

**Public Hearing Comments on the N.C. Proposed 2020 SMFP
Presented on July 19, 2019 by
S. Bryson Fleming II, MD**

Hello. My name is S. Bryson Fleming, II and I am a nephrologist here in Asheville, North Carolina. I have been practicing in the area for 23 years. I am here today to give my perspective and thoughts as a nephrologist on the proposed 2020 State Medical Facilities Plan (SMFP) as it relates to dialysis.

The North Carolina Healthcare Planning and Certificate of Need Section has proposed significant changes to the manner in which dialysis providers identify a need for and receive additional dialysis stations at existing clinics. These changes are expected to be approved by the State Health Coordinating Council (SHCC) through a recommendation by the Acute Care Services Committee in July.

The changes that will affect me, as a physician, and my patients the most are (1) the move from bi-annual to annual census reporting; and (2) the modification of the dialysis station facility need determination methodology in the SMFP. We believe the modifications to the methodology could and most likely will hinder the ability of dialysis providers and physicians to timely meet the needs of dialysis patients. The latency of the data, the move to annual reporting, and the limits imposed by the facility need determination methodology are cause for concern and may impede our ability to meet the needs of our patient populations.

The draft 2020 SMFP provides a need determination for each clinic based on December 31, 2018 census data, limiting station expansion at many clinics across the state. Facilities can apply for an adjusted need determination in the 2020 SMFP, but ultimately a clinic with a need determination of zero stations cannot apply for additional dialysis stations throughout the entirety of 2020. Due to the lengthy application and review process, a facility in this situation would not see a potential station expansion until August 2021, at the earliest (if a need is determined in the 2021 SMFP based on census data as of December 2019). In my practice, we have seen large growth spurts in localized areas and the proposed 2020 SMFP doesn't allow for a timely remedy to a situation where a growth spurt occurs after an opportunity for an adjusted need determination application can be submitted (July 2019) and the publishing of the next SMFP (Jan 2021). This could result in temporary third and fourth shifts and reduced patient choice to receive treatment at a preferred center (usually the closest center to home).

Dialysis patients face a number of challenges, especially around transportation and often cannot travel far for dialysis. Many of my patients rely on publically-provided transportation to get to this life-sustaining treatment. I am concerned that if the clinics that serve my patients are not be able to expand as rapidly as the population needs, it may impact their quality of life.

While I understand that the move to annual reporting of ESRD patient data is necessary so as to come in line with the Certificate of Need law, it is my hope that my comments shed light on the negative impacts that the proposed facility need methodology may have on ESRD patients and their access to care in North Carolina and that the SHCC might consider a "policy approach" to determining when existing facilities are eligible to apply for additional stations.

Thank you for your time and I'm happy to answer any questions the SHCC might have.