

PETITION

Petition for a Special Need Adjustment to the Hospice Inpatient Bed Need Methodology

Petitioner:

Hospice House Foundation of WNC, Inc.
P.O. Box 815
Franklin, NC 28744

Michele Alderson, President
(828) 524.6375
micheleralderson@yahoo.com

Requested Change

The Hospice House Foundation of WNC, Inc. (hereinafter referred to as "HHF of WNC") requests an adjusted need determination for six hospice inpatient beds in Macon County.

About the Petitioner

HHF of WNC is a 501(c)(3) private, not-for-profit foundation that was founded in 2005 by a group of hospice volunteers, three physicians (including two hospice medical directors and a family physician), business persons and interested parties, who have a deep passion for hospice and recognize the critical need for an inpatient hospice facility in our western region of the state. "The mission of the Hospice House Foundation of WNC is to provide and endow a hospice inpatient facility for our community and to support hospice."

We have attempted on two separate occasions to collaborate with the local hospice agency in Macon County, Angel Hospice and Palliative Care (owned and operated by Angel Medical Center), to develop a freestanding hospice facility in our community. Two successful special need petitions, prepared by HHF of WNC on behalf of Angel Hospice and Palliative Care, have been filed resulting in need determinations for inpatient hospice beds for Macon County in the 2007 and 2008 *State Medical Facilities Plans*. We were prepared to file a certificate of need application in August 2008 in coordination with Angel Hospice and Palliative Care, but learned in July that they were not willing to pursue the project. Angel's abrupt decision did not leave us sufficient time to regroup and prepare to file the application on our own in time for the August 2008

submission date. The criteria and standards for hospice facilities, to which we must conform in a certificate of need application in order to have it considered for approval, require evidence of a contractual arrangement with a licensed hospice home care agency for the management of the facility. Developing a new partnership in such a short timeframe was not possible.

Unfortunately, our unsuccessful efforts to work with our local hospice agency delayed our progress. While our progress has been delayed, our commitment to our mission to develop a hospice facility for our community remains strong. We currently are engaged in discussions with two different hospice agencies about potential partnerships for the management of our proposed facility. Four Seasons Hospice and Palliative Care has expressed a definite interest in the partnership and a shared commitment to our mission. Four Seasons has been providing hospice care in Henderson and surrounding counties for nearly 30 years and operates a very successful 19-bed freestanding hospice facility, which originally opened with 12 beds in 1999. We are engaged in ongoing discussions with another hospice agency that also operates a successful freestanding hospice facility and are awaiting proposals from both providers at this time.

As stated previously, the Foundation's mission has not wavered. That mission has tremendous community support as reflected by the more than 400 citizens who recently attended a fundraising event in June, and the over 1,000 donors that we have in our donor database. Donations continue to come in for the hospice house even though a formal capital campaign has not been initiated. Community support for our efforts is further evidenced by the many letters of support submitted with this petition. Although many of these letters were submitted with previous petitions, the sentiments remain unchanged. Nothing about the need and support for an inpatient hospice facility in Macon County, that has been demonstrated successfully in two previous petitions, has changed. All that has changed is that we, the Foundation, have resolved to no longer be stifled by unsuccessful attempts to partner with Angel Hospice and Palliative Care, and have made significant inroads in forging a committed partnership with another provider. With the promise of a strong partnership, which we have historically lacked, we know that our mission can finally come to fruition if given the opportunity to file a certificate of need application for inpatient hospice beds in 2010.

Reasons for Requested Change

First, it should be noted that the need for the requested change, which has been demonstrated in two previous special need petitions that were approved by the Long-Term Care and Behavioral Health Committee and ultimately the State Health Coordinating Council, has not changed.

The *Proposed 2010 State Medical Facilities Plan (SMFP)* indicates a deficit of three (3) inpatient hospice beds in Macon County. A deficit of six (6) beds is required to generate a need determination for inpatient hospice beds in any county. Additionally, the *Proposed 2010 SMFP* identifies a deficit of two (2) inpatient beds in Jackson County and one (1) inpatient bed in Swain County, both of which are contiguous to Macon County. Thus, while a demonstrable need exists in the western region of the state in the *Proposed 2010 SMFP*, no allocation has been made to serve this unmet need. For these reasons, HHF of WNC is requesting an adjustment to the need determination in the *Proposed 2010 SMFP* for an allocation of six (6) inpatient hospice beds in Macon County.

HHF of WNC believes that there are a number of reasons that its petition should be approved, each of which is discussed in detail below.

1. A need exists for an inpatient hospice facility in the far west region of North Carolina.

Geography

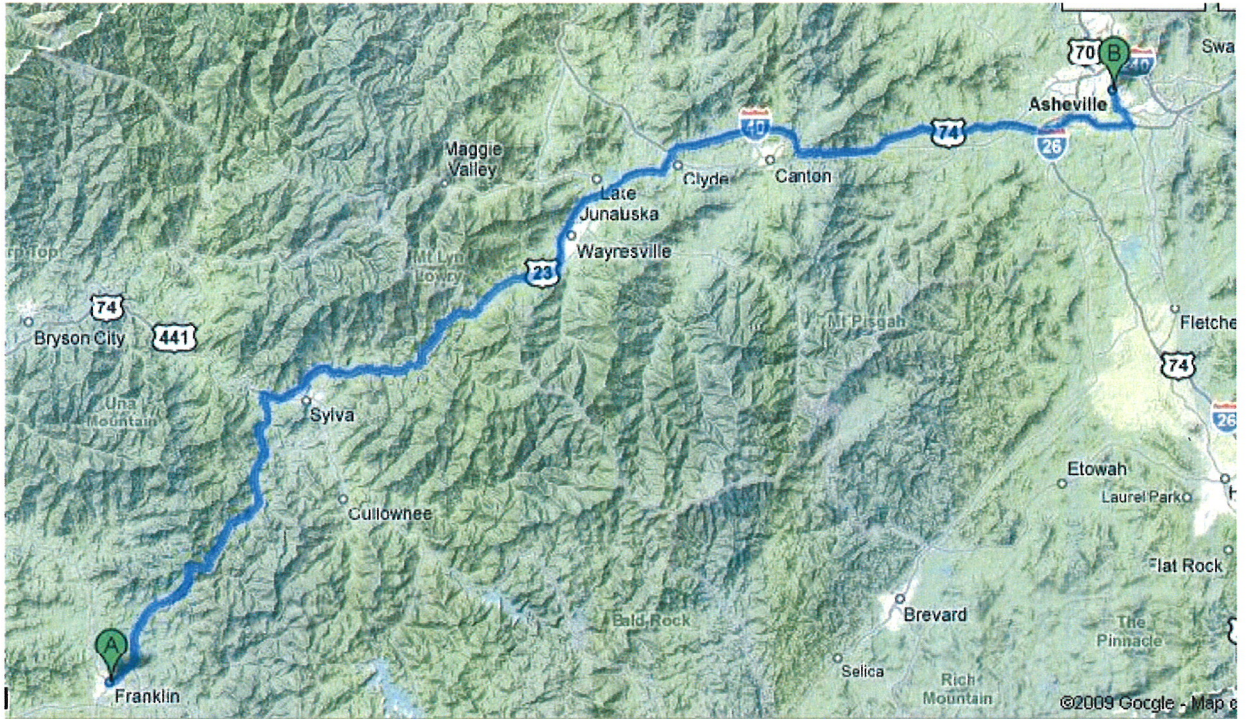
There is currently no inpatient hospice facility in North Carolina in the six-county area that comprises the far west region of the state (Macon, Jackson, Swain, Clay, Graham, and Cherokee counties). The closest existing freestanding hospice facility is the John Keever Solace Center in Asheville, which operates 15 inpatient beds and 12 residential beds.¹ Not only is the Solace Center located 75 miles east of Macon County, its inpatient beds are operating at 100 percent capacity (per data reported in the *Proposed 2010 SMFP*) with an active waiting list. Therefore, there is no alternative for hospice patients in our community who need inpatient care other than to be admitted to a hospital or nursing home, neither of which is an ideal setting for providing end-of-life care and carrying out the hospice philosophy.

Even if the Solace Center had additional capacity, the travel to Asheville from the westernmost region of the state would place an undue and sometimes insurmountable burden on hospice patients and their caregivers, most of whom are elderly. Macon County alone covers 517 square miles of

¹ It should be noted that an inpatient hospice facility in Haywood County is currently under certificate of need review. However, according to information presented in that certificate of need application, the service area projected for the Haywood County facility (Haywood County only) does not overlap with the service area discussed in this petition. Therefore, the development of a hospice facility in Macon County, as discussed in this petition, would have no impact on the proposed facility in Haywood County, nor should the development of the Haywood facility have an impact on the need for our facility.

mountainous terrain, and the geography is an important factor to consider in determining the need for an inpatient facility in this region. Travel times in the mountains are significantly longer and more difficult than in other parts of the state, especially for elderly patients and caregivers. The first map below shows the mountainous terrain of the six-county area; the second shows the difficult terrain that must be traveled from Franklin to Asheville. Franklin is identified on the first map with a red star.





As clearly evident on these maps, the entire region is mountainous, which makes even ordinary travel a challenge and travel during inclement weather sometimes impossible. Those challenges are even greater for elderly patients and their caregivers. Compounding the challenges posed by the mountainous terrain, travel from any of the six westernmost counties to the closest hospice facility in Asheville is dependent on just a few main thoroughfares as shown in the series of maps below. If for any reason, any of the main thoroughfares, particularly Highway 74 or Interstate-40, is impassable (as has happened on occasion), travel to Asheville in a reasonable amount of time is virtually impossible.

Franklin (Macon County) to Asheville



Sylva (Jackson County) to Asheville



Bryson City (Swain County) to Asheville



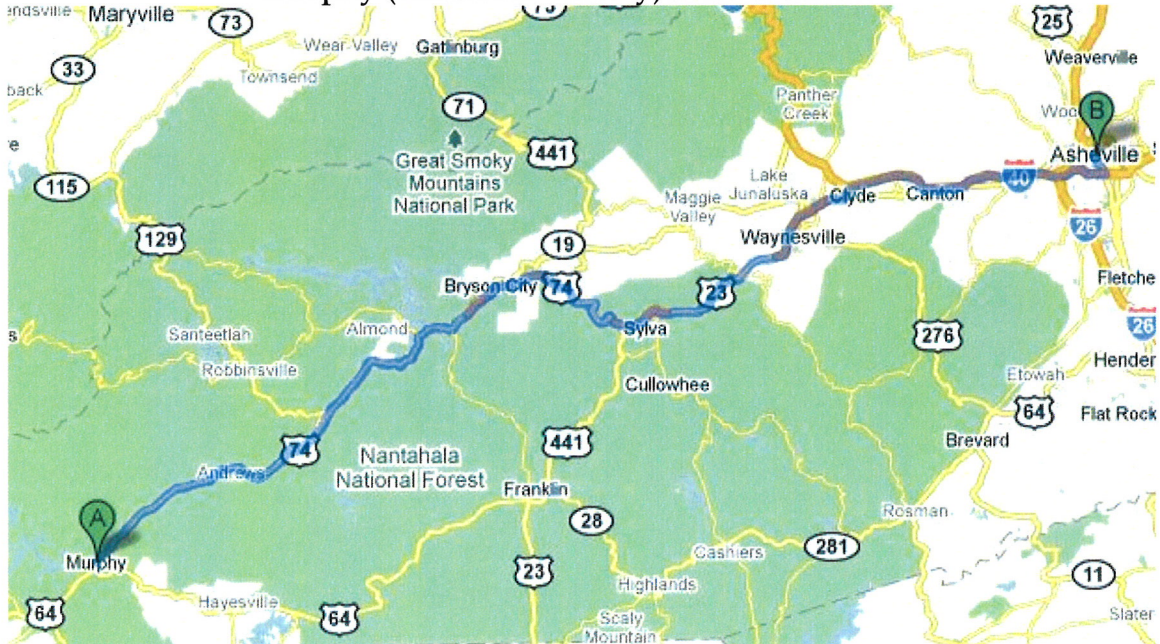
Hayesville (Clay County) to Asheville



Robbinsville (Graham County) to Asheville



Murphy (Cherokee County) to Asheville



As previously stated, there are no inpatient hospice facilities in the six westernmost counties of North Carolina (Macon, Jackson, Swain, Clay, Graham, and Cherokee), a geographic area of 2,047 square miles with a total population of more than 130,000. Of these six counties, four have an

identified deficit of inpatient hospice beds in the *Proposed 2010 SMFP* as shown in the table below.

