



Comments on Atrium Health Wake Forest Baptist

High Point Medical Center

Greensboro Campus

CON Project ID # G-12330-23

March 31, 2023

**Written Comments on Atrium Health Wake Forest Baptist
High Point Medical Center
Greensboro Campus
Project I.D. # G-12330-23**

In accordance with N.C. Gen. Stat. § 131E-185(a1)(1), Novant Health, Inc. (Novant Health) hereby submits the following comments related to Atrium Health Wake Forest Baptist (AHWFB) High Point Medical Center's ("HPMC") certificate of need application to develop an acute care hospital campus in Greensboro, Guilford County, North Carolina. Per the application and for these comments, the proposed new hospital will be referred to as Greensboro Medical Center ("GMC"). Novant Health's comments include *"discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with the relevant review criteria, plans and standards."* See N.C. Gen. Stat. § 131E-185(a1)(1)c.

HPMC's application proposes to relocate 36 existing licensed acute care beds and two licensed operating rooms from its High Point, NC campus to a location north at 2909 Horse Pen Creek Road in Greensboro. This is the same address for which HPMC's affiliate, Premier Surgery Center, LLC (Premier), received approval in October 2022 for a three-OR ASC in Project I.D. No. G-12231-22. See Exhibit A. In the Premier project, two ORs will be moved from High Point Surgery Center on the campus of HPMC, and another OR will be moved from Premier's existing ASC in High Point. The GMC project also includes the development of 12 unlicensed observation beds, two procedure rooms, and a 20-bay emergency room. Various imaging equipment is planned, including an MRI scanner developed pursuant to Policy TE-3. The proposed project is estimated to cost \$246,501,006. See GMC Application, p. 79.

This project should be disapproved because it is an unnecessary and costly duplication of existing and approved health service facilities, including an ASC to be located at 2909 Horse Pen Creek Road, Greensboro. The service area proposed by GMC, a collection of 24 zip codes in Guilford, Forsyth, Stokes, and Rockingham Counties, is already well served by numerous hospitals, including HPMC, Moses Cone Hospital, Wesley Long Hospital, Novant Health Kernersville Medical Center, Annie Penn Hospital, UNC Rockingham, and others. The area is also well served by numerous ASCs, outpatient imaging centers, and a freestanding ED (FSED) with other services. There is another FSED in North High Point very close to the applicant's proposed service area.

Just last year, Cone Health opened its MedCenter Greensboro facility at 3518 Drawbridge Parkway, with a FSED and many other services.¹ MedCenter Greensboro is a mere 2.1 miles and four minutes from

¹<https://www.conehealth.com/medcenter-greensboro-at-drawbridge-parkway>. (visited Mar. 25, 2023).

GMC's proposed site.² Two full service hospitals, Moses Cone and Wesley Long, are each less than 15 minutes from GMC.³ The absence of community support letters from non-partisan individuals who might actually use this hospital is telling. The letters in the application (Exhibits I.1.1, I.1.2., I.2.1 and I.2.2) are mostly from AHWFB employees in Winston-Salem.⁴

For the reasons stated below, and any other reasons the Agency may discern during the review, the GMC Application should be disapproved.

Context for the GMC Application

There are two important contextual matters that the Agency must consider as it reviews this application: 1) the merger of Atrium Health and Advocate Health Aurora in December 2022; and 2) the Agency's October 2022 approval of an ASC at the exact same location on which GMC is proposed to be developed, 2909 Horse Pen Creek Road, Greensboro. See Findings for Project I.D. G-12231-22, attached as Exhibit A to these comments.

The Atrium/Advocate Merger

In December 2022, the Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health, a North Carolina hospital authority, and Advocate Health Aurora, an Illinois-based hospital system, combined to form a new enterprise, Advocate Health (Advocate). Advocate is a behemoth with \$27 billion in assets, 67 hospitals in multiple states, 21,000 physicians, 42,000 nurses, 150,000 teammates and more than 1,000 sites of care. See GMC Application, p. 22. Advocate is the nation's eighth largest health care system as measured by the number of hospitals it controls.⁵

Under North Carolina law, approval from North Carolina's Attorney General was required before the deal could close. Although Attorney General Josh Stein concluded there was no legal basis to stop the deal, he had serious misgivings about the transaction. Attorney General Stein wrote:

²<https://www.mapquest.com/directions/list/1/from/us/north-carolina/greensboro/27410-8432/3518-drawbridge-pkwy-36.13858,-79.86584/to/us/north-carolina/greensboro/27410/2909-horse-pen-creek-rd-36.13887,-79.88398> (visited Mar. 24, 2023).

³<https://www.mapquest.com/directions/from/us/north-carolina/greensboro/27410/2909-horse-pen-creek-rd-36.13887,-79.88398/to/us/north-carolina/the-moses-h-cone-memorial-hospital-467480363>;
<https://www.mapquest.com/directions/from/us/north-carolina/greensboro/27410/2909-horse-pen-creek-rd-36.13887,-79.88398/to/us/north-carolina/wesley-long-hosp-emergency-dept-489078180>. (visited Mar.24, 2023).

Community letters of support may, of course, be submitted during the public comment period. See N.C. Gen. Stat. § 131E-185(a1)(1). But the absence of such letters in the application itself is unusual, and may indicate that the applicant wanted to keep this project out of the public eye for as long as possible.

⁵<https://www.beckershospitalreview.com/lists/100-of-the-largest-hospitals-and-health-systems-in-america-2023.html> (visited Mar. 27, 2023).

However, I am concerned about this combination's possible effects on health care access in rural and urban underserved communities. Atrium has estimated that it will invest \$25-50 million in the coming years to expand services in underserved communities in North Carolina; given the size and strength of this new combined entity, it is my strong belief that it can and should do more.

My office will continue to monitor the combined entity's operations and its impact on North Carolinians' health and well-being. If Atrium-Advocate Aurora is not in compliance with its legal obligations, my office will not hesitate to take action.

To protect the public and comply with municipal hospital regulations, Attorney General Stein required Advocate to:

1. Maintain current service levels in critical departments (i.e., surgery, obstetrics, pediatrics, and outpatient and emergency departments);
2. Provide indigent care as dictated by community needs;
3. Ensure that no patients are denied care because of an inability to pay;
4. Provide care to Medicaid and Medicare recipients without discrimination.

See Attorney General's Press Release, December 1, 2022, attached as Exhibit B.

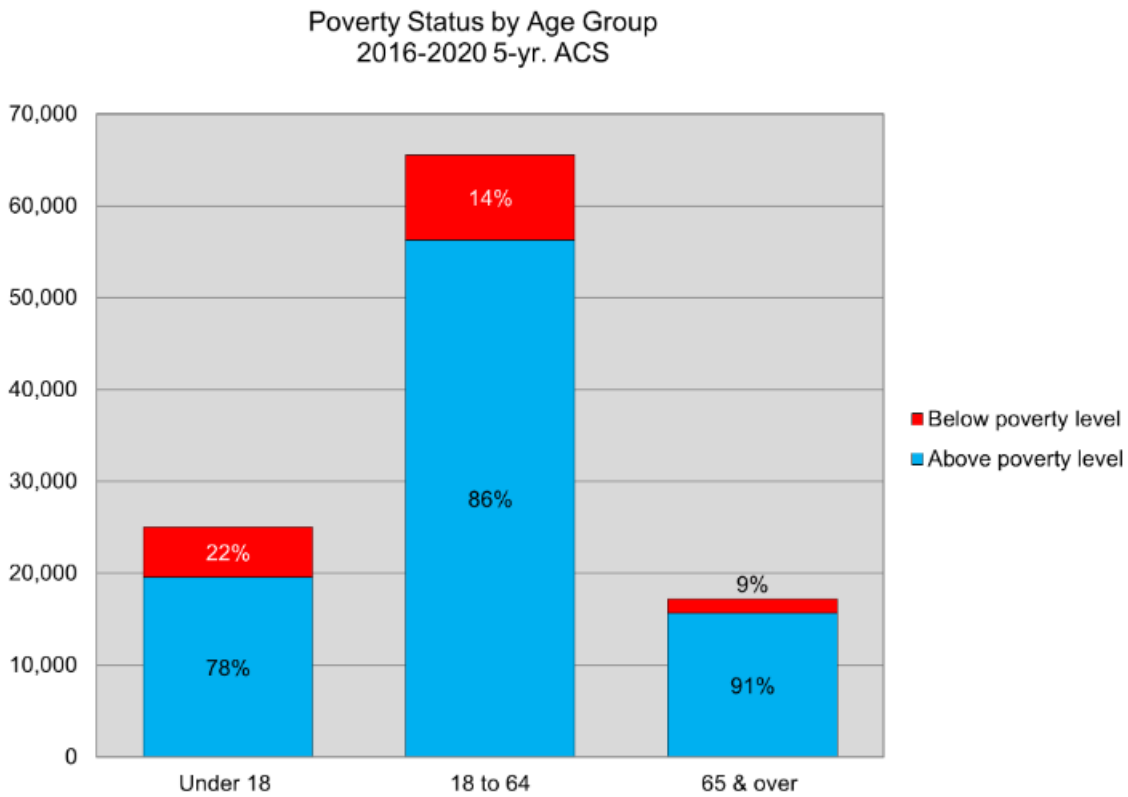
The ink was barely dry on the merger documents when the new Advocate filed a CON application on February 15, 2023, proposing to reduce beds and ORs at HPMC, a hospital that has served urban and rural communities since 1904.⁶ The application does not indicate that Advocate told Attorney General Stein about its GMC CON application before the Attorney General agreed not to challenge the transaction.⁷ Combined, the two projects (the ASC and GMC) represent a shift of five ORs and 36 beds from High Point to Greensboro. As will be discussed below, these assets are moving to a location in Greensboro that lacks public transportation.

⁶See <https://www.wakehealth.edu/locations/hospitals/high-point-medical-center/about-us#:~:text=High%20Point%20Medical%20Center%20has,the%20people%20of%20our%20region>. (visited Mar 24, 2023).

⁷Since the ASC was approved in October 2022, the Attorney General was likely aware of that project. It cannot be assumed, however, that Attorney General Stein would have cleared the Advocate transaction had he been told about the GMC Application on December 1, 2022. Based on Novant Health's experience in constructing several new satellite hospitals, it is most unlikely that the applicant did not know about a plan to develop a hospital in Greensboro before December 1, 2022. While every CON application has its own set of complexities, CON applications for hospitals are probably the most complex and time consuming applications to prepare. Besides the application itself, there are also internal approvals to be secured. All of this requires planning and time.

Advocate’s plan is problematic for many reasons, not the least of which is that High Point only has one hospital, HPMC. High Point also has high levels of poverty. As the City of High Point observes on its website:

Over the last ten years there has been a decrease in the percentage of High Point residents living below the poverty level, from 19.2% in 2010 to 15.1% in 2020. However, this is still higher than in 2000, when the percentage was 13.2%, and in 1990 when it was 12.7%. Also, as the following chart shows, the burden of poverty falls disproportionately on children, with 22% of those under the age of 18 in High Point living in poverty according to the 2016-2020 5-year ACS.



<https://www.highpointnc.gov/2018/Economy> (visited Mar. 24, 2023). The 2020 US Census estimated the poverty level in High Point at 14.6%.⁸

⁸<https://www.census.gov/quickfacts/fact/table/highpointcitynorthcarolina,US/PST045222> (visited Mar. 26, 2023).

