
Guilford	1.5%
Randolph	1.1%
Robeson	1.0%
New Hanover	0.8%
Sampson	0.8%
Onslow	0.8%
Person	0.7%
Granville	0.7%
Nash	0.7%

Wayne	0.7%
Richmond	0.6%
Halifax	0.6%
Franklin	0.5%
Caswell	0.5%
Vance	0.5%
Mecklenburg	0.4%
Scotland	0.4%
Wilson	0.4%
Brunswick	0.4%
Hoke	0.4%
Craven	0.3%
Pitt	0.3%
Carteret	0.3%
Columbus	0.3%
Forsyth	0.3%
Duplin	0.3%
Rockingham	0.3%
Bladen	0.2%
Montgomery	0.2%
Pender	0.2%
Lenoir	0.2%
Edgecombe	0.2%
Warren	0.2%
Davidson	0.2%
North Hampton	0.2%
Buncombe	0.1%
Rowan	0.1%
Catawba	0.1%
Gaston	0.1%
Union	0.1%
Cabarrus	0.1%

Beaufort	0.1%
Iredell	0.1%
Dare	0.1%
Cleveland	0.1%
Anson	0.1%
Stanly	0.1%
Rutherford	0.1%
Henderson	0.1%
Greene	0.1%
Burke	0.1%
Pasquotank	< 0.1%
Surry	< 0.1%
Haywood	< 0.1%
Lincoln	< 0.1%
Watauga	< 0.1%
Bertie	< 0.1%
Caldwell	< 0.1%
Martin	< 0.1%
Pamlico	< 0.1%
Jones	< 0.1%
Hertford	< 0.1%
Wilkes	< 0.1%
Washington	< 0.1%
Jackson	< 0.1%
Davie	< 0.1%
Transylvania	< 0.1%
Ashe	< 0.1%
McDowell	< 0.1%
Alexander	< 0.1%
Stokes	< 0.1%
Chowan	< 0.1%
Currituck	< 0.1%

Yadkin	< 0.1%
Macon	< 0.1%
Perquimans	< 0.1%
Mitchell	< 0.1%
Tyrrell	< 0.1%
Avery	< 0.1%
Gates	< 0.1%
Hyde	< 0.1%
Graham	< 0.1%
Madison	< 0.1%
Yancey	< 0.1%
Alleghany	< 0.1%
Swain	< 0.1%
Polk	< 0.1%
Clay	< 0.1%
Cherokee	< 0.1%
Camden	< 0.1%
Other States	1.7%
Other Countries	< 0.1%
Total	100%

(b) **For *each service component included in the proposed project*, provide the current patient origin (by percentage) by county of residence for the service component.**

UNC Hospitals has provided patient origin for the entire prostate health center and has not provided patient origin for each service component as prostate patients may use several services and have more than one encounter. Thus, UNC Hospitals has provided patient origin for the entire prostate health center which involves only represents the origin of unique prostate cancer patients.

(b) What is the current status of the resolution of these complaints, if any?

Not applicable. As stated in response to Section VI.10.(a), UNC Hospitals has not been notified of any civil rights equal access complaints being filed against the hospital and/or any facilities or services owned by the hospital within the past five years.

11. What public (federal, state or local) obligations does the applicant(s) have under applicable Federal regulations or agreements to provide uncompensated care, community service, or access to care by medically underserved, minorities and handicapped persons? If you have had such requirements in the past, please describe how they have been fulfilled and the amount provided for the last three years.

UNC Hospitals has long since satisfied its "free care" obligation under the Hill-Burton Act. Charity care provided by UNC Hospitals for the year ending June 30, 2008 was $88,845,624 (11.5 percent of Net Revenue). UNC Hospitals provides care to all persons based only on their need for care, and without regard to minority status or handicap/disability.

12. For an existing facility, provide the following information for the last full fiscal year for the entire facility. [Specify the dates for the fiscal year (i.e., Mo/Date/Year to Mo./Date/Year).]