| <i>County</i> | <i>Proposed 2010 SMFP Inpatient Hospice Bed Deficit</i> |
|---------------|---|
| Macon | 3 |
| Jackson | 2 |
| Swain | 1 |
| Clay | 0 |
| Graham | 0 |
| Cherokee | 1 |

HHF of WNC believes that the inpatient hospice needs of these residents can be served effectively in one freestanding hospice facility located in Macon County, specifically Franklin. Franklin is centrally located in the far western region of North Carolina. The distance from Franklin to the county seat of each of the six westernmost counties is as follows:

| <i>County Seat (County)</i> | <i>Distance from Franklin</i> |
|------------------------------|-------------------------------|
| Sylva (Jackson County) | 19.5 miles |
| Bryson City (Swain County) | 31.2 miles |
| Hayesville (Clay County) | 34.8 miles |
| Robbinsville (Graham County) | 47.0 miles |
| Murphy (Cherokee County) | 62.9 miles |

Demographics

Further, the westernmost six counties continue to experience increases in the retiree population, exacerbating the need for inpatient hospice services in the region. According to the North Carolina Office of State Budget and Management's population estimates for 2008, persons age 65 and older equaled 18.8 percent of the combined population for each of these six counties, compared to 12.4 percent for North Carolina overall. By 2019, persons age 65 and older will comprise 19.7 percent of the total population of the six counties combined as compared to 14.7 percent of the total North Carolina population. Further, according to Macon County Planner Derek Roland, by the year 2029, only 1.3 percent of the population growth in Macon County will be attributable to natural growth of local families; 98.7 percent will be from immigration, mostly retirees. The far western region of North Carolina is now, and is projected to continue to be, a significant

retirement destination, which will certainly impact the need for end-of-life care services in the region, including freestanding inpatient hospice services.

In addition to the higher percentage of elderly, the actual number of older residents in these counties supports the need for inpatient hospice services. As shown on the chart below, the population age 65 and over in these six counties totaled nearly 25,000 in 2008, according to the North Carolina Office of State Budget and Management.

| <i>County</i> | <i>2008 Age 65+ Population</i> |
|---------------|--------------------------------|
| Macon | 7,391 |
| Jackson | 5,608 |
| Swain | 2,090 |
| Clay | 2,270 |
| Graham | 1,599 |
| Cherokee | 5,574 |
| Total | 24,532 |

Combined, these counties would rank among the top ten North Carolina counties for total population age 65 and over.

| <i>County</i> | <i>2008 Age 65+ Population</i> |
|---------------|--------------------------------|
| Mecklenburg | 80,654 |
| Wake | 73,515 |
| Guilford | 57,563 |
| Forsyth | 44,015 |
| Buncombe | 34,609 |
| Cumberland | 27,087 |
| Gaston | 26,058 |
| New Hanover | 25,412 |
| Durham | 25,122 |
| Davidson | 22,060 |

In contrast, however, each of these ten counties has an existing inpatient hospice facility or one currently under development, while the counties in the far western region of the state remain unserved.

Projected Demand and Feasibility

In 2008, HHF of WNC and Angel Medical Center jointly engaged Health Planning Source, a health care consulting firm, to complete a market feasibility study and financial business plan for development of a freestanding hospice facility in Macon County. The defined service area in the market feasibility study included a primary service area of Macon County and a secondary service area of Jackson, Swain, and Clay counties. Using widely accepted projection methodologies, the feasibility study projected demand for hospice services by level of care, including inpatient, residential and respite.

Consistent with the discussion of need in this petition, the demand analysis in the feasibility study assumed that an inpatient hospice facility in Macon County would serve hospice patients from the greater western region, specifically, Jackson, Swain, and Clay counties, regardless of the agency to which they are initially admitted. This assumption is reasonable, particularly given that most of the counties in this region of the state are served by multiple hospice providers and that each of those hospice providers also serves multiple counties.

| | Good Shepherd | Angel Hospice | Highlands-Cashiers | WestCare |
|----------|---------------|---------------|--------------------|----------|
| Cherokee | ▲ | | | |
| Clay | ▲ | | | |
| Graham | | √ | | √ |
| Jackson | | √ | √ | ▲ |
| Macon | | ▲ | ▲ | √ |
| Swain | | ▲ | | √ |

▲ Office located within county, according to the Proposed 2010 SMFP, 2008 patient origin data.

√ Served county from another office according to the Proposed 2010 SMFP, 2008 patient origin data.

As such, it is logical to assume that hospice patients in the surrounding counties identified will be referred to a hospice facility in Macon County. The results of the demand analysis in the feasibility study indicate that the four-county area could support eight inpatient beds by 2012, as well as a number of residential beds. The income statement, conservatively based upon the results of the market feasibility study and business plan, showed a positive net income for a 12-bed facility (six inpatient beds and six residential beds) by the second year of operation.

2. Existing alternatives to the special need adjustment are less effective and more costly.

At present, hospice patients in Macon and surrounding counties who require inpatient care must be admitted to a hospital or nursing home. These settings are less effective locales and are generally more expensive venues for the delivery of hospice care. Inpatient care outside a hospice facility is frequently fragmented, resulting in a departure from the hospice philosophy of care and a less than ideal end of life experience for dying patients and their loved ones. Additionally, the hospice home care staff is constantly challenged to orient, train, and educate the staff of the institutional inpatient provider. The inpatient staff do not specialize in hospice care and are asked to care for both acute care and hospice patients simultaneously. Thus, they must transition from different treatment philosophies in dealing with acute care and palliative care patients, transitioning moment to moment between aggressive, curative treatment for the acute care patient and comfort management of the hospice patient's symptoms, pain, and death experience.

As a result of these and other factors, the advantages of a freestanding inpatient/residential facility include:

- Hospice principles and practices are the primary goal as the unit is not physically or programmatically attached to any other facility.
- The inpatient unit is designed to be a homelike atmosphere.
- The agency's cost reflects only those costs required to support the needs of hospice patients, not the high-technology equipment and services required for an acute care setting but not needed by hospice patients.
- Hospice maintains control to ensure that only hospice-appropriate services are provided.
- Patients are served by an interdisciplinary team, with staffing that reflects the needs of both patients and families.
- The facility and its staff make provisions for teaching caregiving skills to family members so they can participate in the care and support of the patient while in the facility.
- Continuity between home and facility-based care, all consistent with the overall hospice interdisciplinary team plan of care.

Further, patients admitted to and cared for in an inpatient hospice facility incur significantly lower costs than those admitted to acute care settings. Studies estimate that approximately 25 percent of Medicare's expenses are paid for patients in their last year of life. The use of hospice has been proven

to reduce Medicare expenditures. A 2007 Duke University study reported in *Social Science & Medicine* found that hospice use reduced Medicare program expenditures during the last year of life by an average of \$2,039 per hospice user.² Additionally, some complex hospice patients require frequent readmissions for inpatient services. In the absence of a freestanding hospice facility, readmissions of hospice patients must be managed in an environment that is not only more costly but also not the most appropriate environment for hospice patients. Acute care hospitals are focused on providing an environment directed to acute, life-saving interventions versus the palliative and supportive care of a hospice patient in need of temporary remedies.

Finally, as previously discussed, there are no other hospice facility alternatives in the region, nor does the existing facility in Asheville have sufficient capacity to accommodate the needs of the residents of the far western region of the state. In short, the approval of this petition is crucial to provide the mechanism for creating access to quality and cost-effective inpatient hospice services where none currently exists.

3. The county six-bed minimum should not be applied to Macon County.

As previously discussed, HHF of WNC believes that the needs of the six far western counties can be effectively met in one centrally located hospice facility in Macon County. Given the requirement that a deficit reach six (6) beds before a need determination is generated, combined with the historically low deficits in any one of the six westernmost counties, it is unlikely that a need determination will be made in any of these counties in the foreseeable future based on application of the standard methodology alone. However, as discussed in this petition, supported by previous petition approvals, and the overwhelming community support for this project, a need for freestanding inpatient hospice services in this region of our state certainly exists. Therefore, HHF of WNC asks that the combined deficits of these six counties be considered as evidence that a freestanding inpatient hospice facility centrally located in this region can reasonably support six inpatient hospice beds.

² Taylor, Jr., Donald H.; Osterman, Jan; Van Houtven, Courtney H.; Tulskey, James A.; Steinhauer, Karen. (2007). What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? *Social Science & Medicine*, Volume 65, Issue 7, October 2007, pages 1466-1478.

Implications if the Petition is Not Approved

The only alternative if this petition is not approved is to maintain status quo, meaning that hospice patients in the far western region of our state will continue to have no access to freestanding hospice services. Without the approval of this petition, a need determination in any one of the six far west counties is unlikely in the foreseeable future. If the petition is not approved, hospice patients in our region will continue to be underserved. Hospice patients requiring inpatient care will have to be admitted to a hospital or nursing home, which is less effective for the reasons presented in this petition.

If given the opportunity to submit a certificate of need application for inpatient beds in 2010, HHF of WNC also intends to seek approval for the development of residential hospice beds, allowing for the development of a comprehensive freestanding hospice facility in Macon County that could serve the immediate needs of the far western region. The development of a combination inpatient/residential facility would provide the most appropriate level of care for hospice patients requiring a higher level of care, while doing so in a more cost-effective environment than provided by either the hospital or nursing home settings.

For these reasons, HHF of WNC requests an adjusted need determination for six (6) inpatient hospice beds in Macon County.

Ronald P. Fisher M.D.

Palliative Medicine

This letter is in support of the Hospice House Foundation of Western North Carolina petition for an adjusted need determination to allow for a six bed inpatient hospice facility in the Macon County area of far western North Carolina.

I'm a hospice/palliative care physician and Medical Director for Westcare Hospice in Sylva, North Carolina as well as interim Medical Director for Angel Hospice in Franklin, North Carolina.

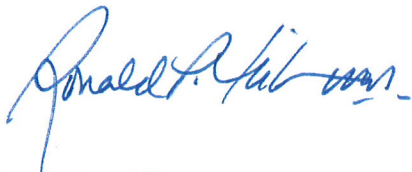
Although the regional hospices in the far western counties of North Carolina provide excellent home-based care there is presently no inpatient facility in the area. A specific subset of the most frail end-of-life patients with intractable symptoms unfortunately cannot be efficiently or skillfully cared for in a homebased setting. I have repeatedly encountered situations where the lack of such a facility has resulted in a more difficult end-of-life experience often, unfortunately, with unresolved pain and symptom management. Repeatedly, when offered the chance to transfer the patient to the closest inpatient facility which presently is in Asheville, over 70 miles away, the families understandably choose to keep their loved one with them at home even if it were to mean having to deal with poorly controlled symptoms. Nursing Home and Community Hospitals, although they do an excellent job at providing acute and long term care are not trained, staffed, or equipped to provide such care. Inpatient Hospice facilities have become the Standard-of-Care for such patients and not having this option available is a significant disadvantage for our citizens.