While Greensboro also has a high level of poverty (17.4% according to the 2020 US Census⁹), there are already two hospitals located in Greensboro (Moses Cone and Wesley Long). There is only one hospital located in High Point, HPMC. This application proposes to move beds and ORs approximately 30 minutes from High Point, and put them in a neighborhood where there is no public transportation. See Exhibit C (map of Greensboro Transit Agency). As discussed elsewhere in these comments, the closest bus stop to 2909 Horse Pen Creek Road is about 1.5 miles away. See Exhibit D. According to Exhibit D, it is about a 31 minute walk from the bus stop to GMC's location. This is quite different from HPMC's location, which is only about a 4 minute walk from the closest bus stop at Westwood Avenue and Elm Street in High Point. See Exhibit E. Thus, the GMC project will *reduce* access by medically underserved patients who may lack access to affordable and convenient private transportation, not increase it. This application violates the first two requirements of Attorney General Stein's approval of the Advocate transaction: 1) maintain current service levels in critical departments, including surgery; and 2) provide indigent care as directed by community needs.

The GMC Application also squarely raises another of Attorney General Stein's concerns: impact on rural health care access. Part of GMC's proposed service area includes Rockingham County. Rockingham County has two rural hospitals that have significant excess capacity, Annie Penn Hospital in Reidsville and UNC Rockingham in Eden. See 2023 SMFP, pp. 44, 75 (Annie Penn has 59 excess beds and 2.55 excess ORs; UNC Rockingham has 63 excess beds and 4.15 excess ORs). A *de minimus* number (0.4%) of HPMC's patients come from Rockingham County currently according to page 36 of the GMC Application. GMC, however, would purportedly garner 9.39% of its patients from Rockingham County in its first full fiscal year. See GMC Application, p. 38.

The same is true for Stokes County. LifeBrite Hospital is licensed for 53 beds, and has a surplus of 46 beds. See 2023 SMFP, p. 44. It also has a surplus of 3.86 ORs. See 2023 SMFP, p. 75. Stokes County is not even a named county from which HPMC derives any patients now. See GMC Application, p. 36. But in just one year, 7.19% of GMC's patients are proposed to originate from Stokes County. See GMC Application, p. 38. Advocate, one of the nation's largest health systems, is moving closer to these rural hospitals.

There is no indication that Attorney General Stein was told anything about the GMC project when he announced that his office would not challenge the transaction. Thus, it is fair to ask whether the Attorney General would have allowed the Advocate transaction to proceed if his office had been told about Advocate's plan to file the GMC Application on the heels of the Attorney General's decision to take no action.

The Attorney General's Office represents the CON Section. The Attorney General stated that his office would be monitoring Advocate's behavior and would not hesitate to take action if it determined that

⁹<https://www.census.gov/quickfacts/fact/table/greensborocitynorthcarolina,highpointcitynorthcarolina,US/PST045222> (visited Mar. 26, 2023).

Advocate was not in compliance with its legal obligations. See Exhibit B. Disapproval of this application is exactly the right response not only for Advocate's non-compliance with the Attorney General's requirements but also its failure to comply with multiple CON criteria.

The Agency's October 2022 Approval of an ASC at 2909 Horse Pen Creek Road

On October 21, 2022, the Agency approved Project I.D. No. G-12231-22. See Exhibit A. In this project, Premier Surgery Center, LLC proposed to relocate two ORs from High Point Surgery Center and one OR from Premier Surgery Center to develop an ASC to be known as Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro (AHWFBASC-Greensboro). The address for AHWFBASC-Greensboro is 2909 Horse Pen Creek Road in Greensboro. The GMC Application makes only a passing reference to AHWFBASC-Greensboro on pages 66 and 67 of the application. The drawings depicting the site in Exhibit K.1. of the GMC Application do not show the ASC. The findings in Exhibit A indicate that the ASC will be located in one of two MOB's on the property. See Exhibit A, p. 18. The absence of any meaningful discussion of the ASC project in the GMC Application raises several questions:

1. Does the applicant still plan to develop Project I.D. No. G-12231-22?
2. If the answer to question 1 is yes, how do the two projects (GMC and AHWFBASC-Greensboro) relate to each other?
3. Does the population proposed to be served need *both* an ASC and a hospital at the exact same address in Greensboro?
4. How does the ASC impact outpatient surgical volumes at GMC?
5. Have all capital costs for GMC been included in the GMC Application?
6. How does the fact that five ORs are being taken out of High Point as a result of these two projects impact the people who use these ORs now?

The GMC Application does not answer any of these questions. As discussed below, its failure to do so creates numerous problems under Criteria (3), (3a), (4), (5), (6), (12) and (18a). Further, there is no indication that the Attorney General had any knowledge of the GMC project so that the GMC project could be considered in relation to the AHWFBASC-Greensboro project, and before the December 1, 2022 press release stating that the Attorney General would not challenge the Advocate transaction.

The GMC Application is Nonconforming with Criterion (3).

Criterion (3) focuses on the need a *population* has for the services proposed. N.C. Gen. Stat. § 131E-183(a)(3). Criterion (3) does not consider what the applicant wants or thinks it needs to enhance its competitive position. The GMC Application is a classic example of an applicant's "want" rather than a community's need for another hospital in Guilford County.

As the chart and map on the following pages demonstrate, Guilford County and surrounding areas are already well served by many different providers, including HPMC and its AHWFBH affiliates in Guilford, Forsyth and Davidson Counties. Cone Health operates two full service hospitals in Greensboro just a short distance away from the proposed GMC location. Novant Health Kernersville Medical Center is also within the applicant's proposed service area. There are several smaller, rural hospitals nearby including LifeBrite in Stokes County, Annie Penn in Rockingham County and UNC Rockingham. The Agency should carefully consider how moving beds and ORs closer to these smaller rural hospitals may impact them, especially as these hospitals struggle to maintain occupancy levels. See also Exhibit F, providing further information about the other resources available to patients in the service area.

The application makes no mention whatsoever of the brand new Moses Cone FSED on Drawbridge Parkway. While it is not a hospital, this FSED offers many important services, such as emergency department services, a full range of imaging, women's care, cancer care, pharmacy, and physician offices.¹⁰ It is only 2.1 miles from the proposed GMC. The facility appears to have been designed so that additional services, such as outpatient surgery, could be added if and when they are needed.

Guilford County also has many options for ambulatory surgery, as reflected on page 58 of the 2023 SMFP. The latest entrant in outpatient surgery in Guilford County is AHWFBASC-Greensboro itself, via its newly approved ASC at 2909 Horse Pen Creek Road. See Exhibit A. Thus, the applicant proposes to have an ASC *and* a hospital at the exact same address. But most of the surgery that the hospital will perform is outpatient surgery. See GMC Application, p. 162. It is logical to ask whether the population needs *both* a hospital and an ASC offering outpatient surgery at the same address. It is also logical to ask whether the ASC will impact the hospital's outpatient surgical volumes. The answers to these questions are especially important when one considers that prices at an outpatient surgery center tend to be lower than prices for outpatient surgery at hospitals. In fact, lower ASC pricing was one of the reasons why the Agency found projected utilization in the AHWFBASC-Greensboro application to be reasonable and adequately supported. See Exhibit A, p. 11, The applicant assumes both the ASC and the hospital are needed, and seems to also assume, by the absence of any discussion, that the ASC will not impact the outpatient surgical volumes at the hospital. All assumptions in a CON application must be reasonable and supported. In other words, it is not enough for the applicant to declare "we need both the ASC and the hospital" or to ask the Agency to make an unwarranted assumption that both projects are needed at the same address when the applicant provides no information or analysis. The applicant must provide quantitative and qualitative data backing up its assertions. HPMC did not do this; it simply does not talk about the ASC, except in passing on pages 66-67 of the GMC Application. This is a serious problem that causes the application to be nonconforming with Criterion (3) because the projected outpatient surgical volumes have no reasonable and supported basis.

The GMC Application also provides inconsistent patient origin with respect to outpatient surgery. On page 37, the applicant states that its surgical patients will come from Guilford, Forsyth, Rockingham and

¹⁰ <https://www.conehealth.com/medcenter-greensboro-at-drawbridge-parkway/services/> (visited Ma. 27, 2023).

Stokes County. A relatively small percentage (5%) are projected to come from “other North Carolina counties” which are unspecified. But in the ASC application, the patients are proposed to come from Guilford, Randolph, Davidson, Forsyth, Rockingham, other NC Counties and other states. See Exhibit A, p. 5. The applicant does not explain why the outpatient surgical patient origin is different when both the ASC and the hospital are located at the same address. The Agency cannot disregard the applicant’s prior representations about outpatient surgical patient origin and volumes, which the Agency found reasonable and supported in the recent past. See Exhibit A.

The applicant’s service area is a collection of 24 zip codes in Guilford, Forsyth, Stokes and Rockingham Counties. See GMC Application, pp. 51-52. As shown on the chart below, a sizable percentage of the service area zip codes (38%) have sizable health care facilities located in them. Some of these zip codes, like 27410, the zip code that includes both AHWFASC-Greensboro and the proposed GMC, have multiple health care facilities located in them:

