

NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL

**COMMENTS REGARDING**  
**PETITION FOR ADJUSTMENT TO NEED METHODOLOGY**  
**FOR INPATIENT ACUTE CARE BEDS/NEONATAL BEDS**

Duke University Health System, Inc. (“Duke”) has filed a petition to adjust the need methodology for acute care beds in Chapter 5 of the 2023 State Medical Facilities Plan, to remove dedicated neonatal beds from the acute care bed methodology, and need determinations. Based on comments and feedback from other providers, Duke provides these further comments regarding its proposal. Specifically, Duke appreciates and wishes to respond to input on the proposed definition of “neonatal beds” in order to capture the appropriate population and utilization.

For reference, Duke’s proposed language in its petition initially included the following:

*A dedicated neonatal bed shall only be used to accommodate: 1) neonates (newborn from birth to one month); and/or 2) patients transferred from another hospital at which the patients were receiving inpatient neonatal care (for example, patients transferred between Level IV NICU beds at one hospital and Level II neonatal beds at another hospital).*

With this language, Duke intended to capture utilization including those patients initially admitted as neonates – during the first month of life – and/or transferred from another neonatal service, regardless of length of stay. Neonatal patients, especially those born under 32 weeks of gestational age, may have long stays of several weeks or even months. They remain in neonatal beds and units during their treatment. Duke has learned, however, that some providers may interpret the proposed language to create ambiguity around the appropriate utilization of these beds for patients beyond the first month of life.

As alternative language to eliminate any potential ambiguity, Duke now suggests the following definition:

***NOTE: The need methodology excludes dedicated neonatal beds and associated inpatient days of care from the calculation of need determinations. A dedicated neonatal bed shall only be used to accommodate: 1) patients admitted as neonates (newborn from birth to one month); ~~and/or~~ 2) patients transferred from another hospital at which the patients were receiving inpatient neonatal care (for example, patients transferred between Level IV NICU beds at one hospital and Level II neonatal beds at another hospital), and/or 3) patients readmitted for inpatient services in connection with previous inpatient neonatal care.***

***Hospitals proposing to add new dedicated neonatal beds must obtain a CON but may apply for a CON without regard to the need determinations in this chapter.***

This revised language addresses the concern that commenters may raise that neonatal beds are not limited to utilization by patients aged birth to one month; it makes clear that neonatal patients includes those who are admitted as neonates even if they stay beyond one month. In addition, it captures those rare instances where patients may be discharged from neonatal care but

are then readmitted for related health issues and still needing the services provided by a dedicated neonatal unit.

The remaining proposed changes to the methodology would remain the same.