Medical Facilities Planning

State Health Coordinating Council Meeting
Draft Minutes as of 10/2009
October 9, 2009
10:00 am – 12:00 Noon
The Wake County Commons Building, Raleigh, North Carolina

MEMBERS PRESENT: Dr. Dan Myers, Chair; Greg Beier; Dr. Don Bradley; Dr. Richard Bruch; Dr. Dennis Clements; Dr. Dana Copeland; Dr. Lawrence Cutchin; Senator Anthony Foriest; Dr. Sandra Greene; Ted Griffin; Charles Hauser; Harold Hart; Laurence Hinsdale; Daniel Hoffmann; Frances Mauney; Dr. William McMillan; Stephen Nuckolls; Jerry Parks; Dr. T.J. Pulliam; Dr. Christopher Ullrich; Dr. Zane Walsh
MEMBERS ABSENT: Donald Beaver; Bill Bedsole; Ted Griffin; Ken Hodges; Dr. John Holt, Jr.; Jack Nichols; Representative William Wainwright
Medical Facilities Planning Section Staff Present: Floyd Cogley; Victoria McClanahan; Carol Potter and Kelli Fisk **DHSR Staff Present**: Jeff Horton; Elizabeth Brown; Lee Hoffman; Craig Smith

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Myers welcomed Council members, staff and visitors to the meeting. Dr. Myers stated this meeting, like all State Health Coordinating Council (SHCC) meetings, is open to the public, but that the meeting did not include a Public Hearing; therefore, discussion would be limited to members of the Council and staff, unless questions were directed specifically to someone in the audience. Dr. Myers stated this meeting would be the final SHCC meeting for 2009. Dr. Myers introduced Mr. John Young who was appointed to the seat vacated by Mr. Tarwater. At Dr. Myers' request, Mr. Young spoke to his background. Dr. Myers announced that Mr. Tim Rogers had resigned from the Council.		

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Executive Order #10 **Recusals**	Dr. Myers gave an overview of procedures for Executive Order No. 10 to observe before taking action at the meeting. He referred to disclosure statements that had been submitted by Council members. He asked if the disclosure statements were up to date, if there was anyone who wanted to make a public disclosure before the proceeding began and if there was anything that members wished to recuse themselves from at this time. Dr. Bruch recused himself from voting on the Single Specialty Operating Room Demonstration Project noting that the project may generate a need determination for which his practice may apply. Mr. Young recused himself from the Union County petition vote noting his affiliation with the Carolinas Healthcare System. Dr. Ullrich indicated he would recuse himself from the Union County petition vote if it were extracted for discussion and vote, noting that his radiology group provided services at CMC Union. Dr. Ullrich indicated his radiology group provided services at FirstHealth Rockingham and if the Hoke County issue were extracted, he wanted to disclose that that is present but that there is no direct economic interest in the decision for Hoke County. Mr. Hinsdale indicated he wanted to recuse himself from Union County as had Mr. Young. Dr. Walsh indicated he would recuse himself from the Cumberland Moore decision (Cape Fear Valley Health System petition). Dr. Myers thanked the members and indicated that the minutes would reflect the disclosures. No other members recused themselves at this point or indicated having a financial benefit that would be derived from any matter coming before the Council for action. He concluded the overview of procedures. Dr. Myers asked members to declare conflicts as agenda items come up.		
Approval of Minutes from May 27, 2009	A motion was made and seconded to approve the minutes of May 27, 2009 as presented.	Dr. Pulliam Mr. Hauser	The motion was unanimously approved.
Acute Care Services Committee Report	Dr. Greene gave the Acute Care report. At its September 23 meeting, the Committee reviewed petitions and comments received in response to the Acute Care Services chapters of the Proposed 2010 SMFP and developed recommendations for the Acute Care Services chapters. Chapter 5: Acute Care Beds *Acute Care Days Data:* Committee members reviewed a listing of the hospitals with discrepancies between the 2008 Thomson Reuters acute care data and the License Renewal Application acute care data of greater than five percent. Hoots Memorial Hospital and Sandhills Regional Medical Center have not been able to reconcile their data. Committee Recommendation: If Hoots Memorial Hospital and Sandhills Regional Medical Center are unable to reconcile their data, make a note in the 2010 SMFP indicating that their data were not reconciled.		Dr. Myers expanded the Acute Care Bed Need Methodology work group's charge to include review of Acute Care Bed, Operating Room, MRI and Cardiac Catheterization service areas. He also asked Dr. Ulrich to appoint a representative from the Technology and

