

## **MH Mission Hospital, LLLP's Response to Spring Petition Filed by Duke University Health System, Inc. to Adjust the Acute Care Bed Need Methodology Regarding Neonatal Beds**

MH Mission Hospital, LLLP ("Mission") appreciates the opportunity to offer these comments in support of the Spring Petition to the SHCC filed by Duke University Health System, Inc. ("Duke") requesting an adjustment to the need methodology for acute care beds that will be set forth in Chapter 5 of the 2023 State Medical Facilities Plan ("SMFP").

The Duke Petition, as Mission understands it, asks the SHCC to add language to the need methodology narrative of Chapter 5 of the 2023 SMFP that makes clear that beds dedicated solely to the care of neonatal patients ("neonates") shall be excluded from the acute care bed need methodology, along with days of care (DOCs) associated with neonatal beds. The Duke Petition defines "neonates" as "newborn to one month" in age and/or as neonates being transferred from one hospital where they were receiving neonatal care to another hospital where they will continue to receive neonatal care. Duke's proposal would still require hospitals wishing to add neonatal capacity to apply for and obtain a CON, but would eliminate a hospital's need to wait for the allocation of additional acute care bed need pursuant to the standard bed need methodology to do so and would eliminate the need to compete with other hospitals for general acute care beds just to serve the neonatal patient population. Mission supports both of these goals.

The Duke Petition would remedy the existing problem of hospitals with neonatal beds having to make the Hobson's choice of limiting access to neonates or using highly-utilized general acute care beds for the care of these newborns. On Attachment B to its Petition, Duke lists those North Carolina hospitals providing neonatal care which have "limited capacity" according to the February 9, 2022 North Carolina Birth Capacity Connector. Mission Hospital in Asheville is among those hospitals listed as having limited neonatal capacity. Mission and numerous other North Carolina hospitals serving as tertiary care centers and/or offering specialized neonatal services face the same challenges outlined by Duke in its Petition.

Mission believes the Duke Spring petition:

1. Provides an appropriate and important method of ensuring ongoing access to care for pregnant families and their neonatal infants without having to use highly-utilized general acute care beds to do so;
2. Is consistent with how the annual SMFP treats other specialized acute care spaces, such as C-section rooms, as noted by Duke in its Petition;
3. Preserves all other aspects of the acute care bed need methodology; and
4. Will help provide much-needed capacity for neonatal patients without negatively impacting hospital providers in terms of their general acute care bed capacity.

If you need further information regarding Mission's comments to the Duke Spring Petition or have questions, please contact Sondra Smith, Vice President of Planning and Strategy, HCA Mission at 706-533-1163 or via email at [Sondra.Smith2@hcahealthcare.com](mailto:Sondra.Smith2@hcahealthcare.com).