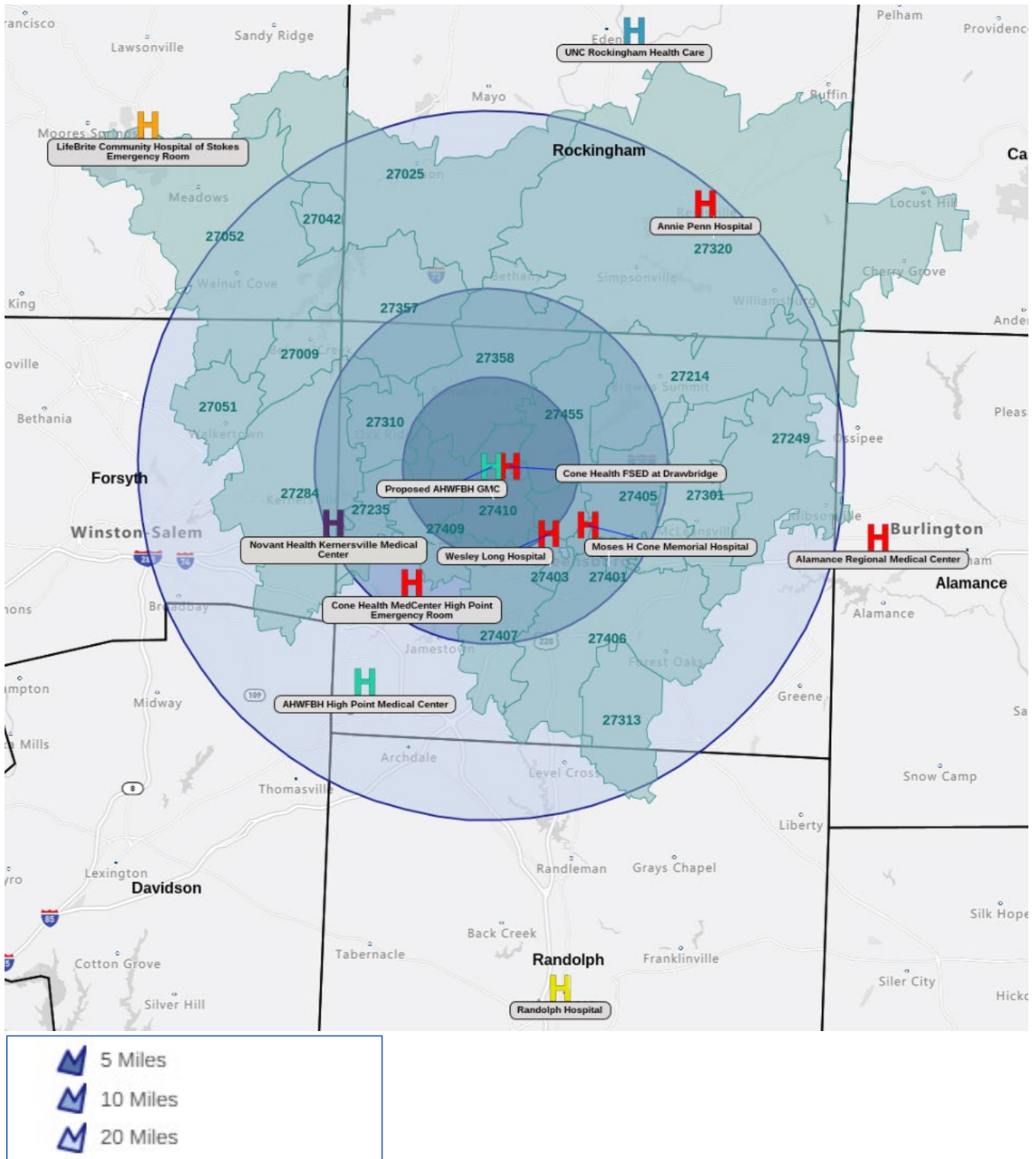
Zip Code	Facility	Services offered
27284	NH Kernersville Medical Center	Full-service hospital
27320	Annie Penn Hospital	Full-service hospital
27401	Moses H. Cone Memorial Hospital	Full-service hospital
27401	Wendover Medical Center	CT, x-ray, ultrasound, fluoroscopy
27403	Wesley Long Hospital	Full-service hospital
27403	North Elam ASC	Multi-specialty ASC
27405	The Breast Center of Greensboro Imaging	Mammography, DEXA, x-ray and ultrasound
27405	NH Imaging Triad	Fixed MRI, CT, ultrasound & x-ray
27408	Greensboro Imaging	Breast MRI, general MRI, CT
27408	EmergeOrtho	Fixed MRI and other diagnostic imaging
27408	Surgical Center of Greensboro	Multi-Specialty ASC

Zip Code	Facility	Services offered
27409	Piedmont Surgical Center	CON issued to convert single specialty ASC to multispecialty ASC
27409	Valleygate Dental Surgery Center	Dental surgery
27410	MedCenter Drawbridge	FSED and other services
27410	AHWFBASC-Greensboro	Multi-specialty ASC
27410	Eye Surgery Center	Eye surgery
27410	Southeastern Orthopedic Specialists	Fixed MRI, x-ray, fluoroscopy
27455	Greensboro Specialty Surgical Center	Multi-specialty ASC

The chart above does not include the various locations in these zip codes that are served by mobile MRI scanners according to page 342 of the 2023 SMFP. The applicant stated there was no way to get information about diagnostic imaging centers in non-hospital facilities in its service area, *see* GMC Application, p. 88, but a simple Google search using the locations on page 342 of the 2023 SMFP provided a robust list. The chart above also does not include hospitals that are slightly outside the applicant's service area zip codes like HPMC, Lexington Medical Center, LifeBrite, Alamance Regional Medical Center, UNC Rockingham and Randolph Hospital.

The applicant's service area maps on pages 138-139 of the GMC Application do not show any of the facilities in the chart above. They do not even show the affiliated AHWBASC-Greensboro on the same site as the hospital. The omission of other facilities from the maps and the absence of substantive discussion of how these facilities may impact the applicant's utilization projections further contribute to the applicant's failure to satisfy Criterion (3). *See* the map below and in Exhibit F.

Hospitals & FSEDs Proximate to Proposed GMC Service Area



The GMC Application asserts that almost one-third of the acute care patients will come from Forsyth County and includes Kernersville zip codes 27284 and 27235 in its proposed service area. See GMC Application, pp. 37-38; 51-52. Novant Health Kernersville Medical Center is located in Forsyth County in zip code 27284 at the Guilford County line and the hospital itself is less than a 20-minute drive to the proposed GMC location.¹¹ It is unreasonable to assume patients in zip code 27284 will bypass Novant Health Kernersville Medical Center for care at GMC. The same is true for many other facilities in the chart and map above, and in Exhibit F. For example, why would patients bypass Moses Cone and Wesley Long to get to GMC? The applicant may respond that patients may choose to do so because they want to use AHWFB facilities and physicians. But without any substantive discussion of these other facilities and why patients would choose to bypass them, that is an unwarranted assumption the Agency cannot make. The burden is always on the applicant, not the Agency, to establish that it meets the requirements of each applicable CON criterion.

Oddly, one zip code the applicant omitted from its service area is 27265, which is the location of another Cone FSED in north High Point at 2630 Willard Dairy Road. MedCenter High Point offers a range of other services besides emergency services.¹² This location is just south of I-40 and less than 12 miles from GMC.¹³

Without reasonable and supported information, it is unreasonable to assume that patients will bypass existing hospitals, ASCs, imaging centers, and FSEDs to receive care at GMC.

Relatedly, it is also an unreasonable assumption that most patients being treated by physicians who practice at HPMC, for services the new hospital will offer, will in the future use the proposed facility away from the main hospital. There is no documentation provided to demonstrate that GMC's physician recruitment plan will increase the number of HPMC physicians who will provide care at GMC. Without reasonable and supported information, the Agency should not assume that physicians who practice at HPMC will spend all or part of their time at GMC.

As will be discussed further with respect to Criteria (3a) and (13)c., the applicant also fails to demonstrate how low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and

¹¹

<https://www.google.com/maps/dir/1750+Kernersville+Medical+Pkwy,+Kernersville,+NC+27284/2909+Horse+Pen+Creek+Rd,+Greensboro,+NC+27410/@36.1136361,-80.0345002,12z/data=!3m1!4b1!4m14!4m13!1m5!1m1!1s0x885306dca25bc605:0xb6f8bb5c6c5476fe!2m2!1d-80.0435259!2d36.0914822!1m5!1m1!1s0x88531d02949a2e03:0x57ef529315beee69!2m2!1d-79.883967!2d36.1388729!3e0> (visited Mar. 28, 2023).

¹²<https://www.conehealth.com/medcenter-high-point/services/> (visited Mar. 28, 2023).

¹³See <https://www.google.com/maps/dir/2909+Horse+Pen+Creek+Road,+Greensboro,+NC/Emergency+Department+-+Cone+Health+MedCenter+High+Point+2630+Willard+Dairy+Rd+Suite+C+High+Point,+NC+27265/@36.0553356,-80.047913,12z/data=!3m1!5s0x885305a76a47296b:0x7686771279add714!4m13!4m12!1m5!1m1!1s0x88531d02949a2e03:0x57ef529315beee69!2m2!1d-79.883967!2d36.1388729!1m5!1m1!1s0x88530535f348992f:0xcd91760e604ae08!2m2!1d-79.9649693!2d36.0438115> (visited Mar. 28, 2023).

other underserved groups are likely to have access to the services proposed. *See* N.C. Gen. Stat. § 131E-183(a)(3). GMC is proposed to be located in a car-dependent area that lacks public transportation. *See also* Exhibits C and D.

For these and other reasons the Agency may discern, the GMC Application is nonconforming with Criterion (3) and should be disapproved.

The GMC Application is Non-Conforming with Criterion (3a).

GMC proposes a relocation of beds and ORs from HPMC. Accordingly, Criterion (3a) applies to this application. *See* GMC Application, pp. 71-75. The applicant is required to demonstrate that the needs of the population presently served by HPMC will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, persons with disabilities, and other underserved groups and the elderly to obtain needed care. The GMC Application claims that “the proposed project will not reduce or eliminate any patient’s ability to obtain acute care or surgical services at the HPMC main campus. . . .” GMC Application, p. 72. As noted above, HPMC is located in a city that has high levels of poverty, so it is critical that the Agency rigorously examine whether this application meets the requirements of Criterion (3a).

The applicant relies on SMFP data which shows a surplus of both acute care beds and ORs in 2025 and reasons that because the SMFP data shows a surplus, patients served by HPMC will continue to have access to services after GMC opens. *See* GMC Application, p. 72. GMC’s logic is faulty for three reasons. First, merely pointing to SMFP data, without more, does not meet the requirements of Criterion (3a) which expressly requires the applicant to demonstrate that patients who use the facility that is losing assets will not be harmed by the reduction. If merely pointing to SMFP data were enough, then there would be no reason to have the applicant demonstrate anything under Criterion (3a). Criterion (3a) obviously applies to this application and cannot be rendered meaningless. Second, GMC is not scheduled to open until July 1, 2026. *See* GMC Application, p. 130. The SMFP data of surpluses and deficits is for 2025, *see* 2023 SMFP, p. 39, Column K and 2023 SFMP, p. 70, Column K, and therefore does not cover any point in time which the assets have been moved from HPMC to GMC. Third, the applicant does not consider the effect of the prior approval of AHWF-BASC-Greensboro. As a result of the two projects, a total of five ORs are proposed to be moved from High Point to Greensboro.

GMC’s Form D assumptions do not support its Criterion (3a) argument. *See* GMC Application, pp. 167-171. First, with respect to acute care bed utilization, the applicant has arbitrarily chosen a CAGR that has no relationship to either its 4-year CAGR or its 2-year CAGR. *See* GMC Application, p. 167. The applicant does not explain how it arrived at .74% CAGR other than to say it “smooths out” the variability of the historical 2-year and 4-year CAGR. GMC Application, p. 167. All CAGRs “smooth out” variations to some degree, but that does not make them inherently reasonable. The applicant seemingly could

have chosen *any* CAGR that was higher than .03% and lower than 1.92%. Further, most of the time period used to calculate the CAGR is for COVID and post-COVID (2020-2022) and therefore does not truly reflect HPMC's utilization patterns. Using an artificially created and depressed CAGR may meet the applicant's objective, but it does not satisfy the requirements of Criterion (3a). All assumptions, including those used to support the applicant's Criterion (3a) demonstration, must be reasonable and supported, and these assumptions are neither reasonable nor supported.

With respect to HPMC's OR utilization, the applicant projects no change in HPMC's IP surgical cases from FY 2022-FY2027. This is not reasonable. The number of cases may increase or decrease, but they are never the same from one year to the next. As is true with the acute care bed utilization, the applicant appears to have reverse engineered its analysis to produce the desired conclusion, *i.e.*, that two ORs could be moved to GMC without adversely impacting HPMC's patient population.