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	Petitions: Four Acute Care Bed petitions were received during the public comment period. Petitioner: Cape Fear Valley Health System Request: 1. Designating Hoke and Cumberland Counties as one multi-county service area for acute care beds, operating rooms and magnetic resonance imaging ("MRI"), as a result of updating data used to define service areas in accordance with Step 1 of the defined acute care beds and operating room methodologies and 2. Designating Moore County as a single county service area for acute care beds, operating rooms and MRI as a result of using the same updated data. As rationale for their petition, the petitioner cited 2008 data showing that Cape Fear Valley Health System (Cumberland County) provided more inpatient days of care to Hoke County residents than FirstHealth Moore Regional (Moore County) provided to Hoke county residents and that more Hoke County residents received surgical services in Cumberland County than in Moore County. The Committee recommends denial of the petition and recommends the following: 1. For the 2010 State Medical Facilities Plan, Hoke County will be assigned to Moore and Cumberland counties. This change results in eight two-county service areas: • a Cumberland Hoke Multi-county Acute Care Bed Service Area • a Cumberland Hoke Multi-county Operating Room Service Area • a Moore Hoke Multi-county Acute Care Bed Service Area • a Moore Hoke Multi-County Operating Room Service Area • a Cumberland Hoke Multi-county Cardiac Catheterization Service Area • a Cumberland Hoke Multi-county MRI Service Area • a Moore Hoke Multi-county Cardiac Catheterization Service Area • a Moore Hoke Multi-County MRI Service Area 2. For the 2010 SMFP, when determining need for operating rooms, Hoke County's population growth will be assigned as follows: • Cumberland County will be assigned the proportion of Hoke County's population growth equal to the proportion of Hoke County residents receiving surgical services in Cumberland County in 2008. In 2008, of all Hoke County residents receiving surgical services, 45.72 percent received surgical services in Cumberland County. • Moore County will be assigned the proportion of Hoke County's population growth equal to the proportion of Hoke County residents receiving surgical services in Moore County in 2008. In 2008, of all Hoke County residents receiving surgical services, 40.48 percent received surgical services in Moore County. 3. In development of the Proposed 2011 SMFP, the Committee recommends reviewing and		Equipment Committee to serve on the work group. Dr. Myers asked Dr. Greene to provide a report on the Acute Care Bed Need Methodology Work Group at the first SHCC meeting of 2010.

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	updating the inpatient days of care and surgical patient origin data to determine if further changes need to be made in the Acute Care Bed and Operating Room Multi-county Services Areas. 4. In development of the Proposed 2011 SMFP, the Committee recommends adopting a change in the methodologies for determining need for Acute Care Beds and Operating Rooms that would require updating and adjusting, as indicated, the Acute Care Bed and Operating Room Multi-county Service Areas every three years thereafter, i.e., in the Proposed 2014 SMFP, Proposed 2017 SMFP, etc. Petitioner: CMC-Union Request: An adjusted need determination in the 2010 State Medical Facilities Plan (SMFP) for 25 additional acute care beds in Union County. As rationale for their petition, the petitioner cited Union County's high rate of population growth and CMC-Union's high rate of acute care days growth. Committee recommends approval of the petition for an adjusted need determination in the 2010 SMFP for 25 additional acute care beds in Union County. Petitioner: Mission Hospital Request: An adjustment in Table 5A: Acute Care Bed Need Projections in the Proposed 2010 State Medical Facilities Plan for nine new acute care beds in Buncombe County. As rationale for their petition, the petitioner cited Mission Hospital's high occupancy rate and high patient days growth rate. Committee recommends approval of the petition for an adjusted need determination for nine additional acute care beds in Buncombe County in the 2010 State Medical Facilities Plan. Petitioner: Town of Holly Springs Request: A need determination for 42 new acute care beds in Wake County to be identified in Column K of Table 5A: Acute Care Bed Need Projections and in Table 5B: Acute Care Bed Need Determinations of the Proposed 2010 State Medical Facilities Plan (SMFP). As rationale for their petition, the petitioner asserted that the statewide average Inpatient Day Growth Rate, based on total Inpatient days, is too low. Committee Recommendation: Committee recommends denial of the petition for an adjusted need determination for 42 additional acute care beds in Wake County in the 2010 State Medical Facilities Plan. Additional Committee Recommendation, Chapter 5: Approve Chapter 5, including updates and corrections to Chapter 5 tables and narrative, as needed.		