The planned facility would allow for inpatient hospice care to be provided to the citizens of Swain, Jackson, Macon, Clay, Cherokee, and Graham counties, none of which presently have nearby access to such a service.

Experience from other inpatient hospice facilities demonstrate that any facility smaller than six beds would be not financially feasible.

The plan is for the Hospice House Foundation of WNC to affiliate this facility with a larger regional hospice to allow for cost-sharing and minimize duplication of administration, policies and procedures, etc. and allow for coordination of resources.

Thank you for your consideration. I look forward to the opportunity of being able to provide state of the art, quality, inpatient care to our end-of-life citizens in the far western counties of North Carolina.



Ron Fisher, MD
Medical Director Westcare Hospice
Interim Medical Director Angel Hospice
Sylva, NC

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Sylva, N.C. 28779

phone: 828-506-2299
fax: 206-339-7179
fishermd@mac.com



**Highlands-Cashiers Hospital
& Fidelia Eckerd Living Center**

Quality Health Care For More Than Half a Century

July 23, 2009

Mail To:
Post Office Box 190
Highlands, NC
28741

Ship To:
190 Hospital Drive
Highlands, NC
28741

Thomas J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
C/o Medical Facilities Planning Section
701 Barbour Drive
Raleigh, NC 27603

Dear Dr. Pulliam,

This letter is intended to convey the support of the Highlands-Cashiers Hospice Organization for the establishment of a Hospice House in this area of North Carolina. Our Hospice supports the efforts of the Hospice House Foundation of Western NC and would refer patients in need of these services to such a facility.

Sincerely,

John Baumrucker, MD
Hospice Medical Director
Highlands-Cashiers Hospital
Highlands, NC 28741



Highlands-Cashiers Hospital
& Fidelia Eckerd Living Center

Quality Health Care For More Than Half a Century

July 23, 2009

Mail To:
Post Office Box 190
Highlands, NC
28741

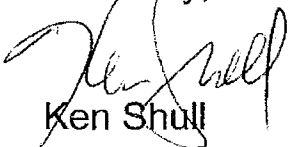
Ship To:
190 Hospital Drive
Highlands, NC
28741

Thomas J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
C/o Medical Facilities Planning Section
701 Barbour Drive
Raleigh, NC 27603

Dear Dr. Pulliam,

This letter is intended to convey my support for the need of a Hospice House in this area of North Carolina. We need your support for the petition submitted by the Hospice House Foundation of Western NC and our community would gladly refer patients in need of these services to their facility.

Sincerely,



Ken Shull

CEO Highlands-Cashiers Hospital
Highlands, NC 28741

LBM

*705 Highlands Cove Drive #43
Highlands, NC 28741*

July 20, 2009

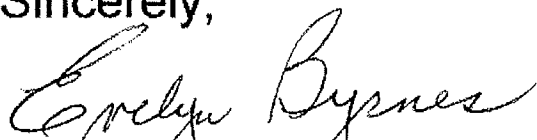
Thomas J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
C/o Medical Facilities Planning Section
701 Barbour Drive
Raleigh, NC 27603

Dear Dr. Pulliam,

I am hospice volunteer with the Highlands-Cashiers Hospice team. My current hospice patient, who is suffering from stage four bone cancer, has had to leave the area where her family and friends are to enter the Hospice House in Seneca, SC. It a hardship for all concerned and family members are sleeping on a couch or in sleeping bags on the floor. I visited her on Tuesday and it took well over an hour each way.

We desperately need a Hospice House in this area of North Carolina. Please support the current petition by the Hospice House Foundation of Western North Carolina.

Sincerely,



EVELYN BYRNES
Hospice Volunteer



170 Church St.
Franklin, NC 28734
(828) 369-4206
Fax: (828) 369-4400

P.O. Box 389
Bryson City, NC 28713
(828) 488-3877
1-800-721-4446
Fax: (828) 488-9288

P.O. Box 1519
Robbinsville, NC 28771
(828) 479-2110
1-800-328-4691
Fax: (828) 479-3848

July 25, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T.J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam,

I am writing this letter in full support of building a Hospice House in Macon County. I have the privilege of working for Angel Hospice in Franklin, NC. Our goal is to offer the highest level of quality care to our patients. We are presently serving the needs of our terminally ill patients in their homes. Sometimes a patient will need more care than the family members, or hospice staff, can provide in the home. There are also residents in the community who have no caregiver, and presently have to go to a hospital, or care center for end of life care. A Hospice House will provide a home-like setting for patients to receive comfort care for themselves, as well as much needed emotional support for their families.

At the present time there is no Hospice House west of Asheville, NC. A Hospice House in Macon County would prove to be a huge asset for not only this county, but the surrounding counties, as well. Please help us to provide this much needed inpatient facility for those in need of quality end of life care in Macon County.

Thank You for your support of this very important project!

Sincerely,


Bette Balmer
Bereavement & Volunteer Coordinator
Angel Hospice

✓
3/16/07

July 25, 2007

Dr. T. J. Pulliam, Chair
Long-Term and Behavioral Health Committee
State Health Coordinating Council
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Dr. Pulliam,

The Angel Hospice Foundation hopes to build an inpatient hospice house in our community to serve both Macon County and surrounding counties, as well. There is no such facility in our state west of Asheville.

Angel Hospice strives to provide the highest level of care for our patients and their family members. Ideally we assist families to care for their loved ones in the relative comfort and familiarity of their own homes. On occasion, however, this is impossible. Sometimes the patient's spouse is too infirm to provide adequate care. Sometimes the caregiver must go away for a short period. Sometimes the multiple needs of the patient overwhelm the caregiver.

For the past fourteen years I have been involved in hospice work in some capacity. I have observed and have experienced personally just how difficult caring for a dying loved one can be. No inpatient hospice facility was available when my mother was terminally ill, suffering from dementia and a series of strokes. Hospitals, nursing homes, and a patient's own homes all can help to meet the needs of someone in hospice. Unfortunately, the absence of an inpatient facility is like offering a bed missing one of its four legs.

I deeply appreciate your consideration of this important need. Many people stand to benefit from a hospice house here in Macon County, most of all those folks who are experiencing the greatest needs with the least support.

With thanks,



Victor A. Greene, D. Min.
Chaplain, Angel Hospice

✓ 3/1/6 JP

July 23, 2009

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T.J. Pulliam, Chair
701 Barbour Dr.
Raleigh, NC 27603

Dear Dr. Pulliam,

I wish to request the Long Term & Behavioral Health Committee's favorable action on the Macon County Petition to Adjust the Hospice Inpatient Need Methodology for Macon County in the 2010 State Medical Facilities Plan.

This petition's approval is critical to our efforts to build a Hospice inpatient facility. As a resident of Macon County, I have volunteered with our local Hospice organization, and they have no plans to create an inpatient Hospice facility. At the present time there is not a Hospice House west of Asheville. Our Hospice House will be able to serve patients and their families in all counties from Asheville to Murphy, and North Georgia, not just Macon County.

As I am certain the Long Term & Behavioral Health Committee knows all too well, a patient sometimes needs more care than family members and hospice staff can provide in the home, and sometimes, family members are called away for a short time and temporarily need 24 hour care for their loved one. I am also employed in the field of Aging, and I see families daily, who would benefit tremendously from having a residential option for respite and/or for the state of the art care, which can only be delivered in an inpatient facility.

A hospice inpatient facility serves these needs, and the Hospice House Foundation of Western North Carolina was created for the sole purpose of obtaining funds for the construction and endowment of an inpatient facility for our community and to support Hospice. Community support continues to gain momentum, and positive action on the Macon County Petition will enable the Foundation to move forward with its capital campaign.

Sincerely,



Cindy Miles

[Print Message](#)[Close this window](#)

From glen547@charter.net

Date 2007/07/21 Sat AM 08:14:17 CDT

To warren.schmidt@verizon.net

Subject Letter

Dear Dr. Pulliam,

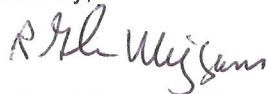
I have been a practicing medical oncologist for over 30 years and hospice care has always been an integral part of terminal care for my patients. My initial practice was in New Haven, CT where the first Hospice House in the nation was built. It was a huge success and provided a very much needed facility for patients to experience their last days in dignity and comfort with surrounding family.

I now practice in Athens, GA and we have recently had a Hospice House built in our community. I wholeheartedly supported this venture both financially and spiritually. It has provided a much needed refuge for patients, who for whatever reason, are unable to spend their remaining days at home.

My wife and I have built a home in Highlands and for the last three years have spent as much time as possible in this lovely community. It has come to my attention that Macon County and the surrounding counties are in need of a Hospice House. The nearest facility is in Asheville, ninety minutes away, and this clearly is not a good option for families who want to spend quality time with their loved ones in their last days.

I strongly urge you to approve a Hospice House for Macon County - it truly will make a difference and enable patients with terminal illnesses to die with dignity surrounded by those who love them.

Sincerely,



R. Glen Wiggans, MD



Michael and Nancy D. Falkenstein
119 Pinecrest Drive
Franklin, NC 28734

July 21, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T.J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27699

Gentlemen:

This letter is in support of the Angel Hospice Foundation's mission to obtain funds for the construction and endowment of an Inpatient Facility for our community and to support Hospice.

Personally, we have had a sister die in a nursing home with Hospice Care which for all was a horrific experience. Recently, we had Hospice Care for my mother-in-law in an Assisted Living Facility in Sarasota, Florida, where we saw first hand the difference. We know many hospice volunteers and understand and appreciate what Hospice does.

The need for an inpatient facility in Franklin to provide not only respite care, but care for those who do not have family close-by who can help, is a real one, and the need will become greater as time goes on. We hope to see in Franklin in the near future an Inpatient Hospice Facility that will serve not only Macon County residents but those west of Asheville in neighboring counties.

We trust you will support this project and the efforts of Angel Hospice Foundation.

Sincerely,


Michael and Nancy D. Falkenstein

✓ 3/1/09



1480 AM
THE DOVE

WITH PRAISE FOR JESUS

July 20, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T. J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam,

I am writing this letter in full support of a "Hospice House" (Inpatient Facility) in Macon County.

As an American Cancer Society volunteer, I am keenly aware of the situation many families find themselves when a loved one is diagnosed with a terminal illness. In many cases, it takes them by surprise and is certainly something they neither expect, nor make plans for, as a family. A Hospice House would be a wonderful way to keep a caregiver close to their own extended family while being near their loved one.

As a Cancer Survivor, I know the uncertainties of a serious disease only make us want to be as close as possible to those we trust and love. A Hospice House would facilitate this need if, in fact, it became necessary for our families to place us there.

A Hospice House in Macon County is a much needed facility and, in my opinion, would be a God-send to our area.

Sincerely,

Brenda Wooten

Brenda Wooten
Community Events Coordinator
WPFJ Radio
Franklin, N. C.

