

**Comments to the Healthcare Planning and Certificate of Need Section and  
Acute Care Services Committee of the State Health Coordinating Council**

**March 6, 2019**

DaVita Kidney Care and its related entities currently operate 91 dialysis facilities in North Carolina, providing dialysis care and support to over 5,900 dialysis patients. As we have engaged with members of the Acute Care Services Committee and Agency staff in the ESRD Interested Parties Meetings over the past year, analyzing and providing feedback on the proposed adjustments necessary as the Agency transitions from twice-yearly reporting of ESRD data in Semiannual Dialysis Reports (SDR) to annual reporting of ESRD data in the State Medical Facilities Plan (SMFP), our primary concern has been the impact of the Agency's proposed changes on patient access. We sincerely appreciate the efforts made by the Agency and the Committee to include the comments and suggestions of dialysis providers in this process.

DaVita offers the following comments:

1. We believe that incorporating the County Need Determinations in the SMFP will have no adverse effect on access to care. We suggest that during the first two transitional years (2020 SMFP and 2021 SMFP), a County Need Determination should be triggered when the county station deficit reaches a level of 10 or more stations, and the SMFP shows that the utilization of each dialysis facility in the county is 85 percent or greater.
2. We continue to believe that facilities should be able to apply for additional stations twice in a calendar year. With a patient population growing at as high a rate as the dialysis population in North Carolina, limiting the opportunity to apply once a year to add stations could have a negative impact on some facilities ability to develop sufficient stations in a timely manner. The Agency provided analysis of applications proposing to add stations from 2013 to 2018 at the February 13 work session. As noted in their analysis, "113 of the 141 facilities never filed twice in the same calendar year. 28 facilities did file twice in the same calendar year. Of the 28 facilities that filed twice in the same calendar year, 2 filed twice in the same calendar year in two different calendar years." Had these 28 facilities been limited to one opportunity to apply for additional stations, it could have had led to a significant impact on patient access, i.e. patients unable to dialyze at a facility because the stations weren't available, creating an undue burden on patients who may have to travel further.
3. At more than one of the ESRD Interested Parties Meetings, Ms. Frisone, Chief of the Healthcare Planning and Certificate of Need Section, suggested that eliminating the Facility Need Methodology in favor of a "policy approach" to determining when existing facilities are eligible to apply for additional stations might be a part of the way forward in

this transition. We support this approach. Dialysis CON applicants could, like some other health services, utilize various methodologies not prescribed by the Agency or the SMFP.