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	Chapter 6: Operating Rooms *Petitions:* Seven Operating Room petitions were received during the public comment period. The petitions and recommendations are summarized below: Requests: 1. *Atlantic Orthopedics, P.A:* include the New Hanover and Brunswick County service area in the Single Specialty Ambulatory Surgery Demonstration Project in the 2010 State Medical Facilities Plan (SMFP). 2. *Blue Ridge Bone & Joint Clinic:* include in the 2010 North Carolina State Medical Facilities Plan support of a demonstration project for a single specialty, two operating room, orthopedic ambulatory surgical facility in Buncombe County. 3. *Ancillary Care Solutions:* include in the 2010 SMFP support of a demonstration project for a single specialty ambulatory surgical facility located in and to serve the residents of Catawba and Burke counties. 4. *Southern Surgical Center, LLC:* amend the Single Specialty Ambulatory Surgery demonstration project criteria to include the following: • Sites must bill as a freestanding Ambulatory Surgery Center, which is not licensed as part of a hospital or other Medicare Part A provider. • This lower cost solution should be a permanent feature of the facility. • While the current criteria gives "priority" to physician owned enterprises, we still think hospitals should be excluded as applicants. • The CON application should include letters of support from surgeons with an existing case volume, and not rely on projections. At least 2,000 cases and letters of support from surgeons who have completed these cases should be included. • Physicians should be required to "offer" Emergency Room coverage. 5. *North Carolina Orthopaedic Association, et al:* make the following changes to the Single Specialty Ambulatory Surgery demonstration project: • Add the following language to the need determination, "Each single specialty ambulatory surgery demonstration project facility shall include two surgical operating rooms and no more than two non-gastrointestinal procedure rooms." • Change the criteria "Demonstration projects are encouraged to provide open access to physicians." Replace this with "Applicants are required to provide the proposed medical staff bylaws and the written criteria for extending medical staff privileges at the facility." • Add the following criteria, "Applications for the demonstration projects shall provide a calculation of projected savings based on the difference between the Medicare reimbursement ASC (ambulatory surgical center) rates and the HOPD (Hospital		

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	Outpatient Department) rates using the specific procedure codes and projected volumes for the proposed project. Projects with the higher projected per case savings are more cost-effective than projects with less cost savings." • Include the following: "Facilities will provide annual reports to the Agency showing the facility's compliance with the demonstration project criteria in the State Medical Facilities Plan. The Agency may specify the reporting requirements and reporting format. The Agency will perform an evaluation of each facility…" • Add the following statement, "The annual report form for the demonstration project single specialty ASCs will either be included in the 2010 State Medical Facilities Plan or contained in the administrative rules that will be promulgated prior to 2010 CON reviews for the demonstration projects." 6. *Affordable Health Care Facilities, LLC:* revise the Single Specialty Ambulatory Surgery Demonstration Project in the following manner: • Permit organizations located in geographic areas in North Carolina, other than the "Charlotte Area," "Triad," and "Triangle" to submit pilot demonstration CON applications. • Do not limit the number or type of pilot demonstrations so that a true assessment of improvements in quality, access, and value can be determined in a variety of communities, not limited to the most populous ones in the State of North Carolina. • In order to address the concern of rural hospitals and the continued fragility of our nation's health care system in rural areas, the pilot demonstration counties should be limited to: Counties with a population of at least 85,000 and one (1) hospital; or Counties with a population of at least 125,000 and two (2) or more hospitals • Develop an approach that documents cost savings to patients and payers. An integral part of such an approach should be (i) a reimbursement ceiling limit equal to 250% of Medicare allowable reimbursement by CPT code for private payers and (ii) a charge limit to under- and uninsured patients equal to Medicare reimbursement or less by CPT code. • Only permit pilot demonstration ASCs in counties where it can be documented that the existing health care facilities are high cost versus the proposed 250% of Medicare reimbursement by CPT code ceiling limit. All costs for outpatient surgery at these ASCs should be accessible on the Internet, available to patients upon request, and essentially transparent to patients on all levels. Committee recommends denial of the petitions and development of the Single Specialty Ambulatory Surgery Work Group Demonstration Project, as published in the 2010 Proposed SMFP, with the following change: for clarification, "collected" will be inserted in front of "revenue"		