Entire Facility – UNC Hospitals Last Full Fiscal Year (7/1/07 to 6/30/08) Current Patient Days/ Procedures As Percent of Total Utilization	
Self Pay/Indigent/Charity	5.6%
Medicare / Medicare Managed Care	30.7%
Medicaid	29.1%
Commercial Insurance	1.4%
Managed Care	27.4%
Other (TRICARE, State)	5.8%
TOTAL	100.0%

Attachment 3

State Demographer Projections 2000-2010

County Population Growth: 2000-2010

Open as Excel File

County	July 2010 Projection	April 2000 Estimate Base	Growth Amount	Growth Percent	Projected Births, A2000 - J2010	Projected Deaths, A2000 - J2010	Natural Growth, A2000 - J2010	Net Migration Amount	Net Migration Percent
ALAMANCE	152,680	130,800	21,880	16.7	19,498	13,971	5,527	16,353	12.5
ALEXANDER	37,610	33,603	4,007	11.9	4,303	3,186	1,117	2,890	8.6
ALLEGHANY	11,294	10,680	614	5.7	1,059	1,413	-354	968	9.1
ANSON	25,289	25,275	14	0.1	3,281	2,943	338	-324	-1.3
ASHE	26,700	24,384	2,316	9.5	2,778	3,070	-292	2,608	10.7
AVERY	18,340	17,167	1,173	6.8	1,768	1,953	-185	1,358	7.9
BEAUFORT	46,875	44,958	1,917	4.3	6,149	5,573	576	1,341	3.0
BERTIE	20,154	19,757	397	2.0	2,544	2,578	-34	431	2.2
BLADEN	32,162	32,278	-116	-0.4	4,600	4,024	576	-692	-2.1
BRUNSWICK	110,238	73,143	37,095	50.7	10,385	8,905	1,480	35,615	48.7
BUNCOMBE	233,999	206,310	27,689	13.4	27,247	22,978	4,269	23,420	11.4
BURKE	91,355	89,145	2,210	2.5	10,582	8,896	1,686	524	0.6
CABARRUS	183,441	131,063	52,378	40.0	24,877	12,302	12,575	39,803	30.4
CALDWELL	81,453	77,708	3,745	4.8	9,620	8,175	1,445	2,300	3.0
CAMDEN	10,113	6,885	3,228	46.9	1,013	718	295	2,933	42.6
CARTERET	64,107	59,386	4,721	7.9	6,469	7,173	-704	5,425	9.1
CASWELL	23,260	23,501	-241	-1.0	2,404	2,520	-116	-125	-0.5
CATAWBA	159,078	141,686	17,392	12.3	20,986	13,982	7,004	10,388	7.3
CHATHAM	64,016	49,326	14,690	29.8	7,428	5,323	2,105	12,585	25.5
CHEROKEE	27,874	24,296	3,578	14.7	2,738	3,306	-568	4,146	17.1
CHOWAN	14,763	14,150	613	4.3	1,895	1,892	3	610	4.3

