
**Acute Care Services Committee
Recommendations to the NC State Health Coordinating Council
June 4, 2025**

The Acute Care Services Committee met twice this year, on April 8th and May 13th.

Topics reviewed and discussed included:

- policies and methodologies for all acute care chapters;
- a comparison between hospital licensure and Hospital Industry Data Institute (HIDI) acute care bed days of care data;
- preliminary drafts of need projections for acute care services based on the currently available data;
- recommendations formulated by the OR Methodology Workgroup in anticipation of changes in the CON Law.

The following is an overview of the Committee's recommendations for Acute Care Services for the *Proposed 2026 State Medical Facilities Plan (SMFP)*.

Chapter 5: Acute Care Hospital Beds

The Committee received no petitions or comments regarding these beds. At its first meeting of the year, the Committee reviewed the policies and methodology for acute care beds.

At its second meeting in May, the Committee reviewed Licensure and HIDI acute days of care for discrepancies exceeding $\pm 5\%$. Staff will work with the Sheps Center, HIDI, and the hospitals during the summer to improve discrepant data. Resolution of discrepant data may change need determinations. Staff will notify the Committee if need projections change.

Every three years, staff uses acute care data to reevaluate the acute care bed service areas. The *SMFP* contains inconsistent language regarding the calculation of service areas, whereby use of inpatient acute days of care data is suggested in one place of the Chapter, and use of patient origin data is suggested in another. The Committee reviewed both alternatives and approved the use of patient origin data which results in twelve multi-county service areas. Seven multi-county groupings remain the same as in the previous three SMFPs. The newly formed service areas for acute care beds are:

- Rockingham and Caswell
- Buncombe, Graham, Madison, Yancey and Clay
- Beaufort and Hyde
- Chowan and Tyrrell
- Forsyth and Yadkin

Durham, Caswell and Warren will no longer form a multicounty service area for acute care beds.

The committee members also reviewed the draft tables for acute care beds that had been posted to the webpage. Based on the data and information available at the time of the meeting, there would be need determinations totaling 2,539 beds across 18 service areas. The ACS committee recognized that this is a significant number of new beds. However, after an in-depth discussion and anecdotal input regarding the hospital experience, the committee felt the output of the needs methodology algorithm was appropriate. As mentioned, these need determinations may change if data are revised for reasons including the reconciliation of acute days of care reported to HIDI versus on the LRAs. At the time we met in May, the data generated service area need determinations for:

- 4 in Anson
- 18 in Brunswick
- 92 in the Buncombe/Graham/Madison/Yancey/Clay service area
- 128 in Cabarrus
- 111 in Cleveland
- 6 in Davie
- 199 in Durham
- 141 in the Forsyth/Yadkin service area
- 62 in Johnston
- 32 in Lincoln
- 463 in Mecklenburg
- 228 in New Hanover
- 30 in Onslow
- 40 in Orange
- 605 in Pender
- 107 in Union
- 252 in Wake
- 21 in Wilkes

Chapter 6: Operating Rooms

The Committee received no petitions or comments regarding ORs. In April, the Committee reviewed the methodology for ORs as it appears in the 2025 SMFP. However, there is a need to review the OR methodology beginning with the 2026 SMFP. On November 21st this year, the new CON law will exempt Qualified Urban Ambulatory Surgical Facilities or “QUASFs” from the CON law. These are facilities that are licensed by the Department to operate as an ambulatory surgical facility, have a single specialty or multispecialty surgical program, and are located in counties with a population greater than 125,000 according to the federal decennial census. Over the months of December,

January and February, the SHCC convened three workgroup sessions to develop a strategy for how to plan for ORs going forward. This Committee requests that the SHCC approve the set of recommendations developed by workgroup members. They are as follows:

Recommendation 1: In the 2026 and 2027 SMFPs, the need determination methodology calculations will remain unchanged except for the removal of all inventory and performance data of ORs in ambulatory surgical facilities (ASFs) in counties with a population >125,000 – which are defined as qualified urban ambulatory surgical facilities (QUASFs) under the new law. The methodology will be revisited for the 2028 State Medical Facilities Plan (SMFP);

Recommendation 2: Hospital surgical care providers in counties with a population > 125,000 will use the summer petition process to request need determinations for ORs. If a petition is approved, anyone can submit a certificate of need (CON) application for the need determination. Any OR need determinations for counties with a population > 125,000 generated by the OR methodology calculations will be provided for informational purposes only in the 2026 and 2027 SMFPs;

Recommendation 3: Hospital and ASF surgical care providers in counties with a population \leq 125,000 will be able to submit CON applications for OR need determinations generated by the OR need methodology calculations. Hospital and ASF surgical care providers in those counties can submit petitions for adjusted need determinations for ORs through the summer petition process. If a petition is approved, anyone can submit a certificate of need (CON) application for the need determination;

Recommendation 4: Revisit the OR need determination methodology after trends in data based on market shifts due to the proliferation of QUASFs become apparent. Factors to potentially alter include the case time adjustments and the use of the population growth factor; and

Recommendation 5: Provide performance data of QUASFs in an information-only table, beginning with the 2027 SMFP.

Every three years staff revises the OR service areas. According to reevaluation of service areas using patient origin data, there are a few changes that will take place beginning with the 2026 SMFP. Staff presented service area updates at the Committee's May meeting. Forsyth and Yadkin will form a multi-county service area. However, Warren and Vance will no longer form a service area together. Rather Warren will join with Durham. Buncombe, Madison and Yancey still form a service area, but that service area will no longer include Graham County.

Also, for the May meeting, draft data tables were developed according to the recommendations to alter the OR methodology. These were posted to the webpage and

discussed during the Committee meeting. Based on data available at the time of the meeting there is one need determination for five (5) additional ORs in Henderson County.

Chapter 7: Other Acute Care Services

Chapter 7 covers Burn ICU beds, open heart surgery services, bone marrow transplants, and solid organ transplants. The Committee received no petitions or comments regarding these services. The Committee reviewed the policies and methodology for these services in April. Draft data tables were posted to the webpage and discussed during the May meeting. According to the data and information available at the time of the May meeting, there are no draft need determinations for any services covered in Chapter 7.

Chapter 8: Inpatient Rehabilitation Services

The Committee received no petitions or comments regarding inpatient rehabilitation services. Agency staff reviewed with the Committee the policies and methodology for these services at the April meeting. Draft data tables were posted to the webpage and discussed during the May meeting. Application of the methodology based on data and information available at the time of the meeting resulted in no draft need for additional inpatient rehabilitation beds anywhere in the state.

Chapter 9: End-Stage Renal Disease (ESRD) Dialysis Facilities

The Committee received no petitions or comments regarding ESRD facilities. Agency staff reviewed with the Committee the policies and methodologies for these services at the April meeting. Draft data tables were posted to the webpage and discussed during the May meeting. Application of the county need determination methodology resulted in a need determination for ten (10) dialysis stations in Wilkes County. The facility need determination methodology calculations generated needs for 416 dialysis stations across 63 dialysis facilities throughout the state.

Committee Recommendation Regarding Acute Care Services for the *Proposed 2026 SMFP*

The Committee recommends that the State Health Coordinating Council (SHCC) approve the policies, methodologies and draft need determinations for Chapters 5 – 9 for the *Proposed 2026 SMFP*. Also, the Committee recommends that the SHCC authorize staff to update chapter narratives, tables, and need determinations as necessary.