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	in the indigent care criteria. Petitioner: Novant Health Request: An adjustment to the definition and criteria for "Chronically Underutilized ORs in Licensed Facilities" as set forth in Step 4(m), Chapter 6, "Operating Rooms", of the Proposed 2010 SMFP, so that at least 36 full months of actual OR case volume data from the provider's Hospital and Ambulatory Licensure Renewal Application is considered in determining whether the ORs are "operating in licensed facilities at less than 40% utilization." Currently, the standard definition in chapter 6, Step 4(m) for "chronically underutilized Licensed Facilities" states, "licensed facilities operating at less than 40% utilization for the past two fiscal years, which have been licensed long enough to submit at least two License Renewal Applications to the Division of Health Service Regulation." The Committee recommends disapproval of the petition. *Under utilized Operating Rooms* At the May Committee meeting, the Committee discussed the definition of "chronically underutilized operating rooms" used in the Operating Room Need Methodology. Following up on this item at the September Committee meeting, the Committee reviewed data related to ambulatory surgical facilities' utilization rates from time of initial licensure. The Committee agreed not to change the definition of "chronically underutilized operating rooms" for the 2010 SMFP but to review the definition in the Spring of 2010. *Trauma/Burn Center Case Data* The Committee discussed obtaining Trauma/Burn Center case data from the North Carolina Office of Emergency Medical Services (NC OEMS) reporting system. Obtaining Trauma/Burn Center case data is part of implementing the operating room need projection methodology. Implementation of NC OEMS' trauma/burn case reporting system has been delayed and the Committee agreed for the 2010 SMFP not to change the way Trauma/Burn Center case data are collected but to follow-up on this item next Spring. Additional Committee Recommendation, Chapter 6: Approve Chapter 6, Operating Rooms, including updates and corrections to Chapter 6 tables and narrative, as needed. Chapter 7: Other Acute Care Services Approve Chapter 7, Other Acute Care Services, including updates and corrections to Chapter 7 tables and narrative, as needed. Chapter 8: Inpatient Rehabilitation Services		

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	Approve Chapter 8, Inpatient Rehabilitation Services, including updates and corrections to Chapter 8 tables and narrative, as needed. Dr. Greene made a motion for approval of the Acute Care Committee recommendations. Motion made to consider the Cape Fear Valley Health System petition separately from the ACS Committee report. Dr. Myers indicated that members may request that portions of the Committee recommendations be removed for discussion. Discussion: Three options described 1. Deny the petition – noted that this violates the current methodology. 2. Approve the ACS Committee recommendation. 3. Approve the petition – this would shift Hoke County to Cumberland County. Dr. Bruch mad a motion made to accept the Agency recommendations for the Cape Fear Valley Health System petition. Discussion: • Nothing to indicate data cited in Agency Report is not accurate. • Accepting report does not change the methodology. • ACS Committee discussed the petition extensively – felt petition did not fit definition of adjusted need determination petition. • Committee's recommendation was a compromise to resolve a contentious situation. • Petition raised good issues such as need to update service area data. • Committee recommendation allows health care assets to be moved where population may access them. • Audience feedback requested: o Michale Nagowski – Cape Fear Valley Health System – petition was not for a methodology change. Data shows Hoke County residents are utilizing Cape Fear Valley Health System's services. The side of Hoke county which is	Dr. Greene Dr. Bradley Dr. Bruch Mr. Parks	After discussion of the CFVHS petition, motion unanimously approved. Note recusals made by Dr. Bruch, Dr. Ullrich and Mr. Young during Executive Order 10 discussion. Motion failed by a vote of one for and 16 opposed. Dr. Walsh recused from the vote.