The outpatient cases at HPMC are projected to grow modestly at .74%. This figure bears no relationship whatsoever to the 4-year CAGR or the 1-year pre-COVID CAGR (12.04% and 16.30%, respectively). The applicant points out that .74% matches the Guilford County population growth, *see* GMC Application, p. 169, but acknowledges in the same sentence that actual growth of outpatient cases has been substantially higher. The applicant does not explain why, after years of strong and steady growth, outpatient volumes at HPMC would suddenly stagnate. Using these entirely artificial assumptions for OR utilization, the applicant arrives at an absurdly low overall CAGR of .46%. Again, this is a results-oriented analysis; it does not satisfy the requirements of Criterion (3a).

The other problem is that the GMC Application tells an incomplete story about the impact that relocating ORs from High Point to Greensboro will have on the patients now served by these ORs. As discussed elsewhere, in October 2022, the applicant's affiliate, Premier Surgery Center, LLC, was approved to relocate three ORs to 2909 Horse Pen Creek Road. *See* Exhibit A. Two ORs would come from High Point Surgery Center and one OR from Premier Surgery Center. High Point Surgery Center is on the campus of HPMC.¹⁴ Premier Surgery Center, located at 4515 Premier Drive in High Point, is advertised as "part of High Point Medical Center."¹⁵ Therefore, upon completion of both projects, a total of five ORs will be moved from High Point to Greensboro. Other than a passing reference on pages 66 and 67 of the GMC Application, the applicant does not discuss the ASC project or provide any analysis of the impact of losing five ORs in High Point.

The applicant may claim that because the ASC was approved, there is no reason to consider it now, because that decision is final. That argument misses the point. The point is not to "revisit" the ASC decision or to attempt to undo it. The point is exactly the opposite: the Agency cannot ignore the approval of the ASC. In order to conduct a proper Criterion (3a) analysis, the Agency must consider *all*

¹⁴ https://www.wakehealth.edu/locations/clinics/h/high-point-surgery-center?utm_source=GMB&utm_medium=Organic&utm_campaign=AHWFB (visited Mar. 27, 2023).

¹⁵ *See* <https://www.wakehealth.edu/locations/clinics/p/premier-surgery-center>. (visited Mar. 27, 2023).

relevant facts, and the approval of Project I.D. G-12231-22 just a few months ago is clearly a relevant fact.

Merely repeating that HPMC will continue to offer services after GMC is open is insufficient to meet the requirements of Criterion (3a). See GMC Application, p. 73. The fact that GMC may theoretically be available to “all Guilford County residents” hardly matters to medically underserved patients who depend on HPMC for care. See GMC Application, p. 73. The focus of Criterion (3a) is on the needs of patients who use HPMC; any perceived benefits that GMC may offer are irrelevant to Criterion (3a). The medically underserved residents who use HPMC may face transportation and other barriers to access so moving beds and ORs to a location about 30 minutes north of HPMC¹⁶ does not help these patients at all; rather, it hurts them. Greensboro’s bus system does not go anywhere near 2909 Horse Pen Creek Road. See Exhibits C and D.

As Attorney General Stein made clear on December 1, 2022, the Advocate transaction raises concerns about impact on rural and urban underserved communities. See Exhibit B. While the Attorney General’s Office was likely aware of the approval of Project I.D. No. G-12231-22, there is no indication that it knew anything about the GMC project at the time it announced on December 1, 2022 that it would not challenge the Advocate transaction. Thus, the Attorney General’s Office had no opportunity before the closing of the Advocate transaction to consider the impact of High Point losing five ORs.

The Agency must examine the applicant’s Criterion (3a) demonstration closely in light of all relevant facts, and when it does, it will find that the applicant has not met its burden.

Accordingly, for these reasons and any other reasons the Agency may discern, the GMC Application is nonconforming with Criterion (3a) and should be disapproved.

The GMC Application is Nonconforming with Criterion (4).

Criterion (4) requires that where there are alternatives available, the applicant is required to select the least costly or most effective alternative. N.C. Gen. Stat. § 131E-184(a)(4).

The same facts that cause the GMC Application to be nonconforming with Criterion (3) also cause it to be nonconforming with Criterion (4). Moreover, the least costly or most effective alternative would be for Advocate to develop Project I.D. No. G-12231-22, the ASC at 2909 Horse Pen Creek Road. The

¹⁶ See <https://www.google.com/maps/dir/601+North+Elm+Street,+High+Point,+NC/2909+Horse+Pen+Creek+Road,+Greensboro,+NC/@36.0509439,-80.0234812,12z/data=!3m1!4b1!4m14!4m13!1m5!1m1!1s0x8853093233a8b70b:0xf633b31e39eb0c69!2m2!1d-80.013492!2d35.963001!1m5!1m1!1s0x88531d02949a2e03:0x57ef529315beee69!2m2!1d-79.883967!2d36.1388729!3e0> (visited Mar. 25, 2023)

applicant does not discuss this alternative. Proceeding incrementally, *i.e.*, an ASC first followed by a hospital, if and when a need for a hospital at that location is shown, is the best use of scarce resources.

Accordingly, for these reasons and any other reasons the Agency may discern, the GMC Application is nonconforming with Criterion (4) and should be disapproved.

The GMC Application is Nonconforming with Criterion (5).

The same facts that cause the GMC Application to be nonconforming with Criteria (3) and (4) also cause it to be nonconforming with Criterion (5). In addition, the applicant has materially understated its capital cost by omitting at least a portion of the cost of the land on which the hospital is proposed to be located. See discussion under Criterion (12) for more information.

Accordingly, for these reasons and any other reasons the Agency may discern, the GMC Application is nonconforming with Criterion (5) and should be disapproved.

The GMC Application is Nonconforming with Criterion (6).

The applicant's response to Criterion (6) on pages 88-89 of its application is incomplete. Criterion (6) addresses the unnecessary duplication of existing and approved health service capabilities or facilities, and Question 1.a. under Criterion (6) requires the applicant to identify all existing and approved health service facilities located in the proposed service area that provide the same service components proposed in this application. See GMC Application, p. 88. Outpatient surgery is undeniably a service component of the GMC project. See GMC Application, p. 31. The applicant, however, discusses only hospitals in Guilford County; it ignores outpatient surgery centers completely. The 2023 SMFP, p. 70, identifies the following ASCs in Guilford County:

- High Point Surgery Center
- Premier Surgery Center
- Piedmont Surgical Center
- North Elam Ambulatory Surgery Center
- Greensboro Specialty Surgical Center
- Surgical Center of Greensboro
- Valleygate Dental Surgery Center of the Triad
- Surgical Eye Center

The applicant does not mention these facilities in Criterion (6), even though it or its affiliates own two of these ASCs (High Point Surgery Center and Premier Surgery Center). The omission of AHWFBASC-Greensboro from the discussion is particularly concerning, as that project proposes three ORs at the same address as the proposed hospital. The Agency is left to wonder why the same exact address in

Greensboro needs both an ASC with three ORs *and* a hospital with two ORs. This information is especially relevant given that GMC's surgical volume is heavily weighted toward outpatient surgery. See GMC Application, p. 162.

The applicant also fails to mention the FSEDs in the area. In 2022, Moses Cone opened its MedCenter Greensboro facility at 3518 Drawbridge Parkway, with a freestanding ED and many other services. MedCenter Greensboro is a mere 2.1 miles and four minutes from GMC's proposed site. The applicant does not discuss MedCenter Greensboro at all. Similarly, the applicant excludes another nearby FSED, MedCenter High Point, from its service area entirely.

The applicant also fails to consider hospitals in adjacent counties such as Forsyth, Stokes and Rockingham. These counties are proposed to provide a material percentage (approximately 48%) of GMC's patients. See GMC Application, 37-38. GMC is moving closer to the smaller, rural hospitals (Annie Penn, UNC Rockingham and LifeBrite) which are already struggling with excess capacity. See, e.g., 2023 SMFP, p. 42 and 2023 SMFP, p. 75. Given the Attorney General's expressly stated concern about rural hospitals, the Agency must carefully consider how this project could impact rural providers.

Additionally, the applicant fails to discuss outpatient imaging centers in the service area. The applicant claims that there is no public data that lists all the non-hospital facilities that provide CT services. See GMC Application, p. 88. It is not difficult to use the list of facilities with MRI scanners in the SMFP (which includes non-hospital locations) and inquire, via Google or another means, whether the non-hospital facilities have CT scanners. And even if the applicant could not get complete data on CT scanners, it certainly could get the list of facilities that have MRI scanners by simply looking in the SMFP. Lack of effort should not be confused with lack of data.

The proposed GMC is an unnecessary duplication of services already provided by HPMC and, as shown in the chart and map above, as well as Exhibit F, by a variety of existing and approved hospitals, ASCs (including AHWFBASC-Greensboro), imaging centers, and FSEDs in close proximity to the proposed GMC.

Accordingly, for these reasons and any other reasons the Agency may discern, the GMC Application is nonconforming with Criterion (6) and should be disapproved.

The GMC Application is Nonconforming with Criterion (12).

As discussed above, 2909 Horse Pen Creek Road is the site of two projects: the ASC approved in Project ID No. G-12231-22 and the hospital proposed in the GMC Application. The ASC will apparently be located in one of the two MOBs for which WFBH received an exemption. See Exhibit A, p. 18; Exhibit G and Exhibit H (MOB exemption letters dated January 9, 2023 and June 24, 2022).

The capital costs for the project are materially understated. Form F.1.a. states \$0 for both the purchase price of the land and the closing costs, which is incorrect. See GMC Application, p. 172. Pursuant to Exhibit K.4., the land at 2909 Horse Pen Creek Road was owned by Kotis Properties, a third party real estate developer that is not related to any of the entities involved in this application. Accordingly, the land had to be acquired from Kotis. Advocate's affiliate, HPCA, LLC, in fact purchased the land on February 24, 2023 for \$12.5 million, shortly after the GMC Application was filed on February 15. See Exhibit I; see also Exhibit J. Even if the applicant asserts the land cost was included in the ASC application,¹⁷ a substantial portion of the purchase price and the closing costs should have been allocated to the GMC project, as the hospital at 158,736 square feet is much larger than the ASC at 24,000 square feet.¹⁸ Notably, the applicant assigned a pro rata portion of the site preparation costs to the hospital, see architect's letter in Exhibit F.1.1., so logically, it should also have assigned a pro rata portion of the land costs to the hospital project. The ASC and the hospital are different projects, with different applications, different applicants, and different capital costs. Therefore, a number greater than zero should have been included on Form F.1.a. for the GMC Application. The Agency should find the GMC Application nonconforming with Criterion (12) because the Agency cannot determine that "the cost, design, and means of construction proposed represent the most reasonable alternative" when the applicant has failed to include all capital costs. See N.C. Gen. Stat. § 131E-183(a)(12).

