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**Acute Care Services Committee  
Recommendations to the NC State Health Coordinating Council  
June 3, 2026**

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The Acute Care Services Committee met twice this year, on April 7<sup>th</sup> and May 12<sup>th</sup>.

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;
- new table in Chapter 6 to track qualified urban ambulatory surgical facilities referred to as “QUASFs”

The Agency received no petitions or comments for any of the acute care services covered in the SMFP. The following is an overview of the Committee’s recommendations for acute care services for the *Proposed 2027 State Medical Facilities Plan (SMFP)*.

**Chapter 5: Acute Care Hospital Beds**

The committee members also reviewed the draft tables for acute care beds. Draft need determinations were presented twice – once at the April meeting, and again at the May meeting. The results differed because of an error in the database that occurred after the April meeting and affected the calculation of the Growth Rate Multiplier. Staff have corrected the database and reposted Tables 5A and 5B, which, similar to the tables presented at the April committee meeting, show the following need determinations:

- 2 in Bertie
- 86 in Cumberland
- 45 in Durham
- 168 in the Forsyth/Yadkin service area
- 6 in Macon
- 46 in Onslow
- 99 in Orange
- 61 in the Pitt/Greene/Hyde/Tyrell service area

This is a total of 513 acute care beds.

At its second meeting in May, the Committee reviewed hospital 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.

## **Chapter 6: Operating Rooms**

As discussed during the 2025 planning cycle, beginning November 21<sup>st</sup>, 2025, the CON law exempts 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 most recent federal decennial census. The SHCC convened a workgroup in 2025 to examine whether to adjust the OR methodology and to develop recommendations to the Council. The SHCC approved and implemented adjustments to the OR methodology in the 2026 SMFP. The SHCC also approved two recommendations to track QUASFs. One recommendation is to revisit the OR need determination methodology after trends in data based on market shifts due to the proliferation of QUASFs become apparent. To inform that review, the SHCC approved another recommendation to include QUASF performance data in an information-only table, beginning with the 2027 SMFP. During the April and May meetings, the Committee recommended approval of the new table, *Table 6D: Qualified Urban Ambulatory Surgical Facility Inventory*. This table will include existing QUASFs, QUASFs that were approved through the CON process but are under development, and QUASFs that are established after the CON Law exempted them from CON requirements. The table will also display the QUASFs' number of ORs, and their number of ambulatory cases and average case times for ambulatory cases during the most recent reporting year.

Based on data and information available for the May meeting, there were no need determinations for ORs.

## **Chapter 7: Other Acute Care Services**

Chapter 7 covers Burn ICU beds, open heart surgery services, bone marrow transplants, and solid organ transplants. According to the data and information available for the May meeting, there were no draft need determinations for any services covered in Chapter 7.

## **Chapter 8: Inpatient Rehabilitation Services**

Based on data and information available for the May meeting, application of the inpatient rehabilitation services methodology resulted in one draft need determination for 20 inpatient rehabilitation beds in HSA III, which is the area containing Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly and Union counties.

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

Application of the dialysis county need determination methodology based on data and information available for the May meeting resulted in no county need determinations. The facility need determination methodology calculations generated needs for 458 dialysis stations across 63 dialysis facilities throughout the state.

### **Committee Recommendation Regarding Acute Care Services for the *Proposed 2027 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 2027 SMFP*. Also, the Committee recommends that the SHCC authorize staff to update chapter narratives, tables, and need determinations as necessary.