✓ 3/16 gp

185 Franklin Plaza
Franklin, NC 28734
828-369-5033

www.wpfj.com

WPFJ 1480 AM STEREO

*Dick and Molly Gray
79 Quail Ridge Road
Franklin, NC 28734
Phone: 828-342-9288
Email: dickandmolly@verizon.net*

July 23, 2007

Dr. T. J. Pulliam, Chair
State Health Coordinating Council
Long Term and Behavioral Health Committee
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam:

This letter is written in support of an inpatient facility for hospice care to be constructed in Franklin, NC. There are frequently hospice individuals whose care requires more than what family members and hospice staff can provide in the home. We desperately need an inpatient hospice facility to meet these needs.

At the present time, there is not a Hospice House west of Asheville. A Hospice House in Franklin can reach beyond our own Macon County to serve patients and their families in all counties from Asheville to Murphy.

Please seriously consider adjusting the hospice inpatient need methodology for Angel Hospice in Franklin in the 2008 State Medical Facilities Plan. We NEED a Hospice House and will greatly appreciate your assistance in paving the way toward the this goal of our Hospice Foundation.

Sincerely,



Dick and Molly Gray

✓ 3/10 JR

249 Bates Branch Rd.

Franklin, NC 28734

July 21, 2007

Dr. T. J. Pulliam, Chairman
State Health Coordinating Council
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam,

Having had both my mother and an aunt in Hospice Houses during their final stage of life, I realize how valuable such a facility is to those whose families can not care for them at those times.

Here in western N.C. there is a strong family ethic -- folks care for their own. There are also many "retirees" living here who are far from their families & when illness strikes they are often on their own. For either group, the "natives" and the "transplants" they wish to care for family or be cared for by family in one's own home may not always be possible. It is for this reason that I strongly feel there is a need here for a Hospice House. Please help us make it happen!

✓ 3/10
JP

Sincerely,
Janet Hill

July 23, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T.J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam,

I have been a resident of Macon County since 1980, and have seen a lot of growth and change here. Almost 4 years ago, my sister became terminal and we enlisted the aid of the local Hospice organization to make her final days more comfortable and pleasant. She was a patient at one of our local Nursing/Rest homes. It was very hard on all the family. After she passed I became a Hospice Volunteer due to what I had learned of Hospice. My regret is that we do not have a Hospice House here in Macon County. There is such a need for a house that I urge you to assist us in procuring one. There is not a facility west of Asheville. All of the counties surrounding Macon would benefit greatly.

My entire family supports the Hospice theory, and seek your support.

Thank you,



Sallee Coss
220 Cliff Dalrymple Road
Franklin, NC 28734



July 25, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T. J. Pulliam, Chair
2714 Main Service Center
Raleigh, North Carolina 27699


Gentlemen:

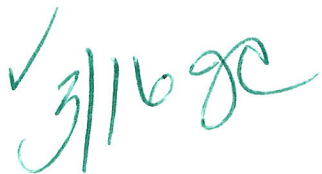
This letter is written in support of the need for a Hospice Inpatient Facility to be located in Franklin, North Carolina. Currently the nearest inpatient facility is in Asheville, North Carolina. There are many who live west of Asheville that could be more conveniently assisted if a facility were here. Macon County is a good location readily accessible to the surrounding counties. A Hospice Inpatient Facility could be of great benefit to those terminally ill as well as their families.

My family has been the recipient of the wonderful care and compassion given by the Hospice people. We know from experience the help provided was of value beyond measure. Fortunately, we were able to keep our Father at home until the end. Other families may not be able to do the same or may need short term assistance.

Please give great consideration to this worthy need for an inpatient facility to be located in Franklin.

Sincerely,


Margaret E. Snyder



July 20, 2007

State Health Coordinating Council
Long Term and Behavioral Health Committee
Dr. T.J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam:

I wish to express my interest in an inpatient hospice facility for Macon County, North Carolina. We are so fortunate to have the home services now provided by Angel Hospice in our county, but there is a great need for people without family members who can provide 24/7 care in their last days.

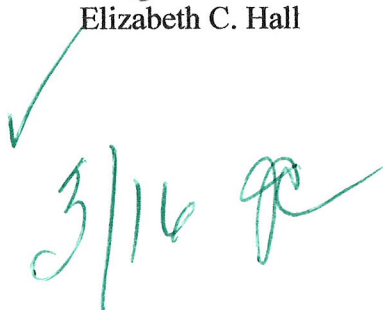
My family's experience with Angel Hospice was a blessed time, my Father was able to remain at home and have all the love and care he needed in his final days and at the same time we as family members received wonderful physical and spiritual help. I cannot say enough good things about hospice.

I would ask you to please consider this need, since there is no inpatient hospice facility west of Asheville, North Carolina.

Sincerely,



Elizabeth C. Hall



✓
3/16 [Signature]

July 25, 2007

State Health Coordinating Council
Long Term and Behavioral Health Committee
Dr. T.J. Pulliam, Chair
2714 Mail Service Center Raleigh, NC 27699

Dear Mr. Pulliam:

I am writing this letter in support of the drive to establish a Hospice House in Franklin. I believe this would be very beneficial not only to Macon County, but also the entire western region of the State south of Asheville. I am sure there are caregivers who face a real dilemma when work or other demands take them out of town overnight. There are also times when it is impossible to care for a loved one without the help Hospice provides. I experienced this when my mother, whom I care for, and I both had a virus. From my experience with the great work Hospice does, I am sure any patient would receive the very best of care

I hope you will sincerely consider the establishment of a Hospice House in Franklin.

Thank you.

Respectively,



Revena Shuler

✓ 3/16/08

July 25 2007
100 old mill rd
Franklin, NC 28734

Dr. T.J. Pulliam, Chair
State Health Coordinating Council
Long Term & Behavioral Health Committee
2714 Mail Service Center
Raleigh, NC 27699

This letter is to support the
need for a inpatient hospice house to
serve all counties west of
asheville, NC. to meet the needs
of hospice patients & their families
with terminal illness.

✓
3/1/08
gc

Thank you
Marge B Shepard

July 24, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Mr. Y.J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27669

Dear Mr. Pulliam,

Please be advised that I firmly support the Angel Hospice Foundation in their efforts to establish a Hospice inpatient facility in Macon County. I have experienced the care and compassion given to my family member by the Angel Hospice staff. At the end of my aunt's life, she was placed in a nursing home since we could not provide the care she needed at home. She wanted her hospice nurse to be there but unfortunately hospice cannot resume care in a nursing home for thirty days. My aunt passed away before the 30 days. She was frightened in the nursing home with no familiar caregivers. If we had an inpatient hospice facility she would have been with the people she trusted her care with for the last 3 months of her life.

✓
3/16/07

Sincerely,
Hebra Joyce & Barbara Nasson
1113 Cowetta Lake Road
Otto, NC 28763

July 18, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T. J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27699

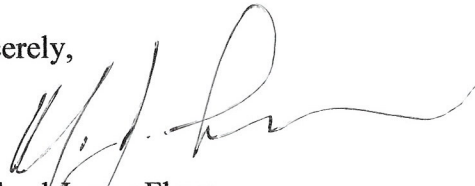
Dear Dr. Pulliam:

I am writing this letter in support of Angel Hospice Foundation's petition to adjust the Hospice Inpatient Need Methodology in the 2008 State Medical Facilities Plan.

I have lived in Franklin, NC since the fall of 2001. From September 2005 to April 2006 I was employed by Angel Medical Center, Angel Hospice and Palliative Care as their Volunteer Coordinator. I left that position after having been diagnosed with Prostate Cancer. During the time that I worked for Angel Hospice I learned how important hospice care is to this community and the great service they perform for its citizens. All of our patients were attended to in their homes. But, we often had situations where a patient needed hospice care but could not qualify for it because they did not have a full time caregiver available. As you may know, this area of Western North Carolina has a large elderly population many of whom, like myself, live alone and do not have family living nearby and also do not have the resources to hire care givers or move to a skilled nursing facility. By having a hospice inpatient facility people in this situation would have a chance at receiving hospice care. It would also provide a respite for caregivers of homebound patients.

I hope that your committee will give the Angel Hospice Foundation, Inc. petition your favorable consideration.

Sincerely,



Michael James Flynn
131 Franklin Plaza, #210
Franklin, NC 28734

✓ 9/1/07

**Kenneth & Christine Ring
216 Quail Ridge Road
Franklin, NC 28734
(828) 369-3887 (home)**

July 30, 2007

Dr. T. J. Pulliam, Chair
State Health Coordinating Council
Long Term and Behavioral Health Committee
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam:

This letter is written in support of an inpatient facility for hospice care to be constructed in Franklin, NC. I retired as the Macon County Health Department in June 2007, which is to say that I am well familiar with the health care services in this county.

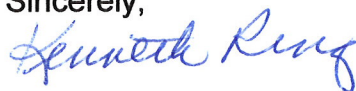
In many circumstances hospice patients require more than what family members and hospice staff can provide in the home. The residents of this county desperately need an inpatient hospice facility to meet these needs.

The Macon County permanent population is now over 32,000. In addition the population more than doubles from April through October with part-time residents with summer homes in this county. Each year Macon County continues to grow. Most of the growth includes retirees, most of whom are healthy when they move here. Therefore, this county has a greater than state average of senior citizens. However, as our local senior population ages, so does the need for health care increase above the state average with greater cancer rates as well as other terminal illnesses.

Currently, there is not a hospice inpatient facility west of Asheville. A Hospice House in Franklin can extend beyond our own Macon County to serve patients and their families in all far western counties of North Carolina.

I appreciate your serious consideration of the hospice inpatient need methodology for Angel Hospice in Franklin in the 2008 State Medical Facilities Plan.

Sincerely,



Kenneth D. Ring, MPH



July 15, 2007

State Health Coordinating Council
Long Term & Behavioral Health Committee
Dr. T.J. Pulliam, Chair
2714 Mail Service Center
Raleigh, NC 27699

Dear Dr. Pulliam,

As a volunteer for the Hospice of Angel Medical Center in Franklin, NC, I am writing this letter to support the need for an inpatient hospice facility in our area. The nearest inpatient facility is in Asheville, which is 1 ½ hours away, and it often has a waiting list. Most of our families are not able to drive this distance to be with their loved one. Over and over, we have had to say, "If only we had a hospice house for this patient" or "This patient is a perfect candidate for a hospice house admission." We would be serving Cherokee, Clay, Jackson, Macon and Swain counties. Community support is evidenced by the generous donations we receive from organizations and individuals in the area.

I am a retired physical therapist who has had very positive experiences with inpatient hospice facilities during my career and when my father needed hospice care. Please support our Special Need Petition. Thank you.

Sincerely,



Ann R. Schmidt



Macon County AIDS Task Force
C/o Macon County Health Dept.
Franklin, NC 28734

May 9, 2005

Senator Jeanne Hopkins Lucus, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

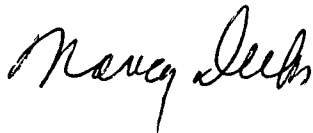
Dear Senator,

We, of the Macon County AIDS Task Force, request that you consider the need for an inpatient hospice house here in Macon County.

We are an all volunteer group of concerned citizens who have been organized for the past ten plus years and associated with the Western NC HIV/AIDS Consortium of Asheville, NC. We have tried to provide our clients with services not covered by Ryan White and HOPWA funds. We have done this by holding fund raisers and use the monies to provide such things as over the counter medications, extra food supplies purchased through MANNNA food bank, helping with overdue power bills and medical expenses, etc.

Some clients have had to go into nursing homes their last days or months because they had no one able to give twenty four hour care to them. An inpatient hospice house would be the ideal place for them to be able to die comfortably and with dignity. We ask that you seriously consider the necessity of an inpatient hospice facility here in Macon County.