The property is currently zoned for Commercial High and Commercial Business Park and will need to have a special using zoning permit approved by the City of Greensboro to build the hospital. See GMC Application, p. 106. The applicant states that a traffic impact study will be required. See GMC Application, p. 106. The applicant does not state whether this cost has been included in its capital costs. See GMC Application, p. 172. This is another omission which causes the application to be nonconforming with Criterion (12). The applicant states that it will appear before the City of Greensboro Planning and Zoning Commission on April 17, 2023. See GMC Application, p. 106. This is incorrect; the Greensboro Planning and Zoning Commission does not meet on April 17, which is the date of the City Council meeting. See Exhibit K. Further, Luke Carter of the Greensboro Planning and Zoning Commission confirmed on March 27, 2023 that the last time the property at 2909 Horse Pen Creek Road had been rezoned was in 2013. See Exhibit L. No rezoning applications have been submitted recently for this site. No traffic study has been commissioned. Accordingly, the applicant's self-described "confidence" about rezoning appears premature at best since the City of Greensboro has not received a rezoning request. See GMC Application, p. 106

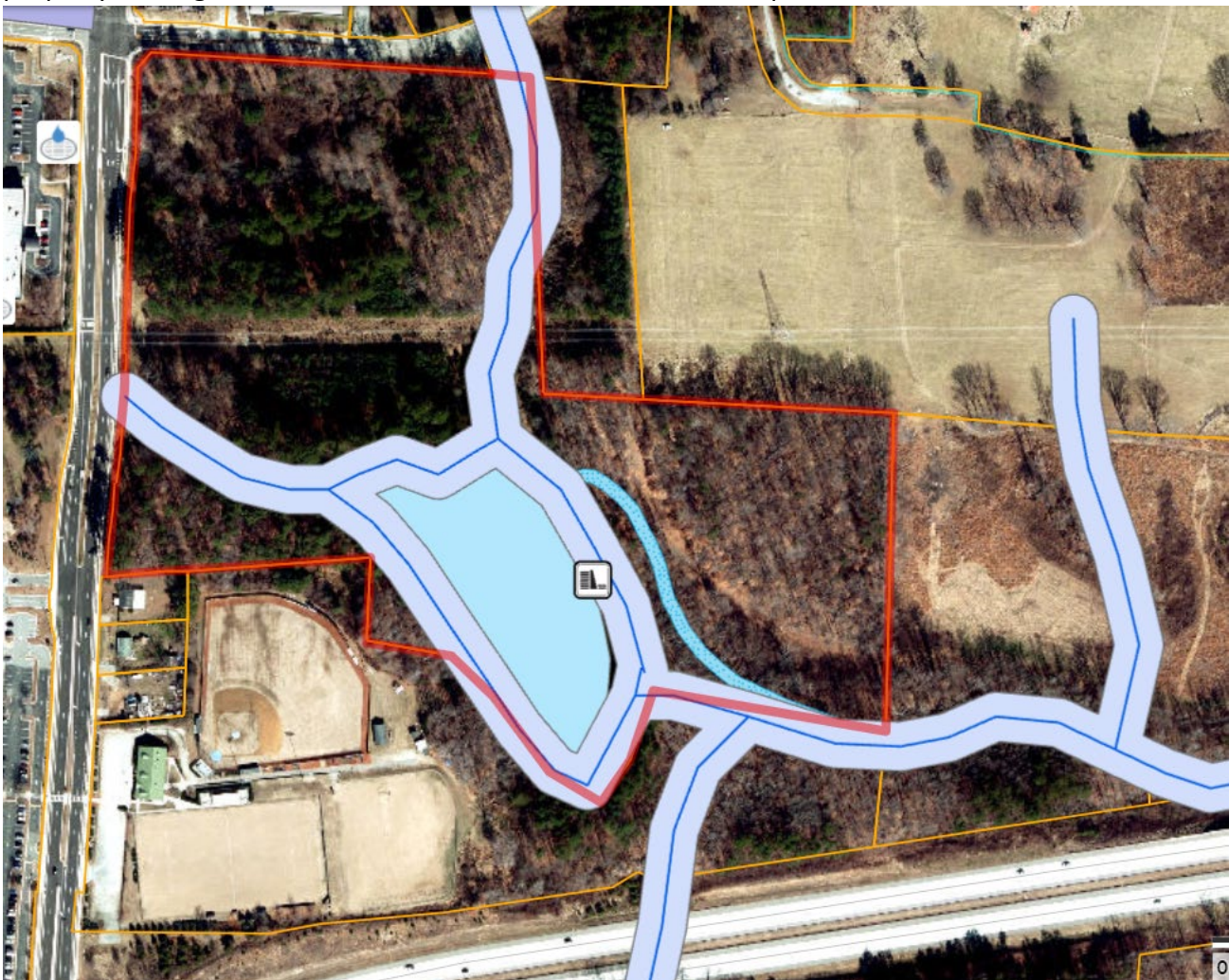
The proposed location at 2909 Horse Pen Creek Road is problematic for other reasons. It is in a populated neighborhood and borders ball fields and a large pond and creek which may impact wetlands. This location would certainly increase traffic and automobile congestion in conjunction with more noise

¹⁷Page 20 of the Findings in Project I.D. No. G-12231-22 indicates that \$12,054,144 was for "miscellaneous costs." See Exhibit A, p. 20. It is unclear whether this is intended to address the cost of the land. But even if it was intended to include the cost of the land, it does not excuse the applicant's failure to allocate part of the cost of the land to the hospital project.

¹⁸ Compare GMC Application, p. 102 with page 29 of the Findings in Project I.D. No. G-12231-23, attached as Exhibit A.

and other potential pollution. 2909 Horse Pen Creek Road is also across the street from a large private school, Caldwell Academy, located at 2900 Horse Pen Creek Road. Caldwell Academy has over 500 students ranging from transitional kindergarten students through high school age students¹⁹. Having a large school and a hospital with related ambulance and other emergency traffic in close proximity is undoubtedly going to impact traffic, but the applicant never discusses this. There are no roads connecting the GMC location to existing major roads and highways. Horse Pen Creek Road and Jessup Grove Road are secondary roads. As discussed above, the location is not served by any public transportation.

Below is a graphic from the Greensboro GIS viewer system indicating the waterways and buffers on the property making access and construction difficult and more expensive:



¹⁹ <https://www.caldwellacademy.org/#about-us> (visited Mar. 28, 2023).

The application does not explain whether its capital costs contain zoning expenses, environmental studies, and traffic studies. See GMC Application, p. 172. The “other” amount of \$1,111,152 includes not only contingency but also other expenses such as IT, security, and Contract Project Management. This amount is not sufficient to cover all of these expenses, plus a rezoning request, traffic study and environmental studies.

Accordingly, for these reasons and any other reasons the Agency may discern, the GMC Application should be found nonconforming with Criterion (12).

The Application is Nonconforming with Criterion (13)c.

In its Criterion (13) discussion, the applicant makes a convenient but unreasonable assumption: its payor mix at GMC will be the same as HPMC’s payor mix. See GMC Application, pp. 109-111 and 114-115. GMC is located nearly 30 minutes and approximately 17-18 miles from HPMC. See Exhibit M. The patient origin of the two hospitals is also different. See GMC Application, pp. 34-36 and 37-39. HPMC is also a tertiary level hospital that offers a full range of services that GMC will not, such as birthing services, cancer care, including radiation therapy, cardiac catheterization and open heart surgery. As the applicant acknowledges, HPMC’s patient acuity is therefore higher than GMC’s. See GMC Application, p. 140. Hospitals in different Guilford County locations with different services, different case mix indices, and different patient populations do not have the same payor mix, and for the applicant to assert otherwise is plainly unreasonable.²⁰ Indeed, the fact that Advocate does not have a hospital in Greensboro is one of the stated reasons why the applicant filed its application. See, e.g., GMC Application, p. 120. In other words, Advocate wants to reach into a different community. If HPMC and GMC were identical “twins” as GMC’s false payor mix analysis would suggest, then the applicant has effectively undermined one of its main arguments in support of this project. GMC’s wholesale adoption of HPMC’s payor mix also undercuts any argument that this project will expand access for medically underserved patients, as the access for Medicare/Medicaid, self-pay and charity care patients would be no greater at GMC than it is at HPMC. This underscores one of the fundamental problems with the GMC Application: it takes healthcare assets out of High Point, which has high levels of poverty, and moves them to Greensboro, a city with an even higher poverty level.

While the applicant acknowledges that “there may be payor mix shifts in future years,” see GMC Application, p. 187, the applicant evidently wanted to portray its payor mix in the light it believed would be most favorable to itself, and therefore simply applied HPMC’s payor mix to GMC. This is unreasonable and the Agency should find the applicant nonconforming with Criterion (13)c.

The other major problem with the applicant’s payor mix is the location of GMC. GMC will be located outside of the Greensboro central business district in an area that is almost entirely dependent on cars.

²⁰ The fact that GMC will be licensed as part of HPMC has nothing to do with GMC’s payor mix. The two hospitals will be in different locations, serving different patients and offering different services.

As noted earlier, there is no public transportation nearby. The closest bus stop on GTA's Route #8 (Battleground Avenue) is at Battleground/Horse Pen Creek Road, about 1.5 miles away, and 30 minutes on foot. The fact that GMC will be near the Greensboro Urban Loop is irrelevant for people who do not have private transportation and who lack reasonable access to convenient public transportation.²¹

There is a strong relationship between public transportation and health equity. According to the Robert Wood Johnson Foundation:

Access to public transportation may reduce health disparities and promote health equity by increasing access to healthier food options, medical care, vital services, and employment for communities that do not have equal access to these fundamental daily necessities.

See Exhibit N, Public Transportation in the U.S. (Robert Wood Johnson Foundation, July 1, 2021) and attached Health Affairs Brief, Public Transportation in the US: A Driver of Health and Equity (July 2021). The Health Affairs Brief further observes:

. . . [I]n general, some groups rely on public transportation for commuting than others, including women, young adults (those ages 25-29), Black workers and low-income workers. Lack of access to public transportation can disproportionately harm older people and people with disabilities. It can also contribute to existing racial and economic disparities by decreasing mobility and forcing individuals to depend on costly car ownership.

A large and growing body of research indicates that access to public transportation can have important effects on both health and health equity. . . .

Public transportation may also affect health more indirectly by providing access to health- promoting services and supports, including health care itself; research has shown that lack of transportation in general can result in missed or delayed health care appointments, poor health outcomes, and increased health expenditures. Inadequate public transportation can also increase social isolation, particularly for older populations and people with disabilities or others who do not drive. This can increase the risk for early mortality, depression, and dementia.

Health Affairs Brief, July 2021, attached to Exhibit N.

²¹ There is nothing in the application to indicate that GTA plans to create a bus stop [closer](#) to 2909 Horse Pen Creek Road.

The people referenced in the Health Affairs Brief are the people Criterion (13)c is intended to protect. Given its location, GMC will not promote access by medically underserved populations, and accordingly, the application should be found nonconforming with Criterion (13)c.

Given its proposed location, the new GMC will be providing services to less Medicaid, Self Pay, and Other patients from Guilford County based on payor mix data derived from HIDI Inpatient databases.

Payor Mix Comparison

Payor	HPMC GMC Service Area Inpatients	HPMC Inpatients
Commercial	18.2%	16.5%
HMO Medicare	33.9%	29.0%
Medicaid	14.6%	18.8%
Medicare	19.2%	17.9%
Other	6.3%	8.1%
Self Pay	7.5%	9.8%
Total	100.0%	100.0%

Source: HIDI IP Data, October 2020 – September 2021

The table above shows there will be fewer underserved patients in the highlighted categories at GMC than HPMC. GMC will also serve more better paying commercial insurance patients than HPMC serves. This data seriously undercuts the applicant’s claim that the GMC project will serve medically underserved patients as required by Criterion (13)c.

Accordingly, for these reasons and any other reasons the Agency may discern, the GMC Application should be found nonconforming with Criterion (13)c.