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	growing is very near Cape Fear Valley Health System. o Noah Huffstetler, for First Health Moore Regional Hospital – agrees with the ACS Committee compromise. There are pending CON applications for Hoke County and if the applications are approved, a hospital will be located in Hoke County.		
Technology and Equipment Committee Report	Dr. Ullrich presented the report from the Technology and Equipment Committee: At its September 2nd meeting, the Committee reviewed petitions and comments received in response to the Technology and Equipment Chapter of the Proposed 2010 SMFP, reviewed revised tables, which had been updated and corrected since the Proposed Plan was published, and developed recommendations for Chapter Nine of the 2010 SMFP. Linear Accelerator Section ▪ The Council received no petitions or comments over the summer regarding the Linear Accelerator section of the 2010 SMFP. ▪ The Committee reviewed the revised data collection form for linear accelerators that included updated CPT codes for stereotactic radiosurgery with an ESTV value of 3.00. ▪ The Committee voted unanimously to adopt the linear accelerator section of the 2010 SMFP. Positron Emission Tomography (PET) Scanners Section ▪ The Council received no petitions over the summer regarding the PET Scanner section of the 2010 SMFP. The Committee acknowledged receipt of comments related to mobile PET Scanner Service Areas. ▪ The Committee voted unanimously to adopt the PET Scanner section of the 2010 SMFP. Magnetic Resonance Imaging (MRI) Section ▪ The Committee reviewed revised Table 9K, which indicated need determinations for fixed MRI scanners in Forsyth, Rutherford and Wake counties. ▪ Committee members discussed the petition from Rutherford Hospital requesting an adjusted need determination to remove a projected need determination for one additional fixed MRI scanner in Rutherford County. The Committee approved the petition to remove the need determination for Rutherford County in the 2010 SMFP. ▪ The Committee acknowledged receipt of comments in support of language in the Proposed 2010 SMFP regarding no need determination for mobile MRI scanners, and agreed to keep the language in the 2010 SMFP. ▪ The Committee voted unanimously to adopt the MRI section of the 2010 SMFP. Cardiac Catheterization Equipment Section ▪ The Council received no petitions or comments over the summer regarding the Cardiac Catheterization Equipment section of the 2010 SMFP.		

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	▪ The Committee reviewed revised Tables 9N, 9P and 9R, and voted unanimously to adopt the Cardiac Catheterization Equipment section of the 2010 SMFP. Lithotripsy Section ▪ The Council received no petitions or comments over the summer regarding the Lithotripsy section of the 2010 SMFP. ▪ The Committee voted unanimously to adopt the Lithotripsy section of the 2010 SMFP. Gamma Knife Section ▪ The Council received no petitions or comments over the summer regarding the Gamma Knife section of the 2010 SMFP. ▪ The Committee voted unanimously to adopt the Gamma Knife section of the 2010 SMFP. The Committee recommends to the SHCC that Chapter 9: Technology and Equipment be adopted. In addition, the Committee authorized staff to make updates and corrections to the data as indicated. A motion was made to approve the Technology and Equipment Committee recommendations.	Dr. Bradley	The motion was unanimously approved.
Long-Term & Behavioral Health Committee Report	Dr. Pulliam presented the report from the Long-Term Behavioral Health Committee. On September 25, 2009, the Long-Term and Behavioral Health Committee met to consider petitions and comments in response to the Proposed 2010 State Medical Facilities Plan and make recommendations on eight plan chapters. Nursing Care Facilities: No petitions or comments were received on the Nursing Care Facilities chapter of the Proposed 2010 Plan during the public comment period. Based on the standard methodology in the Proposed 2010 Plan there are, to date, need determinations for ten new nursing facility beds in Camden County and 60 beds in Johnston County. The committee recommends approval of the Nursing Care Facilities policies, assumptions, methodology and need determinations. Adult Care Homes: No petitions or comments were received on the Adult Care Homes chapter of the Proposed 2010 Plan during the public comment period. Based on the standard methodology in the Proposed 2010 Plan there are, to date, nine counties with need determinations for a total of 560 beds. The counties and number of beds are: Camden – 20; Dare – 40; Gates – 40; Hyde – 30; Jones – 30; Mecklenburg -		

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	340; Stanly – 30; Tyrrell – 20; and, Washington – 10. The committee recommends approval of the Adult Care Homes policies, assumptions, methodology and need determinations. Home Health Services: One petition was received on the Home Health Services chapter of the Proposed 2010 Plan during the public comment period. As noted in the Agency Report on the petition, comments were received regarding the petition. Bayada Nurses, Inc. petitioned for an adjusted need determination for one additional home health agency in Brunswick County. The Committee recommends that the petition be denied. Based on the standard methodology, there is a need determination for one additional Medicare-certified home health agency or office in Wake County. The committee recommends approval of the Home Health policy, assumptions, methodology and need determination. Hospice Services: Three petitions and related comments were received during the public comment period on the Proposed 2010 Plan. Each of the petitions requested need determinations for inpatient hospice beds. Inpatient Hospice – 1: Palliative CareCenter & Hospice of Catawba Valley, Inc. requested an adjusted need determination for three hospice inpatient beds in Alexander County. The Committee recommends that the petition be approved. Inpatient Hospice – 2: Community CarePartners, Inc. requested an adjusted need determination for five hospice inpatient beds in Buncombe County. The Committee recommends that the petition be approved. Inpatient Hospice – 3: Hospice House Foundation of WNC, Inc. requested an adjusted need determination for six hospice inpatient beds in Macon County. The Committee recommends that the petition be approved. No CON applications were filed for the need determination for Craven County that was identified in the 2009 Plan. Therefore, there would be a seven bed need determination for Craven County based on application of Policy GEN-1: Reallocations.		