Thanking you in advance, we are, very truly yours,



Macon County AIDS Task Force
Nancy Deeks, Chairperson

St Francis

The Church of St. Francis of Assisi

May 12, 2005

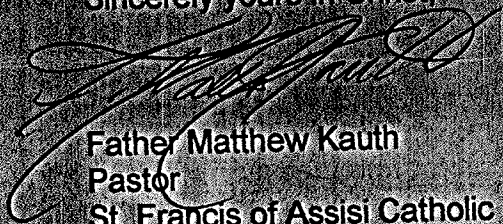
Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Hopkins,

I am writing this letter in support of the Angel Hospice Foundation's efforts to accomplish their mission of building an inpatient hospice house in Macon County. A number of parishioners of St. Francis of Assisi Church who were suffering from terminal illness know the comfort of being served by the employees and volunteers of Angel Hospice. But sometimes terminally ill patients need 24 hour professional care. Sometimes the caregivers in a patient's family need to be away, or need a short respite. In these circumstances, an inpatient hospice facility would be of great value to the community.

Thank you for your attention to this matter and your efforts to facilitate this inpatient hospice house in Macon County.

Sincerely yours in Christ,



Father Matthew Kauth
Pastor
St. Francis of Assisi Catholic Church
299 Maple Street
Franklin, NC 28734

May 27, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

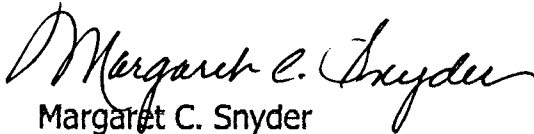
Dear Senator Lucas:

I live in the beautiful mountains of Western North Carolina and would love to see an inpatient hospice facility in Macon County. There is a great need for such a facility in our area. At present the nearest inpatient facility is some 75 miles away. This creates a hardship on many people who need professional care in the last days of life. Not only palliative care for the terminal, but also a helping hand and a compassionate shoulder for those who so anxiously wait the final days and hours of a loved one.

Our family knows first hand the wonderful care given by the well-trained and compassionate people of hospice. The Angel Hospice was truly a blessing to us in a very difficult time. Fortunately, my family was able to keep our Father at home. Many others are not able to do so. There are many retired and elderly people living in our mountains who have no other family members near, and some times there are elderly who have out-lived their caregivers. Others may just simply wish to stay close to what they are familiar with while living out their last days.

Your consideration on behalf of this need for an inpatient facility in Macon County would be greatly appreciated. A place where those lonely and fearful of what is ahead may be comforted, have their pain and suffering abated, and their final days given dignity and peace.

Sincerely,


Margaret C. Snyder

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

May 20, 2005

Dear Senator Lucas,

I have been a volunteer with Angel Hospice in Franklin, NC for two years. I am writing to let you know that I feel very strongly that Macon County should have a residential hospice.

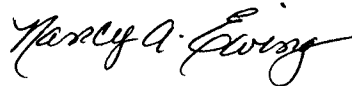
There is no residential hospice west of Asheville. Consequently, there is tremendous need for a facility like this in our area. It would be a huge benefit to the terminally ill residents of Macon County, as well as for those in the surrounding communities.

Often our hospice patients do not have someone to care for them in their home. Either their spouse is elderly or infirm, or the person lives alone with no family members living near them. There are not many options for a person in this situation. If Macon County had an in-patient hospice facility, a patient in these circumstances could receive quality end-of-life care.

A residential hospice would also be helpful when family members, who care for a terminally ill loved one, have to leave the home for a short period of time. They may take their loved one to the residential hospice to be cared for temporarily while they are gone.

Thank you very much for your consideration in this matter.

Sincerely,



Nancy A. Ewing



May 17, 2005

**Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714**

Dear Senator Lucas,

I am asking for your support in Angel Hospice Foundation's effort to build an inpatient hospice house in Macon County.

Sky Valley, Ga. is a city that is located on the border of North Carolina. An inpatient hospice facility would be very useful to the citizens of our City. In addition, it would serve the needs of the other cities that are in our vicinity; Dillard, Ga. Scaly Mountain, NC, Otto, NC. and other communities and subdivisions that are located in close proximity to Macon County.

Thank you for your consideration in this most important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen E. Brett".

**Stephen E. Brett
Mayor, Sky Valley, Ga.**

Lib Raiford
131 Alpine Dr.
Franklin NC 28734
July 2, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

I am writing this letter to express my support for a hospice inpatient facility to be located in Macon County, North Carolina.

I am a volunteer with the hospice program here and I see the need we have for the facility. I have experienced the wonderful work that hospice does for end of life care. I have had several friends and relatives who have been very blessed to have had hospice come in when they needed someone most.

Considering the fact that Macon county is one of the counties in NC with the largest number of residents age 60 and above I believe it makes sense that there is a great need for the facility here. I encourage you to support our efforts.

Sincerely,



Lib Raiford, hospice volunteer

✓ 3/16 JC

May 25, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Honorable Senator Lucas:

I wish to express my interest in an inpatient hospice facility for Macon County, North Carolina. We are so blessed to have the home services now provided by hospice in our county, but there is a great need for a place for those people without family members to care for them in their final months and days of life. There are several people in my acquaintance that would benefit greatly by having a place in their time of need, that have no family to give 24/7 care.

My family's experience with Angel Hospice was a blessed time, my Father was able to remain at home and have all the love and care he needed in his final days and at the same time we as family members received wonderful physical and spiritual help. I cannot say enough good things about hospice.

I would ask you to please consider this need, since there is no inpatient hospice facility west of Asheville, North Carolina and we are a community of many elderly residents.

Sincerely,


Elizabeth C. Hall

**Franklin Family Practice
Gustav C. Wilde, MD
Ella C. Churchill, FNP-C**

June 9, 2005

**Senator Jeanne Hopkins Lucas, Chairman
Long-term and Behavioral Health Committee
State Health Coordinating Counsel
Medical Facilities Planning Section/Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714**

Dear Senator Lucas:

I am writing in support of the special need petition for a free-standing Hospice facility in Macon County, North Carolina. At this time we have no in-patient or overnight Hospice facilities in our county.

I believe that the benefits of Hospice for persons approaching the end of life have been well demonstrated. Hospice professionals are able to provide expert palliative care for terminal patients and their families. While most of these services are available and are provided in the home, it is often difficult for care-givers, no matter how dedicated, to provide 24 hour care in the home environment. Also, there are some patients approaching the end of life who do not have family care-givers available to provide their care. Such patients would benefit greatly from a free-standing Hospice facility. For these patients the existence of such a facility may mean the difference between a lonely hospitalized death and a peaceful death supported by family, friends, and caring professionals.

Our goal is to achieve a dignified death for all of our patients. I strongly support the establishment of a free-standing Hospice facility for Macon County.

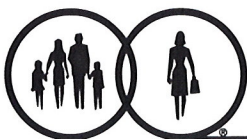
Sincerely,

Ella C. Churchill FNP-C

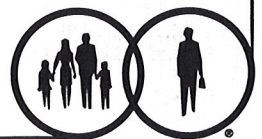
**Ella C. Churchill, FNP-C
Family and Pediatric nurse practitioner, Franklin Family Practice**

ECC/dls

✓ 3/14 *gc*



35 Medical Park Drive • Suite 116 • Franklin, North Carolina 28734
(828) 369-4244 • FAX (828) 369-4198



July 2, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-term and Behavioral Health Committee
State Health Coordinating Counsel
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Senator Lucas,

I am writing this letter in support of an inpatient Hospice house in Macon County. I am a registered nurse at Angel Medical Center in Franklin, NC. I have been working in this capacity for 6 years and have had the opportunity to care for many Hospice patients and their families, in addition to working with our Hospice staff.

A Hospice house would be a great benefit to our community. It would be a place where the patients and the families would be able to feel comfortable instead of having to come to the sterile environment of the hospital. The patients that are admitted to the Hospice program have come to terms with the fact that their time here is limited. That precious time should be spent in a place where their needs are the primary focus. A Hospice house would be such a place, and it is my hope it becomes a reality in Macon county.

Sincerely,

A handwritten signature in black ink that reads "Donna J. Manns, RN". The signature is written in a cursive style with a large initial "D" and a stylized "M".

Donna J. Manns, RN

641 Cook Road
Franklin, NC 28734

June 7, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas:

I am writing to support the effort to build a hospice inpatient care facility in Macon County.

As pharmacy manager of a busy Wal-Mart pharmacy in Franklin, I have seen the need for an inpatient hospice facility in our area. From my perspective, it is difficult, at best, for caregivers to schedule time away from the patient. The caregiver may need to pick up necessary medications for the patient, as well as running other errands, in a short time period. The caregiver, often a close family member of the patient, will need to coordinate his or her schedule with that of the hospice nurse or volunteer. It's always a race against the clock.

Often hospice patients are prescribed Schedule II narcotics for chronic pain management. These prescriptions must be written by the doctor and presented to the pharmacist to be filled. They cannot be phoned in to the pharmacy in advance. Therefore, someone must deliver the written prescription to the pharmacy and wait for it to be filled or return later to pick up the medication. Either way, time away from the patient puts stress on the caregiver.

With the addition of an inpatient hospice facility in Macon County the issue of time management would be greatly lessened. This would allow for increased emphasis on the emotional and spiritual care of the patient. The patient and his family would be able to spend quality time together in a comforting environment.

In summary, I believe the addition of an inpatient hospice facility in Macon County would be an asset to the excellent health care services currently offered in our community. Thank you for considering the needs of Macon County residents by supporting a free standing inpatient hospice facility.

Sincerely,

Renée W. Cook, RPh
Pharmacy Manager
Wal-Mart Pharmacy #1217
305 Holly Springs Plaza
Franklin, NC 28734

CHARLES H. TAYLOR
11TH DISTRICT, NORTH CAROLINA

231 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3311
(202) 225-6401

COMMITTEE ON
APPROPRIATIONS

SUBCOMMITTEE ON
COMMERCE, JUSTICE, STATE

SUBCOMMITTEE ON
INTERIOR
CHAIRMAN



Congress of the United States
House of Representatives
Washington, DC 20515-3311

May 18, 2005

22 SOUTH PACK SQUARE
SUITE 330
ASHEVILLE, NC 28801
(828) 251-1988

HENDERSONVILLE OFFICE
(828) 697-8539

MURPHY OFFICE
(828) 837-3249

RUTHERFORDTON OFFICE
(828) 286-8750

WAYNESVILLE OFFICE
(828) 456-7559

WEB SITE:
www.house.gov/charlestaylor

Senator Jeanne Hopkins Lucas
Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services, 2714 Mail Service Center
Raleigh, North Carolina 27699

Dear Jeanne:

I am writing to you in regard to the need for an inpatient hospice facility in Macon County. Angel Hospice currently serves the needs of patients in Macon, Swain, and Graham counties, as well as the Cherokee Indian Reservation, with in home hospice care. These hospices are very effective, however, there are times when patients need more care than family members and hospice staff can provide in the home. Occasionally, family members are called away and require temporary 24 hour care for their loved ones. Also, it is not uncommon to find that a patient may be uninsured, indigent, or do not have a caregiver in the home at all. A hospice inpatient facility is designed to serve these needs with both respite and long-term care when needed.

At present, the nearest inpatient hospice facility is located in Asheville. This is a considerable distance from Macon County and the surrounding areas. It would be incredibly beneficial to residents of the westernmost counties to be able to receive the care they so badly need much closer to home. It is for this reason that I ask that you please give every consideration to the Angel Hospice Foundation and their vision for an inpatient hospice facility in Macon County.

Sincerely,

A handwritten signature in cursive script that reads "Charles".