			Growth					Net Migration	
County	July 2010 Projection	April 2000 Estimate Base	Amount	Percent	Projected Births, A2000 - J2010	Projected Deaths, A2000 - J2010	Natural Growth, A2000 - J2010	Amount	Percent
CLAY	10,848	8,775	2,073	23.6	872	1,213	-341	2,414	27.5
CLEVELAND	99,717	96,172	3,545	3.7	12,457	10,562	1,895	1,650	1.7
COLUMBUS	55,428	54,750	678	1.2	7,825	6,631	1,194	-516	-0.9
CRAVEN	99,201	91,523	7,678	8.4	16,381	9,209	7,172	506	0.6
CUMBERLAND	323,409	302,958	20,451	6.8	56,057	21,381	34,676	-14,225	-4.7
CURRITUCK	24,038	18,190	5,848	32.1	2,497	1,845	652	5,196	28.6
DARE	33,503	29,967	3,536	11.8	4,280	2,743	1,537	1,999	6.7
DAVIDSON	163,501	147,250	16,251	11.0	19,853	14,649	5,204	11,047	7.5
DAVIE	42,367	34,835	7,532	21.6	4,610	3,622	988	6,544	18.8
DUPLIN	54,515	49,063	5,452	11.1	8,286	5,262	3,024	2,428	4.9
DURHAM	274,371	223,314	51,057	22.9	41,845	17,738	24,107	26,950	12.1
EDGECOMBE	51,531	55,606	-4,075	-7.3	7,840	6,195	1,645	-5,720	-10.3
FORSYTH	355,107	306,066	49,041	16.0	49,244	29,294	19,950	29,091	9.5
FRANKLIN	60,096	47,260	12,836	27.2	7,247	4,706	2,541	10,295	21.8
GASTON	214,025	190,422	23,603	12.4	27,403	20,406	6,997	16,606	8.7
GATES	12,090	10,516	1,574	15.0	1,242	1,247	-5	1,579	15.0
GRAHAM	8,178	7,993	185	2.3	1,038	1,022	16	169	2.1
GRANVILLE	57,259	48,498	8,761	18.1	6,405	4,924	1,481	7,280	15.0
GREENE	21,498	18,974	2,524	13.3	2,572	1,881	691	1,833	9.7
GUILFORD	484,940	421,048	63,892	15.2	62,285	37,241	25,044	38,848	9.2
HALIFAX	55,051	57,374	-2,323	-4.0	7,450	6,772	678	-3,001	-5.2
HARNETT	116,270	91,006	25,264	27.8	15,625	8,149	7,476	17,788	19.5
HAYWOOD	57,695	54,033	3,662	6.8	5,874	6,922	-1,048	4,710	8.7

			Growth					Net Migration	
County	July 2010 Projection	April 2000 Estimate Base	Amount	Percent	Projected Births, A2000 - J2010	Projected Deaths, A2000 - J2010	Natural Growth, A2000 - J2010	Amount	Percent
HENDERSON	107,383	89,192	18,191	20.4	12,089	12,499	-410	18,601	20.9
HERTFORD	23,753	22,977	776	3.4	3,117	2,985	132	644	2.8
HOKE	46,751	33,650	13,101	38.9	7,817	2,748	5,069	8,032	23.9
HYDE	5,450	5,826	-376	-6.5	601	695	-94	-282	-4.8
IREDELL	162,510	122,660	39,850	32.5	19,844	12,585	7,259	32,591	26.6
JACKSON	38,096	33,121	4,975	15.0	3,944	3,329	615	4,360	13.2
JOHNSTON	174,793	121,955	52,838	43.3	23,739	10,730	13,009	39,829	32.7
JONES	10,307	10,398	-91	-0.9	971	1,178	-207	116	1.1
LEE	59,880	49,190	10,690	21.7	9,055	5,057	3,998	6,692	13.6
LENOIR	57,362	59,619	-2,257	-3.8	8,087	7,182	905	-3,162	-5.3
LINCOLN	78,543	63,780	14,763	23.1	9,180	6,375	2,805	11,958	18.7
MACON	35,468	29,806	5,662	19.0	3,652	4,218	-566	6,228	20.9
MADISON	21,314	19,635	1,679	8.6	2,138	2,317	-179	1,858	9.5
MARTIN	23,689	25,546	-1,857	-7.3	3,138	3,289	-151	-1,706	-6.7
MCDOWELL	45,717	42,151	3,566	8.5	5,380	4,592	788	2,778	6.6
MECKLENBURG	910,755	695,370	215,385	31.0	137,813	50,445	87,368	128,017	18.4
MITCHELL	16,073	15,687	386	2.5	1,693	2,085	-392	778	5.0
MONTGOMERY	27,888	26,827	1,061	4.0	4,046	2,797	1,249	-188	-0.7
MOORE	88,468	74,768	13,700	18.3	9,919	9,714	205	13,495	18.0
NASH	96,394	87,385	9,009	10.3	12,677	9,393	3,284	5,725	6.6
NEW HANOVER	197,419	160,327	37,092	23.1	23,211	15,439	7,772	29,320	18.3
NORTHAMPTON	21,105	22,086	-981	-4.4	2,513	2,937	-424	-557	-2.5
ONSLOW	182,001	150,355	31,646	21.0	34,657	8,313	26,344	5,302	3.5