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	Based on the standard methodology using data submitted to date, and the above recommended need adjustments and no CON application filed in 2009 for Craven County, there would be need determinations in the 2010 Plan for hospice inpatient beds as follows: Alexander – 3; Buncombe – 5; Craven – 7, Macon – 6; Randolph – 6; and, Sampson – 6. The Committee acknowledged receipt of comments on the Hospice Services Chapter. The committee recommends approval of the Hospice assumptions, methodologies and need determinations. End-Stage Renal Disease Dialysis Facilities**:** No petitions or comments were received on the End-Stage Renal Disease Dialysis Facilities chapter of the Proposed 2010 Plan during the public comment period. The Committee recommends approval of the Proposed 2010 Plan Dialysis Chapter with inventory update. Psychiatric Inpatient Services: The Committee recommends that revised Table 15C be accepted. The Table, which shows need determinations for adolescent and adult psychiatric inpatient beds, was revised as a result of data corrections, and a reallocation of inventory due to there being only one application for the 2009 SMFP need determinations for adult and adolescent psychiatric beds. Using the standard methodology and available data, there are need determinations for 48 adult and 39 adolescent psychiatric inpatient beds in 13 different LMEs. One petition was received on the Psychiatric Inpatient Services chapter of the Proposed 2010 Plan. Community General Health Partners, Inc. d/b/a Thomasville Medical Center (TMC) and Novant Health, Inc. requested an adjusted need determination for seven adult psychiatric beds in Davidson County only. The Committee recommends approval of the petition. Further, the Committee asked staff to explore issues associated with modifying the methodology to plan for psychiatric inpatient services for geriatric patients. The Committee acknowledged receipt of comments regarding psychiatric inpatient services. The Committee recommends approval of the Psychiatric Inpatient Services policies, assumptions, methodology and need determinations. Substance Abuse Inpatient and Residential Services (Chemical Dependency Treatment Beds): No petitions or comments were received on the Substance Abuse chapter of the Proposed 2010		

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	Plan during the public comment period. There were no changes in need determinations from the Proposed 2010 Plan. Using the standard methodology and available data, there are need determinations for three adult and two adolescent chemical dependency (substance abuse) treatment beds in the South Central Mental Health Planning Region. The Committee recommends approval of the Substance Abuse Inpatient and Residential Services policies, assumptions, methodology and need determinations. Intermediate Care Facilities for the Mentally Retarded (ICF/MR): No petitions or comments were received on the ICF-MR chapter of the Proposed 2010 Plan during the public comment period, and there was no change from the Proposed 2010 Plan in there being no need determinations for additional ICF-MR beds. The Committee recommends approval of the ICF-MR policies, assumptions, methodology and need determinations. Other Action The Committee authorized staff to update narratives, tables and need determinations as data are received between the committee meeting and Council meeting. Dr. Pulliam made a motion for approval of the following recommendations from the Long-Term and Behavioral Health Committee.	Dr. Pulliam	The motion was unanimously approved.
Comments Regarding the Tentative CON Review Schedule	Ms. Lee Hoffman commented on development of the CON Review Schedule.		
Adoption of the Final 2010 State Medical Facilities Plan	Dr. Myers thanked division staff and Council members Drs. Cutchins, Greene, and Pulliam who chaired work groups during the year. Dr. Myers asked for a motion to approve adoption of the Final 2010 North Carolina State Medical Facilities Plan, including all recommendations from the three standing committees and authorize staff to make the necessary updates and narrative changes that would be required prior to the time the plan is submitted to the Governor.	Dr. Pulliam Dr. Greene	The motion was unanimously approved.
Other Business	Dr. Myers and all present recognized Ms. Lee Hoffman for her dedication over the past 35 years.		
Adjournment	The meeting was adjourned by Dr. Myers.		