The GMC Application is Nonconforming with Criterion (18a).

The same facts that inform the analysis with respect to Criteria (3), (4), (5), (6), and (12) also inform the analysis with respect to Criterion (18a). The GMC project is not needed and it unnecessarily duplicates existing and approved services, including the ASC proposed to be located on the same site. By omitting any cost for the land, the applicant has materially understated the capital costs of the project. Thus, the GMC project does not enhance competition and should be found nonconforming with Criterion (18a).

The applicant emphasizes there is no AHWFB hospital in Greensboro. *See, e.g.,* GMC Application, pp. 40, 120. That is true but irrelevant. Nothing in the CON Law entitles an applicant to have a hospital in each location it wishes. The applicant and its affiliates can and do serve residents of Greensboro and surrounding communities now from HPMC, and they will serve residents from Greensboro and

surrounding communities at the ASC approved for 2909 Horse Pen Creek Road. See Exhibit A, pp. 5-6 (patient origin tables for ASC); see also GMC Application, pp. 34-36. It would be incorrect to suggest, as GMC does, that Greensboro does not have hospital competition because the two hospitals in Greensboro are owned by Cone Health. See GMC Application, p. 120. Patients in Greensboro and the Triad area as a whole have abundant options when it comes to healthcare. No one is limited to using hospital facilities in the town or city in which they live. Thus, in addition to the two Cone Health hospitals, a Greensboro resident may choose Novant Health Kernersville Medical Center, HPMC, High Point Surgery Center, Premier Surgery Center, LLC, AHWFB in Winston-Salem, Atrium Health Lexington Medical Center in Davidson County and other facilities. When it opens, Greensboro residents will also be able to choose AHWFBASC- Greensboro. Patients who choose Atrium Health/Advocate facilities and services now for their care will continue to have that choice following the disapproval of the GMC Application.

Conclusion

For the reasons stated in these comments in addition to any other reasons the Agency may discern during the course of this review, the GMC Application fails to meet multiple CON criteria and should be disapproved.

REQUIRED STATE AGENCY FINDINGS**FINDINGS**

C = Conforming

CA = Conforming as Conditioned

NC = Nonconforming

NA = Not Applicable

Decision Date: October 21, 2022

Findings Date: October 21, 2022

Project Analyst: Gregory F. Yakaboski

Co-Signer: Gloria C. Hale

Project ID #: G-12231-22

Facility: Atrium Health Wake Forest Baptist Ambulatory Surgical Center- Greensboro

FID #: 220443

County: Guilford

Applicant: Premier Surgery Center, LLC

Project: Develop a new multispecialty ASF by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms

REVIEW CRITERIA

G.S. 131E-183(a): The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.

- (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.

C

Premier Surgery Center, LLC (hereinafter referred to as “PSC LLC” or “the applicant”) proposes to develop a new multispecialty ambulatory surgery facility (ASF) by relocating no more than 2 operating rooms (ORs) from High Point Surgery Center (HPSC) and no more than one OR from Premier Surgery Center (Premier or PSC) for a total of no more than 3 ORs and three procedure rooms. The proposed new multispecialty ASF will be known as Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro (AHWFBASC-Greensboro or Greensboro ASF). Greensboro ASF will be located at 2909 Horse Pen Creek Road in Greensboro and offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

In Section C.1, page 29, the applicant states that Greensboro ASF will provide outpatient surgical services in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology; as such, the ASF will be a multispecialty ambulatory surgical program as defined at §131E-176.15a, “a formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.”

The applicant states that in October 2020, Atrium Health and Wake Forest Baptist “announced their merger as a single enterprise, Atrium Health.” (See page 22 of the application.) In this application Atrium Health is also referred to as Atrium Health Wake Forest Baptist (AHWFB). In Guilford County AHWFB ultimately controls three facilities with OR’s: High Point Regional Medical Center (HPMC), HPSC and Premier Surgery Center. (See application page 23.) Per the 2022 State Medical Facilities Plan (SMFP) these three facilities have a total of 19 ORs [3 inpatient (IP) ORs; 8 outpatient (OP) ORs and 8 shared ORs] as shown in the table below.

Facility	IP ORs	OP ORs	Shared ORs	Total ORs
High Point Surgery Center	0	6	0	6
Premier Surgery Center	0	2	0	2
High Point Regional Health	3	0	8	11
Total Atrium Health Guilford County ORs	3	8	8	19

Source: Table 6A, page 60, 2022 SMFP

The following table shows the number of ORs per Atrium Health facility upon project completion. The project analyst notes that there will be no increase or decrease in the number of overall Atrium Health controlled ORs in Guilford County upon project completion.

Facility	IP ORs	OP ORs	Shared ORs	Total ORs	Total Change
Greensboro ASF	0	3	0	3	+3
High Point Surgery Center	0	4	0	4	-2
Premier Surgery Center	0	1	0	1	-1
High Point Regional Health	3	0	8	11	0
Total Atrium Health Guilford County ORs	3	8	8	19	19

Need Determination

The proposed project does not involve the addition of any new health service facility beds, services, or equipment for which there is a need determination in the 2022 State Medical Facilities Plan (SMFP). Therefore, no need determinations are applicable to this review.

Policies

There is one policy in the 2022 SMFP applicable to the review.

Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities, on pages 30-31 of the 2022 SMFP, states:

“Any person proposing a capital expenditure greater than \$4 million to develop, replace, renovate, or add to a health service facility pursuant to G.S. 131E-178 shall include in its certificate of need application a written statement describing the project’s plan to assure improved energy efficiency and water conservation.

In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate, or add to a health service facility pursuant to G.S. 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant’s representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant’s representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety, or infection control.”

The capital expenditure of the project is over \$4 million. In Section B, pages 26-28, the applicant describes its plan to assure improved energy efficiency and water conservation.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion based on the following:

- The applicant does not propose to develop any beds, services or equipment for which there is a need determination in the 2022 SMFP.
- The applicant does not propose to add any new ORs to the inventory of ORs in Guilford County.

- The applicant adequately demonstrates that the proposal is consistent with Policy GEN-4 based on the following reason:
 - The applicant adequately demonstrates that the application includes a written statement describing the project’s plan to assure improved energy efficiency and water conservation.
- (2) Repealed effective July 1, 1987.
- (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, ... persons [with disabilities], the elderly, and other underserved groups are likely to have access to the services proposed.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

Patient Origin

On page 49, the 2022 SMFP states, “*An OR’s service area is the single or multicounty grouping shown in Figure 6.1.*” In Figure 6.1, page 55 of the 2022 SMFP, Guilford and Caswell counties are shown as a multicounty operating room service area. The proposed Greensboro ASF is in Guilford County. Thus, the service area for this application is Guilford and Caswell counties. Facilities may also serve residents of counties not included in the service area.

The following table illustrates projected patient origin.

Operating Rooms: Greensboro ASF Projected Patient Origin

County	1st Full FY 10/1/2024 – 9/30/2025		2nd Full FY 10/1/2025-9/30/2026		3rd Full FY 10/1/2026-9/30/2027	
	# of Patients	% of Total	# of Patients	% of Total	# of Patients	% of Total
Guilford	783	68.7%	1,192	67.0%	1,555	65.6%
Randolph	139	12.2%	233	13.1%	329	13.9%
Davidson	122	10.7%	206	11.5%	290	12.2%
Forsyth	26	2.2%	43	2.4%	61	2.6%
Rockingham	49	4.3%	69	3.9%	83	3.5%
Other NC Counties*	18	1.6%	30	1.7%	43	1.8%
Other States	4	0.3%	7	0.4%	9	0.4%
Total	1,140	100.0%	1,780	100.0%	2,371	100.0%

Source: Table on page 34 of the application.

*Includes all other North Carolina counties, each of which represents less than 1% of total patient origin.

Procedure Rooms: Greensboro ASF Projected Patient Origin

County	1st Full FY 10/1/2024 – 9/30/2025		2nd Full FY 10/1/2025-9/30/2026		3rd Full FY 10/1/2026-9/30/2027	
	# of Patients	% of Total	# of Patients	% of Total	# of Patients	% of Total
Guilford	591	49.9%	596	49.9%	602	49.9%
Randolph	290	24.5%	293	24.5%	296	24.5%
Davidson	128	10.8%	129	10.8%	130	10.8%
Forsyth	48	4.1%	49	4.1%	49	4.1%
Rockingham	37	3.1%	37	3.1%	37	3.1%
Other NC Counties*	65	5.5%	65	5.5%	66	5.5%
Other States	24	2.1%	25	2.1%	25	2.1%
Total	1,183	100.0%	1,194	100.0%	1,206	100.0%

Source: Table on page 34 of the application.

*Includes all other North Carolina counties, each of which represents less than 1% of total patient origin.

Entire Facility: ORs and Procedure Rooms: Greensboro ASF Projected Patient Origin

County	1st Full FY		2nd Full FY		3rd Full FY	
	10/1/2024 – 9/30/2025		10/1/2025-9/30/2026		10/1/2026-9/30/2027	
	# of Patients	% of Total	# of Patients	% of Total	# of Patients	% of Total
Guilford	1,374	59.1%	1,789	60.1%	2,158	60.3%
Randolph	429	18.5%	526	17.7%	625	17.5%
Davidson	250	10.8%	335	11.2%	421	11.8%
Forsyth	74	3.2%	92	3.1%	110	3.1%
Rockingham	86	3.7%	106	3.6%	120	3.4%
Other NC Counties*	83	3.6%	96	3.2%	109	3.0%
Other States	28	1.2%	31	1.0%	34	1.0%
Total	2,323	100.0%	2,974	100.0%	3,577	100.0%

Source: Table on page 36 of the application.

*Includes all other North Carolina counties, each of which represents less than 1% of total patient origin.

In Section C, pages 34-36, and Section Q, the applicant provides the assumptions and methodology used to project its patient origin. The applicant’s assumptions are reasonable and adequately supported.

Analysis of Need

In Section C, pages 37-54, the applicant explains why it believes the population projected to utilize the proposed services needs the proposed services, as summarized below:

- Improve Geographical Distribution of AHWFB ORs within Guilford County (see pages 37-42).
- Ambulatory Surgery Utilization in Guilford County (see pages 42-43).
- Projected Population Growth and Aging in Guilford County (see pages 43-47).
- Health Status of Guilford County Residents (see pages 47-48).
- Cost Effectiveness and Trends of Ambulatory Surgery at ASFs (see pages 48-51).
- Support from Physicians and AHWFB Strategic Growth Plans (see pages 51-52).
- Economic Development in Guilford County (see pages 52-53).
- Impact of COVID-19 (see pages 53-54).

The information is reasonable and adequately supported based on the following:

- The applicant provides information regarding population growth in Guilford County based on data from the North Carolina Office of State Budget and Management (NCOSBM).
- The applicant provides information and data to show that Guilford County residents will continue to need access to surgical services based on health status.
- The applicant provides information and data supporting Greensboro as both population and business hub with access to major traffic corridors.
- The applicant provides letters of physician support for the proposed project.

- The applicant provides information regarding how the proposed project improves geographic distribution of ORs ultimately controlled by AHWFB within Guilford County.

Projected Utilization

Greensboro ASF

In Section Q, page 196, the applicant provides projected utilization at Greensboro ASF, as illustrated in the following tables.