Charles H. Taylor
Member of Congress

CHT:rh

Jennifer Wells, BSW
Angel Hospice and Palliative Care
170 Church Street
Franklin, NC 28734

June 15, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health, Committee, State Health Coordinating Council
Medical Facilities Planning Section, Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

I am writing this letter to you to express my support for a hospice in patient facility to be located in Franklin, Macon County, North Carolina.

As a social worker for hospice I often times work with families who find themselves in crisis at the end of life. It is indeed tragic to work with families, and other loved ones, who because of a variety of limitations must see their loved ones placed in a facility as death nears. The goal of hospice in providing optimal quality of life until death is often compromised by these placements, not because they do not provide quality care, but because their goals are not the goals of a hospice team. In an aging county, and in a county with a large percentage of retirees, there is often limited extended family and community support present and our caregivers are over extended. A hospice house would benefit our patients and their families in an enormous way by further carrying out our mission of providing the highest quality hospice and palliative care to our patients, their families and our community.

Before I was a hospice social worker I was a hospice daughter. My mother passed away in June 2000 following a long and valiant battle with cancer. Although my family and I were blessed with amazing support from hospice, extended family and the community, her final days were marked by a condition called "terminal anguish". A hospice house would have been such a blessing because in that setting my mother could have received the care that she needed and I and my family could have also received the care that we so desperately needed in those final hours. Although we have facility options available a hospice house would take our services to the next highest level in meeting the needs of our patients, our families and the community, in a setting dedicated to not giving up hope, but letting hope in.

Sincerely,

Jennifer Wells



Macon County Department On Aging

125 Hyatt Road
Franklin, North Carolina 28734
Phone: (828) 349-2058 • Fax: (828) 369-0160

June 7, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Senator Lucas:

I am writing this letter in support of the efforts of Angel Medical Center's Hospice to construct a hospice inpatient facility in Franklin, North Carolina.

Macon County has the second highest per capita senior population in the state. The needs of this group are many. The closest hospice inpatient facility is in Asheville, this is a two hour drive, and the chance of securing a room there are slim to none for anyone west of Asheville.

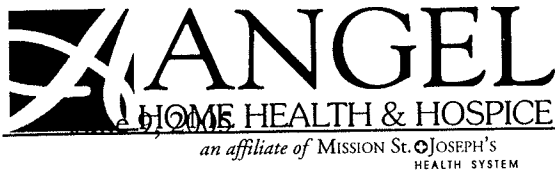
This facility is much needed and would be available to the surrounding counties.

I am asking for your support in helping us see this dream become a reality.

Sincerely,

(Mrs.) Jan Moore
Director

YOUTH IS A GIFT OF NATURE. AGE IS A WORK OF ART.



170 Church St.
Franklin, NC 28734
(828) 369-4206
Fax: (828) 369-4400

P.O. Box 389
Bryson City, NC 28713
(828) 488-3877
1-800-721-4446
Fax: (828) 488-9288

P.O. Box 1519
Robbinsville, NC 28771
(828) 479-2110
1-800-328-4691
Fax: (828) 479-3848

Senator Jeanne Hopkins Lucas
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 2714-2714

Dear Senator Lucas:

The western-most region of NC is the area served by Angel Home Health & Hospice. It is a very rural area, and has a high percentage of senior citizens. Within our area is also two Cherokee Indian Reservations, the Qualla Boundry and the SnowBird area. Our location, reluctance or inability to drive long distances by the residents, and the culturally diverse needs of our Indian families make having to travel to Asheville for in-patient Hospice care very difficult, if not prohibitive.

Our agency has seen growth of daily hospice census from 1 or 2 patients in 1996 to 30 or more today. With the acuity many of our patients have, inpatient care is frequently necessary, but we have to depend on rooms in area hospitals for this care. Even with the best of training with hospital staff, it is still not the optimum end of life care that could be given by fulltime hospice staff in an in-patient hospice unit, where comfort and care, not cure, is the focus.

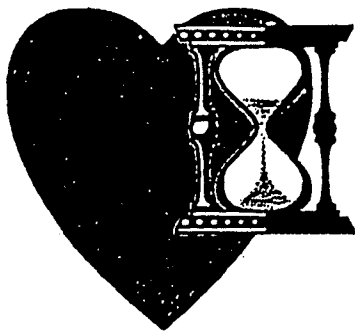
I have been involved with hospice care since 1989, and have worked as the Angel Home Health and Hospice Director since 1995. I have seen families make great personal and financial sacrifices in order to provide their loved ones care, even though they did not have the skills/resources to provide terminal care in the home. Other situations can occur where a person has no caregiver available or patients have symptoms that cannot be managed at home. These people are forced with the choice of not receiving care, or spending the final days of their lives in a setting that is not directed at terminal care, nor in a comfortable home-like setting.

The closest in-patient facility to is over 60 miles away. This would result in our patients losing contact with family and friends because visits are drastically reduced due to limited transportation resources. Also, these facilities are usually full with their own patients, and are not available for our patients. This is especially true for residential beds.

Macon County is centralized for the western counties we serve, and would enable patient's families to visit without such hardship, and the patient to be served in a manner that is aware of the uniqueness of Appalachian and American Indian cultures. I appeal to you to consider a Hospice In-patient facility in Macon County.

Sincerely,

Sandra K. Smith, RN,MPH
Director of Home Health & Hospice



Alzheimer's Caregiver Retreat

125 Hyatt Road
Franklin, NC 28734
(828) 369-5845

Karen Wisman, Program Coordinator
Alzheimer's Caregiver Retreat
125 Hyatt Road
Franklin, NC 28734

June 7, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

I am writing to express my support for a hospice inpatient facility to be located in Franklin, Macon County, North Carolina.

I am the Program Coordinator for a specialized adult day care center that operates in conjunction with the Macon County Department on Aging. In the target population that this department deals with, a very large percentage of that population eventually meets the criteria for hospice services. End of life care puts an enormous amount of stress emotionally, financially, and physically on caregivers. There are also a very large number of individuals that do not have any caregivers. Those individuals rely totally on the services that hospice provide for this very difficult time.

As of now, home based hospice is available in our county, however, inpatient hospice is a need that is currently not being met. Individuals are having to travel out of the county to receive this type of service. This is a challenging situation for family members and patients alike. Transportation, cost, and most importantly time is a very real issue for the people that will be served in an inpatient program. The need is here to support this program and I hope that with your support, this need will be addressed.

Please support a State petition stating a special need for an inpatient Hospice facility in Macon County. Thank you for your time and attention to this matter.

Sincerely,

Karen Wisman, P.C.
Karen Wisman, A.D.C Program Coordinator

"We provide the time, so you can keep your heart in the right place"

People's

"Where Friendly, Personal Service Still Matters"

35 EAST MAIN ST.
FRANKLIN, NC 28734
(828) 524-3115
peoples@dnet.net

June 14, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2174 Mail Service Center
Raleigh, NC 27699-2714

Dear Madam,

I am writing to ask you to adjust the Hospice inpatient need methodology for Angel hospice in the 2006 State Medical Facilities Plan. We do need to build a hospice patient facility here in Macon County.

I am a retail business owner and former Vice Chairman of the Macon County Board of Commissioners. While serving as a Commissioner, I worked with our local Health Board and the Mental Health Board for Smoky Mountain area. I have also trained as a volunteer with our local Angel Hospice. I have come to see that not every person has a continuous caregiver in the home. This requirement of Hospice causes some of the very people who need help most not to receive the help they need.

Thank you for hearing our plea to make Hospice available to all who need this vital care.

Sincerely,



Janet Jacobs Greene



170 Church St.
Franklin, NC 28734
(828) 369-4206
Fax: (828) 369-4400

P.O. Box 389
Bryson City, NC 28713
(828) 488-3877
1-800-721-4446
Fax: (828) 488-9288

P.O. Box 1519
Robbinsville, NC 28771
(828) 479-2110
1-800-328-4691
Fax: (828) 479-3848

June 7, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee, State Health Coordinating Council
Medical Facilities Planning Section, Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

ANGEL HOSPICE AND PALLIATIVE CARE is a small hospice in the western part of North Carolina. We care for patients in several western counties, all in the Smoky Mountains. Our clients and families are from varied backgrounds, but we consider ourselves to be mostly rural. We serve many retired patients who have moved here to the Mountains to enjoy their retirement years, often alone, due to death of a spouse.

We have a contract with our local hospitals to serve as inpatient care for respite and symptom management. While this arrangement is helpful to our patients and families, it does not help our patients who have to revoke or never come on board with us in the first place due to lack of caregiver assistance. In the past year we have been unable to serve 5 patients in the Macon County area alone due to lack of caregiver. There is one skilled facility in the county and we often work with them, but feel our patients would benefit more from the specialized care a hospice facility would offer.

We are growing in census, almost doubling, yearly. There is no hospice facility west of Asheville's Solace Facility. Seldom are we able to use that facility because our families cannot travel that far on a regular basis to see their loved ones and the facility caters to Asheville residents and seldom has empty beds for our patients.

Our mission is to provide the highest quality hospice and palliative care to our patients, their families and our community. In order to accomplish that mission we need a facility dedicated to that purpose, rather than utilizing acute care facilities and rehabilitation facilities that frankly do not serve our purpose and mission to the best extent.

Please support our state petition stating a special need to an inpatient hospice facility in Macon County. We need your help to accomplish this important goal for our deserving patients and their families.

Sincerely,

A handwritten signature in cursive script that reads "Martha A. Lind".

Martha Lind, RN, BSN, CHPN

46 Clover Lane
Franklin, NC 28734
828-524-4331
June 3, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

I am a retired businessman of 40 years, United States Air Force retiree and am currently serving as an Alderman for the Town of Franklin, North Carolina. As a native of Macon County, I am committed to seeing to the welfare of it's citizens. I am in full support of the Angel Hospice Foundation and their efforts to build an in patient house in Macon County.

The majority of the current population of Macon County are elderly. This area is now primarily a retirement community and does not have this type of facility. There are so many times that adequate space is not available in many homes to provide the constant medical care necessary to maintain the level of care and attention deserved by our family and loved ones.

Hospice volunteers and those who serve in this work need our help and encouragement. These are folks willing to go the extra mile to provide some quality of life for those who are in the final stage and comfort and concern for the entire family during these highly emotional times. There is a tremendous need in Western North Carolina for a Hospice in patient house . I believe it's rooms would be filled constantly and families would have an alternate option to a nursing hone facility that could be used to allow those who desire to do so to die with dignity.

Again, I support the creation of an In patient hospice house here in Macon County and ask you to join in to help our community with compassion and concern for maintaining excellent health services.

Sincerely,



Verlin L Curtis

July 15, 2005

Dear Sir;

I am writing this letter concerning the need for an inpatient hospice care facility in Macon County.

I feel it is a very important thing to have here for those people with terminal illnesses who don't have family who can stay with them 24 hours a day, or don't have the room in their homes for the equipment. It is a much nicer alternative than to be hospitalized in your final days.

✓
3/16
J

Sincerely,
Pat Montelione

7/26/04

Esteemed Senator:

My goal is to emphasize that local nursing homes are an inadequate substitute for the free-standing inpatient hospice facility that we badly need in Greenville, NC.

Family's perceptions of a skilled nursing facility (SNF) are vastly different from perceptions of an inpatient hospice... one has an undercurrent of abandonment, the other, of acceptance.