			Growth					Net Migration	
County	July 2010 Projection	April 2000 Estimate Base	Amount	Percent	Projected Births, A2000 - J2010	Projected Deaths, A2000 - J2010	Natural Growth, A2000 - J2010	Amount	Percent
ORANGE	132,951	115,533	17,418	15.1	13,609	7,352	6,257	11,161	9.7
PAMLICO	12,866	12,934	-68	-0.5	1,126	1,535	-409	341	2.6
PASQUOTANK	41,887	34,897	6,990	20.0	5,476	3,773	1,703	5,287	15.2
PENDER	55,237	41,082	14,155	34.5	5,445	4,249	1,196	12,959	31.5
PERQUIMANS	13,542	11,368	2,174	19.1	1,338	1,540	-202	2,376	20.9
PERSON	37,724	35,623	2,101	5.9	4,745	4,042	703	1,398	3.9
PITT	162,998	133,719	29,279	21.9	21,925	11,306	10,619	18,660	14.0
POLK	19,044	18,324	720	3.9	1,691	2,882	-1,191	1,911	10.4
RANDOLPH	144,764	130,471	14,293	11.0	18,649	12,342	6,307	7,986	6.1
RICHMOND	47,050	46,557	493	1.1	6,668	5,417	1,251	-758	-1.6
ROBESON	132,804	123,237	9,567	7.8	21,745	12,277	9,468	99	0.1
ROCKINGHAM	92,095	91,930	165	0.2	11,231	10,833	398	-233	-0.3
ROWAN	143,137	130,340	12,797	9.8	17,664	13,852	3,812	8,985	6.9
RUTHERFORD	64,968	62,901	2,067	3.3	7,928	8,008	-80	2,147	3.4
SAMPSON	67,459	60,161	7,298	12.1	9,412	6,416	2,996	4,302	7.2
SCOTLAND	37,743	35,998	1,745	4.8	5,230	3,834	1,396	349	1.0
STANLY	60,818	58,100	2,718	4.7	7,513	6,205	1,308	1,410	2.4
STOKES	47,334	44,711	2,623	5.9	4,940	4,494	446	2,177	4.9
SURRY	74,216	71,209	3,007	4.2	9,356	8,243	1,113	1,894	2.7
SWAIN	14,305	12,973	1,332	10.3	1,896	1,776	120	1,212	9.3
TRANSYLVANIA	31,647	29,334	2,313	7.9	2,954	3,747	-793	3,106	10.6
TYRRELL	4,296	4,149	147	3.5	526	423	103	44	1.1
UNION	209,966	123,772	86,194	69.6	26,734	10,278	16,456	69,738	56.3

			Growth					Net Migration	
County	July 2010 Projection	April 2000 Estimate Base	Amount	Percent	Projected Births, A2000 - J2010	Projected Deaths, A2000 - J2010	Natural Growth, A2000 - J2010	Amount	Percent
VANCE	43,573	42,952	621	1.4	7,080	4,842	2,238	-1,617	-3.8
WAKE	935,530	627,850	307,680	49.0	124,984	38,986	85,998	221,682	35.3
WARREN	19,881	19,972	-91	-0.5	2,138	2,377	-239	148	0.7
WASHINGTON	13,076	13,723	-647	-4.7	1,800	1,634	166	-813	-5.9
WATAUGA	46,461	42,693	3,768	8.8	3,779	3,069	710	3,058	7.2
WAYNE	116,695	113,329	3,366	3.0	18,003	11,057	6,946	-3,580	-3.2
WILKES	67,900	65,636	2,264	3.4	8,409	6,985	1,424	840	1.3
WILSON	81,055	73,811	7,244	9.8	11,217	7,964	3,253	3,991	5.4
YADKIN	38,922	36,351	2,571	7.1	4,854	3,917	937	1,634	4.5
YANCEY	18,901	17,777	1,124	6.3	1,891	2,053	-162	1,286	7.2
STATE	9,571,403	8,046,822	1,524,581	18.9	1,272,044	767,105	504,939	1,019,642	12.7

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