Greensboro ASF: Projected OR Cases

Surgical Cases	Year 1 FFY 2025	Year 2 FFY 2026	Year 3 FFY 2027
# of ORs	3	3	3
OP Cases	1,140	1,780	2,371
Total Cases	1,140	1,780	2,371

Greensboro ASF: Procedure Room Cases

Procedure Room Cases	Year 1 FFY 2025	Year 2 FFY 2026	Year 3 FFY 2027
# of Procedure Rooms	3	3	3
# of Procedures	1,183	1,194	1,206
Total # of Procedures	1,183	1,194	1,206

In Section Q, the applicant provides the assumptions and methodology used to project OR utilization, which is summarized below.

OR-Surgery Cases

Step #1: Historical and Projected Surgical Cases at AHWFB Guilford County Facilities (See pages 130-131.)

Historical Ambulatory Surgery Cases at AHWFB facilities in Guilford County

	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021	5-yr CAGR
HPSC	4,211	4,587	4,424	4,151	3,384	3,671	-2.7%
Premier	16	29	9	258	309	561	103.7%
HPMC	2,211	2,897	2,602	3,026	3,015	3,601	10.2%
Combined	6,438	7,513	7,035	7,435	6,708	7,833	4.0%

The combined 5-yr CAGR for ambulatory surgery cases in AHWFB facilities in Guilford County for FFY2016 – FFY2021 was 4.0%.

To project OP (Ambulatory) and IP surgery cases for FFY2022 – FY2027 the applicant projected OP surgery case growth at 1.33% and IP surgery case growth at 0.96% (equal to the projected Guilford County annual population growth) as shown in the table below.

Comments made by The Moses H. Cone Memorial Hospital suggest the applicant should not have used ambulatory surgery cases from HPMC in determining the growth rate it used, stating

that the historical growth rate of only the two combined ASFs was 0.02%. The project analyst notes that while no ORs are projected to be relocated from the hospital (HPMC) as part of the proposed project, the pre-COVID 3-year CAGR (FFY2016 – FFY2019) of surgery cases for the combined two ASF’s, HPSC and Premier Surgery Center, was 1.42%, which is greater than the growth rate of 1.33% utilized by the applicant to project utilization. Moreover, the applicant provides a table in Section C, page 42, that shows from FFY2016-FFY2019 Guilford County ambulatory surgery cases had a CAGR of 2.0%. Therefore, the Agency finds the applicant’s use of a CAGR of 1.33% to be reasonable and adequately supported.

Projected OP (Ambulatory) and IP Surgery Cases at AHWFB facilities in Guilford County

	FFY 2021	FFY2022	FFY2023	FFY2024	FFY2025	FFY2026	FFY2027	5-yr CAGR
OP Cases								
HPSC	3,671	3,720	3,820	3,820	3,871	3,922	3,975	1.33%
Premier	561	568	576	584	592	599	607	1.33%
HPMC	3,601	3,649	3,698	3,747	3,797	3,848	3,899	1.33%
Combined OP Cases	7,833	7,937	8,044	8,151	8,260	8,369	8,481	1.33%
IP Cases								
HPMC		2,350	2,373	2,396	2,419	2,442	2,466	0.96%
Combined OP & IP Cases		10,287	10,417	10,547	10,679	10,811	10,947	1.25%

Step #2: Projected Guilford County Ambulatory Surgery Demand (See page 131)

Historical Ambulatory Surgery Use Rate in Guilford County per 1,000 Population for FFY2014-FFY2021

	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	FFY2020	FFY2021
Cases	42,198	40,599	40,923	42,268	41,719	43,369	36,411	41,205
Population	512,560	517,510	524,983	529,098	535,150	538,536	542,255	547,379
Use Rate	82.33	78.45	77.95	79.89	77.96	80.53	67.15	75.28

Note: Totals might not foot due to rounding.

The applicant notes that the average use rate per 1,000 population between FFY2014 and FFY2019 was 79.52. This excludes data from FFY2020 and FFY2021 to account for the negative impact of COVID-19.

The average use rate per 1,000 population between FFY2014 and FFY2021 (excluding FFY2020 due to the impact of COVID-19) was 78.91.

To project OP (Ambulatory) Surgery in Guilford County from FFY2022 – FFY2027 (3rd Project Year) the applicant used a lower use rate of 77.44 per 1,000 population, as shown in the table below.

Projected OP Surgery Use Rate in Guilford Count per 1,000 Population

	FFY2022	FFY2023	FFY2024	FFY2025	FFY2026	FFY2027
Use Rate	77.44	77.44	77.44	77.44	77.44	77.44
Population	552,646	558,231	563,692	569,077	574,417	579,731
Cases	42,798	43,230	43,653	44,070	44,484	44,895

Note: Totals might not foot due to rounding.

Overview: Steps #3-#5 the project utilization at Greensboro ASF from three sources: #1) Organic Growth; #2) “Shift” of patients from HPSC; #3 “Shift” of patients from Premier Surgery Center. The project analyst notes that the applicant does not project any “shift” of patients from HPMC.

Step #3: Projected AHWFBASC-Greensboro Ambulatory Surgery Organic Utilization (See page 132)

Projected Organic Utilization at Greensboro ASF

	FFY2025	FFY2026	FFY2027
Guilford County OP Surgery Cases	44,070	44,484	44,895
WBF ASF Market Share	1.5%	2.5%	3.5%
WBF ASH OP Surgery Cases	661	1,112	1,571

The applicant projects that Greensboro ASF will grow organically based on:

- Geographic location in Greensboro with ease of access.
- Letters of support from physician and healthcare providers.
- AHWFBs reputation for high-quality service, easy access and convenience.
- Cost savings of a freestanding (non-hospital based) facility.

The applicant projected a “ramp up” in projected market share of 1.5%; 2.5% and 3.5% respectively over the first three project years as shown in the table above.

Step #4: Shift of Procedures from HPSC and Premier to AHWFBASC-Greensboro (See pages 132-134,140 and 144)

Row		FFY2025	FFY2026	FFY2027
A	HPSC Cases			
B	Projected HPSC OP Cases	3,871	3,922	3,975
C	HPSC OP Cases "Shift" to WBF ASF*	398	555	665
D	Total HPSC Cases After Shift	3,472	3,367	3,310
E	% of Cases Shifted**	10.3%	14.2%	16.7%
F	Premier Cases			
G	Projected Premier Cases	592	599	607
H	Premier OP Cases "Shift" to WBF ASF*	81	113	135
I	Total Premier Cases After Shift	511	487	472
J	% of Cases Shifted**	13.7%	18.9%	22.2%

Note: Totals may not foot due to rounding.

*Rows C and H represent the shift of cases from just fourteen ZIP codes.

**Rows E and J represent the those shifted cases as a percentage of the overall projected cases for HPSC and Premier in each of the first three project years.

The applicant projects that some ambulatory surgery patients from fourteen ZIP codes will "shift" from HPSC and Premier Surgery Center in High Point to Greensboro ASF in Greensboro. The applicant projects a ramping up of this "shift" of 40%; 55% and 65% respectively over the first three project years, as shown in the table above. Several factors support this projected "shift" including:

- Proximity to referring physicians located in Greensboro and central Guilford County.
- Full-time availability of a new ASF.
- Reduced travel burden/ease of access for patients from various parts of Guilford County, surrounding communities and, in particular, Greensboro where many people work and live.

Step #5 (Part 1): Total Projected AHWFBASC-Greensboro Ambulatory Surgical Cases (See page 135)

Surgery Cases: Projected

	FFY2025	FFY2026	FFY2027
Organic Utilization	661	1,112	1,571
Cases "Shifted" from HPSC	398	555	665
Cases "Shifted" from Premier	81	113	135
Total OP Surgery Cases	1,140	1,780	2,371

Procedure Cases

In Section Q, page 137, the applicant provides the assumptions and methodology used to project procedure room utilization, which is summarized below.

	FFY2025	FFY2026	FFY2027
Interventional Pain Management (IPM) Procedures “Shifted”	1,183	1,194	1,206
% Change	na	0.96%	0.96%

- The applicant performs thousands of interventional pain management (IPM) procedures at its High Point ASF each year.
- The applicant projects that 50.0% of its IPM will “shift” to Greensboro ASF.
- IPM Procedures in FFY 2021 totaled 2,365. Fifty percent of 2,365 is equal to 1,183 IPM procedures which equals projected utilization at Greensboro ASF in Project Year One (FFY2025).
- The applicant projected IPM procedure growth at Greensboro ASF using the annual Guilford County population growth of 0.96%.

Projected utilization is reasonable and adequately supported based on the following:

- The applicant relied, in part, on population data from the NCOSBM, for both overall population growth and to demonstrate the projected growth rate of the 65+ population cohort. The 65+ population cohort has been demonstrated to more likely need health services including ambulatory surgery services.
- The applicant relied on projected growth rates supported by historical data.
- The applicant is relocating ORs to Greensboro, the population and business center of Guilford County. In addition, Greensboro is centrally located in Guilford County and has easy access to major traffic corridors.
- Ambulatory surgery at freestanding, non-hospital based facilities is less costly to patients and other payors and the applicant provided information regarding the continuing trend to increased use of ambulatory surgery facilities.
- In projecting overall ambulatory surgery cases in Guilford County through the third project year the applicant relied on historical data and projected forward using conservative growth rates and use rates.
- In FFY2021, the most recent year in which historical data is available, AHWFBH’s market share of OP surgery cases performed in Guilford County was 19.0% [7,833 OP surgery cases from HPSC, Premier, and HPMC / 41,205 – the total number of OP surgery cases performed in Guilford County = 19.0%]. In the third project year, FFY2027, AHWFBH’s projected market share of OP surgery cases performed in Guilford County will be 22.4% [10,052 OP surgery cases from HPSC, Premier, HPMC and Greensboro ASF / 44,895- the total number of OP surgery cases performed in Guilford County = 22.4%]. This is a gain of 3.4% of the overall market share. This is reasonable based, in part, on: the merger of Atrium Health and Wake Forest Baptist Hospital in October 2020; the development of a brand new, state of the art ASF in Greensboro with proximity to patients homes and work locations and referring physicians, projected growth of ASF utilization overall, and projected population growth -specifically population growth in Guilford County of the 65+ population cohort.

Access to Medically Underserved Groups

In Section C.6, page 60, the applicant states:

“... all Guilford County residents (plus residents of other counties), including low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, Medicare and Medicaid beneficiaries, and other underserved groups, will have access to AHWFBASC-Greensboro, as clinically appropriate. PSC is committed to providing services to all persons regardless of race, ethnicity, age, religion, creed, disability, national origin or ability to pay.”

The applicant provides the estimated percentage for each medically underserved group in the third full fiscal year, as shown in the following table.

Medically Underserved Groups	Percentage of Total Patients Operating Room Services
Low income persons	13.3%
Racial and ethnic minorities	33.0%
Women	61.9%
Persons with Disabilities	7.8%
Persons 65 and older	37.4%
Medicare beneficiaries	49.5%
Medicaid recipients	6.2%

Source: Table on page 60 of the application.