Nursing facilities are not focused in the same way. For example, they often try to prevent weight loss. Indeed, I have had hospice patients in SNF's who were on tube feeding, and the SNF discouraged removal of the tube or decreasing feeding volumes, despite discomfort caused by the feeding. The rationale was that patients should not lose weight at a SNF, since it is one of the quality measures followed by regulatory agencies. Additionally, nurses at SNF have different training and perspective than hospice nurses. The emphasis is on medical issues and maintaining health and life. Though death is often expected and even welcomed by some long-term SNF residents, many SNF nurses and staff still view death as an undesirable outcome. There is less attention to the emotional, philosophical, and spiritual aspects of dying. There is less attention paid to including family in provision of care at the end of life.

An inpatient hospice facility is simply a different entity than a SNF... if they were synonymous, we would not be here right now petitioning. An inpatient hospice facility here in Greenville would serve a much wider population than just that of Greenville. The Kitty Askins facility in Greensboro (a three-hour drive) serves the surrounding area, and there is always a waiting list. This is the way of such services, and I am confident that when we build an inpatient hospice facility in Greenville, that beds in such a facility would not go empty. There is a tremendous need for more comprehensive hospice services in eastern North Carolina. This facility will address some of those needs.

Thank you,

Seema Modi, MD
Assistant Professor of Family Medicine
Brody School of Medicine at East Carolina University
Greenville, NC 27834

modis@mail.ecu.edu
(252) 744-2602

Drake

S O F T W A R E

The Professional Tax Solution

June 1, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas:

I am writing in support of building an in-patient Hospice facility in the Macon County area. We understand the closest facility of this kind is located in Asheville, NC. Asheville is over an hour away from Franklin and even further away from other communities in our area. A facility in the Macon County area would cover all of the southwestern counties much more effectively. Some additional support for the location of such a facility in our community is based on the average age of our population being well above the state's average.

As an executive of a major employer in Macon County with over 400 employees, a prior board member of Angel Medical Center, as a prior Board member of Angel Home Health and Hospice (covers three counties) and a long-time resident of this community, I definitely see the need for such a facility, and would certainly appreciate your consideration of Macon County for this purpose.

Sincerely,



Tim Hubbs
President





an affiliate of MISSION OF ST. JOSEPH'S
HEALTH SYSTEM

June 13, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Session
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator:

There is an effort underway by the Angel Hospice Foundation to adjust the Hospice Inpatient Need Methodology for Macon County, North Carolina for an inpatient hospice facility. The purpose of my letter to you is to communicate my support for this much needed change.

Macon County is rapidly growing, and there is a demonstrated need for this service. Currently, these patients needs can only be met through the resources available at Angel Medical Center, which is limited – as well as the fact that Angel is a med/surg hospital, and can not meet these patient's needs the way an inpatient hospice facility can.

I am in full support of the efforts to change this methodology if it enables the potential for an inpatient hospice facility to be located in our county. Franklin is in need of the facility.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads 'Mike Zul'.

Michael E. Zuliani, II
Chief Executive Officer

June 14, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

I am writing to express my support of an inpatient hospice house for terminally ill patients.

My mother was a former patient of Angel Hospice. While a patient, she was provided with outstanding care shown with much compassion. Not only was my mother provided excellent physical care, but she and I and my brother were supported emotionally and spiritually, as well. However, I bore the responsibility of her 24 hour a day care. My work situation was such that I was allowed to take the time I needed to be with her in her final illness. But it was an emotional and physical drain on me as well as a financial challenge, since I had to take time off to be with her at all times, and she required total care. I was privileged to care for my mother and would gladly do it again but many times I felt like she would have done better in a setting where knowledgeable people could provide her care. I worry that it may have gone better for her in a hospice house setting. Pain management, transferring, and personal care, while assisted at intervals by our outpatient hospice, it was often difficult when I was alone with her for fear that I would cause her pain while trying to care for physical needs. Though I was welcome to call for help, I was still alone with her suffering for the most part.

Due to increasing need for symptom management in the last days of life, it would be a blessing to the patients and their caregivers in Macon County to have a dedicated hospice house that feels like "home" to provide care in the last precious days of our loved ones lives.

Sincerely,

A handwritten signature in black ink that reads "Myra Cook". The signature is written in a cursive, flowing style.

Myra Cook
192 Little Cove Road
Franklin, NC 28734

**Franklin Family Practice
Gustav C. Wilde, MD
Ella C. Churchill, FNP-C**

June 9, 2005

**Senator Jeanne Hopkins Lucas, Chairman
Long-term and Behavioral Health Committee
State Health Coordinating Counsel
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714**

Dear Senator Lucas:

My name is Gus Wilde and I am a family physician in Macon County, North Carolina. In addition to my medical practice, I serve as the medical director of our home health and Hospice program.

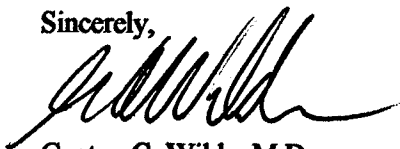
I am writing in support of an in-patient Hospice facility here in Macon County.

I have been associated with the Hospice movement for the past 15 years, both here in Franklin as well as in Colorado Springs, Colorado. In Colorado, we were very fortunate to have two in-patient Hospice facilities. This provided families the opportunity to place their loved one in respite care if they suddenly needed to leave town or needed a brief break from the intense physical and emotional demands of caring for a dying loved one. I was able to see first hand on many occasions the benefits of an in-patient facility to both patient and their family. Both patients and families were always most grateful for the care provided in these facilities.

Unfortunately, we have no facilities locally to provide this type of care at the present time. Our only alternatives are acute in-patient facilities or nursing homes. Neither of these facilities have personnel trained to specifically meet the very special needs of terminally ill patients and their families. Obviously, with our aging population here in Western North Carolina there is a tremendous need for in-patient Hospice services. I would like to see such a facility become a reality and enable us to better serve our patients.

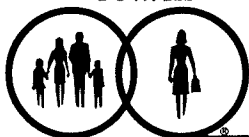
Please do not hesitate to contact me with any questions you may have.

Sincerely,

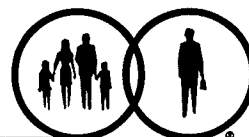


Gustav C. Wilde, M.D.

GCW/dss



35 Medical Park Drive • Suite 116 • Franklin, North Carolina 28734
(828) 369-4244 • FAX (828) 369-4198



327 Hiland Park Lane
Franklin NC 28734
May 26, 2005

Senator Jeanne Hopkins Lucas, Chair
Long Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Service
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

As a retired Unity minister, and having been a volunteer for Angel Hospice for over 4 years I have come to realize the urgent need to establish an inpatient hospice facility in Macon County for Hospice patients.

Over the years, I have seen medical technologies prolonging lives. In most cases this has helped people continue to live a productive life. Yet, more and more it is only prolonging pain and suffering. People want quality of life not necessarily quantity. I have seen people that have hospice care live a quality life right up to the time of their transition. As the baby boomer generation is getting older, we are seeing more and more single people, who someday will need a caregiver. Let us provide a place for those without a caregiver. I certainly would hope when it is my time to make my transition that I will have the opportunity to choose a hospice facility that would be close to my home town friends.

I have a strong belief that death is not something to fear, but a process of a new beginning on this road called life. Why can't this journey be made comfortable and beautiful? Yes, death is the final healing, may we learn to embrace it and honor our loved ones with comfort care, that will consider not only their bodies, but their minds, and souls. Hospice provides spiritual, emotional, and physical care that a nursing home environment can not provide.

Please help the people of Western North Carolina have the choice to live out their days in a high quality facility that will embrace them and their families with compassion and care with dignity. Please support The Angel Hospice Foundation in building a freestanding in-patient facility to meet the needs of our terminally ill citizens in Western North Carolina. I hope the committee that you chair will see these same needs and support the construction of such a facility.

Respectfully,



Reverend Ruthann G LeBlanc

Robert L. Holland
Sheriff



Macon County Sheriff's Office
Law Enforcement Center
1820 Lakeside Drive
Franklin, NC 28734

(828) 349-2152
FAX: (828) 349-2275

May 16, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas:

I am writing this letter in support of the mission of the Angel Hospice Foundation to build an inpatient hospice facility in Macon County. Currently there are no inpatient hospice facilities west of Asheville. Demographically that is more than an hour away. I feel that this area is in need of such a service, and that not only Macon County residents but surrounding County residents would benefit from the facility.

Having experienced loosing one of our own officers to a terminal illness(cancer), I can say that any service or support available for family members in this community would be welcomed and desperately needed during such critical times.

Thank you for your time and consideration in this matter. If I can be of further assistance, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Robert L. Holland'. The signature is fluid and cursive, with a large initial 'R'.

Robert L. Holland
Sheriff

19 LITTLE COVE ROAD
SYLVA, NC 28779
MAY 16, 2005

SENATOR JEANNE HOPKINS LUCAS, CHAIR
LONG TERM AND BEHAVIORAL HEALTH COMMITTEE
STATE HEALTH COORDINATING COUNCIL
MEDICAL FACILITIES PLANNING SECTION
DIVISION OF FACILITY SERVICES
2714 MAIL SERVICE CENTER
RALEIGH, NC 27699-2714

DEAR SENATOR LUCAS:

I WRITE IN SUPPORT OF A PETITION TO THE STATE COORDINATING COUNCIL TO ADJUST THE HOSPICE INPATIENT NEED METHODOLOGY FOR ANGEL HOSPICE IN THE 2006 STATE MEDICAL FACILITIES PLAN. THIS REQUEST IS THE FIRST STEP IN AN EFFORT TO BUILD A HOSPICE IN PATIENT FACILITY IN MACON COUNTY.

IN THE LAST THREE YEARS I HAVE BEEN THE PRIEST IN CHARGE OF ST. CYPRIAN'S EPISCOPAL CHURCH IN FRANKLIN AND SEEN HOSPICE CARE MAKE A GREAT DIFFERENCE IN THE DYING OF SEVERAL MEMBERS OF MY PARISH AND MY OWN FAMILY. BOTH MY FATHER-IN-LAW AND MOTHER-IN-LAW BENEFITTED GREATLY FROM THE HOSPICE CARE AVAILABLE TO THEM. I HAVE ALSO SEEN WHERE THE IN-PATIENT CARE OF HOSPICE WOULD HAVE MADE THINGS SO MUCH BETTER, NOT ONLY FOR THE PATIENT, BUT ALSO THE FAMILY.

I HAVE TAUGHT IN MEDICAL SCHOOLS (UNIV. IOWA, UNC CHAPEL HILL, ETC.) AND AS A PHARMACOLOGIST I KNOW HOW DIFFICULT IT IS TO USE DRUGS ADEQUATELY IN TERMINALLY ILL PERSONS. HOSPICE LEADS THE WAY IN GATHERING INFORMATION ABOUT THESE DIFFICULT SITUATIONS. DUKE UNIV. NOW HAS A COOPERATIVE PROGRAM BETWEEN THEIR DIVINITY SCHOOL AND MEDICAL SCHOOL STAFF SO AS TO CHANGE THE END OF LIFE EXPERIENCE MOST POSITIVELY. I BELIEVE MORE SUPPORT FOR EFFORTS LIKE INPATIENT FACILITIES FOR HOSPICE WILL LEAD THE WAY IN END OF LIFE IMPROVEMENTS.

DYING IN FACILITIES AND SURROUNDINGS PROVIDING COMPASSIONATE CARE AND ADEQUATE CONTROL OF PAIN COUPLED WITH SPIRITUAL SUPPORT IS SO VITAL TO CIVILIZED TREATMENT OF OUR ELDERLY. I BELIEVE THE PETITION TO SUPPORT AN IN-PATIENT FACILITY FOR ANGEL HOSPICE IS A NEEDED PART OF THIS.

