Public Hearing Comments

Petition to Remove the Proposed 2026 Need Determination for a Hospice Home Care Office in Burke County and McDowell County

Commenter:
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I appreciate the opportunity to speak today in support of AMOREM's petitions to remove the proposed need determinations for additional hospice home care offices in Burke County and McDowell County from the 2026 State Medical Facilities Plan.

Both petitions are grounded in the same concern: that the current methodology has produced artificially inflated need determinations due to temporary, pandemic-era disruptions. These disruptions, especially the effects of COVID-related mortality displacement, have distorted historical utilization patterns and do not reflect long-term trends or actual gaps in access.

Let me begin with Burke County. Prior to COVID, Burke had one of the highest hospice utilization rates in North Carolina. In 2019, nearly 48 percent of all county deaths occurred under hospice care, far exceeding the statewide median. But in 2020 and 2021, that figure dropped sharply. This wasn't because hospice access diminished or capacity failed. It was because of the nature of COVID-related deaths, sudden, medically complex, and often occurring in intensive care settings. These patients declined rapidly and died in hospitals, often without the opportunity for a hospice referral.

At the same time that total deaths surged, hospice deaths actually declined. Then, as the pandemic subsided, we saw the opposite: total deaths began to fall, while hospice admissions recovered. In Burke County, hospice deaths increased by more than 29 percent between 2021 and 2023, and penetration climbed back to over 45 percent by 2024.

McDowell County experienced a nearly identical pattern. Hospice utilization there was also strong before the pandemic, consistently in the mid-40 percent range. COVID disrupted this, but by 2024, hospice penetration had rebounded to 46.1 percent, the highest in seven years. This is not a sign of unmet need. It's evidence of a system returning to normal.

These patterns are a classic case of mortality displacement. COVID disproportionately affected older, medically fragile individuals, many of whom would have been expected to die in future years under hospice care. When those deaths were "pulled forward," it reduced the number of patients who would otherwise have needed hospice services in the years that followed. This temporarily depresses total deaths while hospice numbers slowly stabilize.

The result is a statistical illusion. Percentages go up, not because more people are accessing hospice, but because fewer people are dying overall.

To put it simply: imagine a classroom where 100 students normally take the final exam and 50 pass. That's a 50 percent pass rate. Now imagine the next year, only 80 students take the exam, but still 50 pass. The pass rate jumps to 62.5 percent. But nothing actually changed about the instruction, the curriculum, or the number of students who succeeded. The change is only in the denominator.

That's what we're seeing in Burke and McDowell Counties. The denominator—total deaths—has dropped due to the pandemic. Meanwhile, hospice deaths have modestly increased. And so the statewide median percentage of deaths served by hospice has risen to an all-time high of 51.5 percent.

This is driving unrealistic expectations in the methodology. The two-year growth rate used to project hospice need is 6.7 percent—far higher than historical trends. When this inflated benchmark is applied to counties like Burke and McDowell, it produces need determinations that are not grounded in actual demand.

Both counties are already well served. Burke County has a dozen licensed hospice offices. McDowell has eleven. For a rural population of roughly 45,000, that is a generous level of access. AMOREM is proud to be part of that landscape and has never turned away a patient with a terminal diagnosis.

Our petition is simply asking that system growth reflect true need. That is what the SMFP is designed to promote—access, quality, and value.

Adding a new agency to either Burke or McDowell County at this time would not expand access meaningfully. It would fragment care, strain a limited clinical workforce, and potentially weaken the stability of existing providers. AMOREM is asking for a course correction to protect the integrity of the planning process.

In light of these issues, we support the request made by The Association for Home & Hospice Care of NC at the first public hearing on 7/7/25, and respectfully urge the State Health Coordinating Council to consider forming a new Hospice Methodology Work Group, modeled after the 2008 Task Force. That group brought together providers, state staff, and stakeholders to design the methodology we still use today. But the healthcare environment

has changed significantly over the past 15 years. Clinical practices have evolved, demographics have shifted, and the COVID-19 pandemic revealed new vulnerabilities in the planning process. A new Work Group could help evaluate whether the current methodology still meets the SMFP's goals—and recommend updates that strengthen its accuracy, fairness, and resilience.

In conclusion, we urge the Council and Planning Staff to consider the full context behind these numbers. COVID was a once-in-a-century disruption. It should not become the basis for permanent decisions. Removing the need determinations for Burke and McDowell Counties is the most responsible and equitable path forward. It reflects real conditions on the ground, not statistical anomalies. And it aligns with the SMFP's core values: ensuring access, protecting quality, using resources wisely, and building accountability into our planning systems.

Thank you for your time and thoughtful consideration.