SINCERELY YOURS;

JR Fouts

JAMES R. FOUTS, PH.D., M.Div.

Garland C. King, M.D.
Kit C. Helm, M.D.
Sondra K. Wolf, M.D.

FAMILY PRACTICE

56 MEDICAL PARK DRIVE, SUITE 301
FRANKLIN, NORTH CAROLINA 28734
TELEPHONE (828) 369-4407
FAX (828) 369-4408

31 May 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Inpatient Hospice Care Facility in Macon County

Dear Senator Lucas,

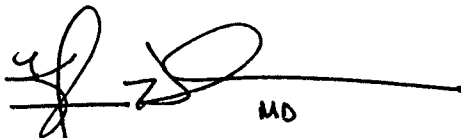
This letter is in support of establishing an Inpatient Hospice Care Facility (i.e. Hospice House) here in Macon County.

As a primary care physician here in Macon County, I deal with death and end of life issues on a routine basis. Angel Hospice is an integral part of the care I give to my terminal patients. The establishment of an inpatient facility here in our county would further palliative options to my patients and their families. On a broader note, as Chief of Staff at Angel Medical Center, I am certain that a Hospice House would benefit the patients, their families and the medical staff of our rural county in both care and community education.

Death is inevitable but suffering need not be. I feel that relief and comfort at the end of life is one of the greatest gifts modern medicine can give a person.

Please support the establishment of an inpatient hospice facility here in Macon County.

Sincerely,

A handwritten signature in black ink, appearing to be 'Kit Helm', written over a horizontal line. To the right of the signature, the letters 'MD' are printed.

Kit Helm, MD
Chief of Staff
Angel Medical Center



FRANKLIN POLICE DEPARTMENT

188 West Main Street, Franklin, NC 28734

Phone: (828) 524-2864

(828) 524-2255

Fax: (828) 524-2495

T.W. Bradley

Chief of Police

Senator Jeanne Hopkins Lucas ,Chairman
Long -Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh NC 27699-2714

Senator Lucas:

I would like to express my support of the Angel Hospice Foundation to build an in patient hospice house in Macon County . Macon County is one of the fastest growing county's in Western NC , the beauty of the area is drawing retirement age families to relocate here from more urban areas .

As time passes and illness strikes ,the resources of the family are taxed . This is were Angel Hospice answers the call . This in patient house is a much needed addition to Angel Hospice to provide end term care.

A handwritten signature in cursive script that reads "T.W. Bradley".

T.W. Bradley



North Carolina General Assembly
Senate Chamber
State Legislative Building
Raleigh 27601-1096

SENATOR JOHN SNOW, JR.
50TH DISTRICT

May 26, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term & Behavioral Health Committee
State Health Coordinating Council
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

I am writing to support the building of a Hospice In-Patient Facility in Macon County to serve the counties of Macon, Graham, Swain and Cherokee Indian Reservation.

My wife and I have both used hospice care for our parents who died with colon cancer and prostate cancer. We know how important hospice care can be and we realize that not all those who are sick have caregivers at home, and that many have caregivers who are unable to quit work to care for their loved ones full time.

The Angel Hospice Foundation Petition to the State Health Coordination Council will show that there is a real need for this In-Patient facility. I know of no Hospice Facility in the seven most western counties of North Carolina.

Please look with favor on the request by Angel Hospice Foundation.

Sincerely,

A handwritten signature in black ink that reads "John Snow". The signature is written in a cursive style with a large initial "J".

John Snow





170 Church St.
Franklin, NC 28734
(828) 369-4206
Fax: (828) 369-4400

P.O. Box 389
Bryson City, NC 28713
(828) 488-3877
1-800-721-4446
Fax: (828) 488-9288

P.O. Box 1519
Robbinsville, NC 28771
(828) 479-2110
1-800-328-4691
Fax: (828) 479-3848

June 3, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

I write in support of the Angel Hospice Foundation and its effort to build an inpatient hospice house in Macon County. Angel Hospice strives to provide the highest level of care for our patients and their family members. Ideally we assist families to care for their loved ones in the relative comfort and familiarity of their own homes. On occasion, however, this is impossible. Sometimes the patient's spouse is too infirm to provide adequate care. Sometimes the caregiver must go away for a short period. Sometimes the multiple needs of the patient overwhelm the caregiver.

For the past twelve years I have been involved in hospice work in some capacity. I have observed and have experienced personally just how difficult caring for a dying loved one can be. Hospitals, nursing homes, and the patients' own homes all help to meet the needs of those who have terminal diagnoses. Unfortunately, the absence of an inpatient hospice facility is like offering our county a bed that is missing one of its four legs.

I deeply appreciate your consideration of this important need. Many people stand to benefit from a hospice house here in Macon County, most of all those folks who are experiencing the greatest needs with the least support.

With thanks,

A handwritten signature in cursive script that reads 'Vic Greene'.

Victor A. Greene, D. Min.
Chaplain, Angel Hospice

June 9, 2005

Dear Senator Lucas,

I am writing in support for the need of a freestanding inpatient hospice facility in Macon County, North Carolina.

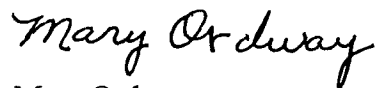
My mother lost her ten-year battle with Alzheimer's in September 2004. The dependable love, support and medical knowledge that the Macon County Hospice Program provided was essential in my mother's care and happiness in her last days with us.

Although my mother did not know who anyone was she did recognize that she was safe and well loved. She would not remember our names or relationships to her but she would respond to and recognize familiar people who cared for her most with a calm, loving touch and smile.

I feel all human beings should have the right to die with dignity and a sense of peace. It should be everyone's inalienable right to feel respected for his or her lifetime achievements and self worth. The Macon County Hospice Program definitely helps the patient and family to achieve this.

There is absolutely a need for a freestanding inpatient hospice facility in Macon County, North Carolina. I strongly support the Hospice Program.

Respectfully,

A handwritten signature in cursive script that reads "Mary Ordway".

Mary Ordway
Caregiver to my Mother for over 10 years

Thursday, May 19, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Honorable Senator Lucas,

I fully support Angel Hospice Foundation's effort to fund and build an in-patient hospice facility in our community. I serve as medical director of Angel Hospice and Palliative Care, and I am board-certified as a hospice and palliative care medicine specialist. I am writing this letter with the hope that you will support this effort as well.

In our rural mountainous community we care for people and their families who cherish their independence and autonomy more than most. Unfortunately, this is often coupled with a discomfort of, and unfamiliarity with, the dying process. Aging families and scattered adult children combine to severely limit personal and care-giving resources for many of our dying patients.

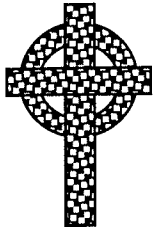
A freestanding hospice facility will, for many, be the only place they can receive the level of care they need. Surveys have demonstrated that most people find hospitals and skilled nursing facilities to be sub-optimal settings for such a personal and spiritual experience. During our hospice team meeting last week we found that eight of our current twenty-four patients could benefit right now from an in-patient hospice facility.

Thank you for your consideration. I am at your service should you wish to contact me for any reason.

Respectfully yours,



Carlos Alberto Vargas, M.D., ABHPM
Diplomat, American Board of Hospice and Palliative Medicine
Medical Director, Angel Hospice & Palliative Care



First Presbyterian Church (PCUSA)
26 Church Street, Franklin, NC 28734

828-524-3119 or 828-369-3925 Fax: 828-369-6498
email: churchoffice@fpc-franklin.org
web. www.fpc-franklin.org
Pastor: Robert M. Abel

June 8, 2005

Senator Jeanne Hopkins Lucas, Chm.
Long-term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas,

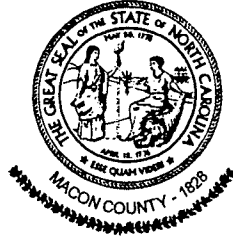
I am writing in support of the special need petition for a free-standing inpatient hospice facility in Macon County, NC. As a pastor, I have seen first-hand the wonderful work that hospice does for those who are approaching death. If the family is able to have the patient in their home through these final months of their life, that is perhaps the best place. But, there are times and situations when the person does not have a family or a home where they can be cared for, in which case they can be cared for at the inpatient hospice facility.

Many thanks for seriously considering this request for such a needed facility in Macon County.

Sincerely,

Pastor Bob Abel

Macon County



Mr. Warren J. Cabe
Director of Emergency Services
Macon County
104 East Main Street
Franklin, NC 28734
June 14, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Ms. Lucas:

I have been made aware of the intentions of Angel Hospice Foundation to build an in-patient house in Macon County. As the Director of Emergency Services I see situations every day where patients would benefit from such a facility. From a personal perspective I have also seen the benefits that Hospice can provide to both the patient and the family and I believe that such a facility would be an asset to our area. I fully support this mission of the Foundation.

If I can be of any other assistance or if you have any further questions please feel free to contact me at my office at 828-349-2067.

Thank you:

A handwritten signature in black ink, appearing to read 'Warren J. Cabe', is written over a dotted background that depicts a building.

Warren J. Cabe



170 Church St.
Franklin, NC 28734
(828) 369-4206
Fax: (828) 369-4400

P.O. Box 389
Bryson City, NC 28713
(828) 488-3877
1-800-721-4446
Fax: (828) 488-9288

P.O. Box 1519
Robbinsville, NC 28771
(828) 479-2110
1-800-328-4691
Fax: (828) 479-3848

May 19, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Senator Lucas:

I am writing to request your support to establish a Hospice House in Macon County. I am the Aide Supervisor for Angel Home Health & Hospice. My Certified Nursing Assistants and I work daily with patients and families who require hospice care. We find that caregivers and family members become overburdened with the continuous 24 hour/7 day per week care that their loved-ones require. A hospice house in this county would alleviate the immense burden these caregivers and family members are enduring and would give them some "downtime" they so greatly need. I would appreciate your support of our efforts to improve access to and quality of end-of-life care in Macon County.

Sincerely,

Madge Shepard, RNC

Madge Shepard, RNC

First Baptist Church

69 Iotla Street, Franklin, North Carolina 28734

Voice: (828)369-9559

Fax: (828)369-8309

email:FBCPastorBall@aol.com

Harold G. Ball, Pastor
Home: (828)524-6305

May 24, 2005

Senator Jeanne Hopkins Lucas, Chairman
Long-Term and Behavioral Health Committee
State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

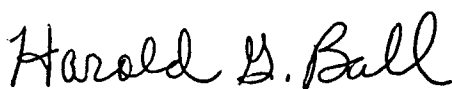
Dear Senator Lucas,

It is a privilege for me to write this letter in support of Angel Hospice Foundation of Macon County and their desire to provide an in patient hospice house here. I can envision such a house being a great blessing to not only Macon County but also to much of Western North Carolina. It would provide a place where patients could live out their lives in dignity and would provide their families comfort in knowing that dying family members were being cared for in loving ways in their final hours and days.

As pastor of First Baptist Church Franklin I have had opportunity to work along side the Angel Hospice folks and have observed the quality of concern and care they offer to their patients and their families. They are truly a group of caring and professional people. It would certainly be wonderful for them to have a place where they could bring those who do not want their families to suffer as they observe every struggle in the dying process.

I encourage you to use your influence to help make the dream of an in patient hospice house in Macon County a reality. I am aware that you have many things to give your attention to and that you have many people to represent across the State of North Carolina. I thank you for all your work and for your support of this project.

Sincerely,



Harold G. Ball

Cherish the past.....anticipate the future