The applicant adequately describes the extent to which all residents of the service area, including underserved groups, are likely to have access to the proposed services.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, ... persons [with disabilities], and other underserved groups and the elderly to obtain needed health care.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

The applicant proposes to relocate three existing licensed ORs within the Guilford/Caswell County operating room service area from HPSC and Premier Surgery Center to a new ASF. As discussed below, upon project completion, both HPSC and Premier Surgery Center will still have enough OR capacity to meet the needs of the population currently served. The project analyst notes that while the new ASF is projected to have three procedure rooms, no procedure rooms are projected to be relocated, eliminated or reduced by the proposed project.

HPSC

In Section D, pages 65-67, the applicant explains why it believes the needs of the population presently utilizing the services to be relocated will be adequately met following completion of the project. On page 65, the applicant states:

“Following reduction of two ORs, HPSC will be licensed with four operating rooms. According to the 2022 SMFP, HPSC currently has a surplus of 3.36 ORs; therefore, according to the 2022 SFMP, HPSC would continue to have a surplus of ORs (3.36 – 2 = 1.36) following relocation of two ORs to establish the new Greensboro ASF. The proposed project will not reduce or eliminate any patient’s ability to obtain surgical services at HPSC, as HPSC will continue to have sufficient ORs on its license to meet projected need in the near term.”

The information is reasonable and adequately supported based on the following:

- In the 2022 SMFP, page 73, *Table 6B: Projecting Operating Room Need for 2024*, column M shows High Point Surgery Center with a projected surplus of 3.36 ORs as of 2024.
- HPSC currently has 6 ORs and will have 4 ORs upon project completion which would leave a surplus of 1.36 ORs at HPSC in 2024 per the 2022 SMFP.

In Section Q, the applicant provides projected utilization, as illustrated in the following table.

HPSC: Projected OP (Ambulatory) Cases

	FFY 2021	FFY2022	FFY2023	FFY2024	FFY2025	FFY2026	FFY2027	5-yr CAGR
HPSC	3,671	3,720	3,770	3,820	3,871	3,922	3,975	1.33%
“Shifted” to Greensboro ASF					398	555	665	
Total	3,671	3,720	3,820	3,820	3,472	3,367	3,310	

In Section Q, the applicant provides the assumptions and methodology used to project utilization. See the discussion regarding the assumptions and methodology in Criterion (3) which is incorporated herein by reference. Based on the merger of Atrium Health with Wake Forest Baptist in October 2020, the projected overall population growth (and specifically the projected growth of the 65+ cohort) in Guilford County, the continued projected increased use of ASFs in general and the location of the proposed ASF in Greensboro, and the projected shift of patients from area ZIP codes, HPSC’s projected utilization is reasonable.

The following OR need table further incorporates the projected utilization, assumptions and methodology to demonstrate that for the first three project years (FFY2025 – FFY2027) after project completion HPSC shows a surplus of ORs [1.35; 1.43; and 1.47, respectively].

HPSC: Projected OR Utilization

Row	Operating Rooms	Year 1 FFY2025	Year 2 FFY2026	Year 3 FFY2027
A	Inpatient Surgical Cases	0	0	0
B	Inpatient Surgical Case Times (in Minutes)	0	0	0
C	Inpatient Surgical Hours	0	0	0
D	Outpatient Surgical Cases	3,472	3,367	3,310
E	Outpatient Surgical Case Times (in hours)	1.0	1.0	1.0
F	Outpatient Surgical Hours	3,472	3,367	3,310
G	Total Surgical Cases (Row A + Row D)	3,472	3,367	3,310
H	Total Surgical Hours (Row C + Row F)	3,472	3,367	3,310
I	Group Assignment	6	6	6
J	Standard Hours per OR per Year	1,312	1,312	1,312
K	Number of ORs Needed(Row H / Row J)*	2.65	2.57	2.53
L	Existing ORs at HPSC**	4.0	4.0	4.0
M	ORs at HPSC: Surplus/ (Deficit)	1.35	1.43	1.47

Source: Section Q, Form C.

Note: Totals might not foot due to rounding.

*# of ORs Needed at HPSC.

**# of ORs at HPSC upon completion of proposed project. Prior to completion of this project (Project ID# G-12231-22) HPSC has six (6) existing and licensed ORs.

Premier Surgery Center

In Section D, pages 66-68, the applicant explains why it believes the needs of the population presently utilizing the services to be relocated will be adequately met following completion of the project. On page 67, the applicant states:

“Following reduction of one OR, PSC will be licensed with one operating room. According to the 2022 SMFP, PSC currently has a surplus of 1.76 ORs; therefore, according to the 2022 SFMP, PSC would have sufficient OR capacity following relocation of one OR to establish the new Greensboro ASF. The proposed project will not reduce or eliminate any patient’s ability to obtain surgical services at PSC, as PSC will continue to have sufficient licensed OR capacity to meet projected need in the near term.”

The information is reasonable and adequately supported based on the following:

- In the 2022 SMFP, page 73, *Table 6B: Projecting Operating Room Need for 2024*, column M shows that Premier Surgery Center with a projected surplus of 1.76 ORs as of 2024.
- Premier currently has 2 ORs and will have 1 OR upon project completion which would leave enough OR capacity in 2024 per the 2022 SMFP to meet projected need.

In Section Q, the applicant provides projected utilization, as illustrated in the following table.

Premier Surgery Center; Projected OP (Ambulatory) Cases

	FFY 2021	FFY2022	FFY2023	FFY2024	FFY2025	FFY2026	FFY2027	5-yr CAGR
Premier	561	568	576	584	592	599	607	1.33%
Shift of OP Surgical Cases					81	113	135	
Total Surgical Cases	561	568	576	584	592	599	607	

Source: Table on page 144 of the application.

In Section Q, the applicant provides the assumptions and methodology used to project utilization. See the discussion regarding the assumptions and methodology in Criterion (3) which is incorporated herein by reference.

The following OR need table further incorporates the projected utilization, assumptions and methodology to demonstrate that for the first three project years (FFY2025 – FFY2027) after project completion Premier Surgery Center shows a surplus of ORs [0.61; 0.63; and 0.64, respectively].

Premier: Projected OR Utilization

Row	Operating Rooms	Year 1 FFY2025	Year 2 FFY2026	Year 3 FFY2027
A	Inpatient Surgical Cases	0	0	0
B	Inpatient Surgical Case Times (in Minutes)	0	0	0
C	Inpatient Surgical Hours	0	0	0
D	Outpatient Surgical Cases	511	487	472
E	Outpatient Surgical Case Times (in hours)	1.0	1.0	1.0
F	Outpatient Surgical Hours	511	487	472
G	Total Surgical Cases (Row A + Row D)	511	487	472
H	Total Surgical Hours (Row C + Row F)	511	487	472
I	Group Assignment	6	6	6
J	Standard Hours per OR per Year	1,312	1,312	1,312
K	Number of ORs Needed*(Row H / Row J)	0.39	0.37	0.36
L	Existing ORs at Premier**	1.00	1.00	1.00
M	ORs at Premier: Surplus/ (Deficit)	0.61	0.63	0.64

Source: Section Q, Form C.

Note: Totals might not foot due to rounding.

*# of ORs Needed at Premier.

***# of ORs at Premier upon completion of proposed project. Prior to completion of this project (Project ID# G-12231-22) Premier has two (2) existing and licensed ORs.

Access to Medically Underserved Groups

HPSC & Premier Surgery Center

In Section D, pages 65-66, the applicant states,

“HPSC will continue to offer ambulatory surgical services at its current High Point location, and therefore, this OR relocation will have no negative impact on the ability of any of the above-listed [low income persons; racial and ethnic minorities; women; persons with disabilities; persons 65 and older; Medicare beneficiaries; and Medicaid recipients] to obtain services. ... All Guilford County residents, including low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, Medicare and Medicaid beneficiaries, and other under served groups, will have access to the proposed Greensboro ASF, as clinically appropriate. ... As set forth in the financial statements included in Section Q, a significant portion of AHWFBASC-Greensboro services will be provided to Medicare, Medicaid and uninsured persons.”

In Section D, page 67, the applicant states,

“PSC will continue to offer ambulatory surgical services at its current High Point location, and therefore, this OR relocation will have no negative impact on the ability of any of the above-listed [low income persons; racial and ethnic minorities; women; persons with disabilities; persons 65 and older; Medicare beneficiaries; and Medicaid recipients] to obtain services. ... All Guilford County residents, including low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, Medicare and Medicaid beneficiaries, and other underserved groups, will have access to the proposed Greensboro

ASF, as clinically appropriate. ... As set forth in the financial statements included in Section Q, a significant portion of AHWFBASC-Greensboro services will be provided to Medicare, Medicaid and uninsured persons.”

The applicant adequately demonstrates that the needs of medically underserved groups that will continue to use operating room services in an ASF will be adequately met following completion of the project.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion for the following reasons:

- The applicant adequately demonstrates that the needs of the population currently using the services to be reduced, eliminated or relocated will be adequately met following project completion for all the reasons described above.
- The applicant adequately demonstrates that the project will not adversely impact the ability of underserved groups to access these services following project completion for all the reasons described above.

- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

CA

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

In Section E, pages 71-73, the applicant describes the alternatives it considered and explains why each alternative is either more costly or less effective than the alternative proposed in this application to meet the need. The alternatives considered were:

- *Maintain the Status Quo-* AHWFB is the sole member of PSC LLC. Within Guilford County AHWFB only has operating rooms offering ambulatory surgery at three facilities (2 ASFs and one hospital). All three of these facilities are in the city of High Point.

Greensboro is the largest city in Guilford County. Greensboro is where many employees and patients of AHWFB reside. The proposed project is to develop a freestanding, multi-specialty ambulatory surgical facility with three ORs in Greensboro with the goal of providing cost-effective, timely and high-quality freestanding ambulatory surgical services for all residents of Guilford County in a convenient location. Therefore, the applicant states that maintaining the status quo with the three health facilities offering ambulatory surgery all located in High Point is not the most effective or least costly alternative.

- *Develop a Single Specialty ASF-* The applicant states that the three ORs proposed to be relocated to develop the proposed project currently support multispecialty ambulatory surgery. Free-standing ASFs are more cost-effective for outpatient surgery patients. Thus, limiting the proposed project to a single specialty would both reduce the effectiveness of the project in offering outpatient surgery patients a more cost-effective alternative and reduce the utility of the three ORs from their current use of supporting multispecialty surgical services to supporting just a single specialty surgical service. Therefore, the applicant states that this is not the most effective alternative.
- *Develop an ASF with a Different Number of Operating Rooms or Relocate ORs from HPMC-* The applicant considered developing either more ORs or less ORs as well as relocating ORs from High Point Medical Center (HPMC). AHWFB determined that based on need no ORs could be relocated from HPMC and, also based on patient need, not more than three ORs could be relocated, in total, from the HPSC and Premier facilities in High Point. Further, relocating less than three ORs to the new proposed facility is less effective in meeting projected utilization and documented physician interest in the new facility in Greensboro. Therefore, the applicant states that these are not the most effective alternatives.
- *Establish the ASF in a Different Geographic Location-* The proposed location would be in leased space within a planned medical office building (MOB) that has access to sewer, water and power and is appropriately zoned for the intended use. In addition, Greensboro is centrally located within Guilford County, is the county seat, a business center and the largest municipality in the County. The proposed location is located adjacent to major traffic corridors. Therefore, the applicant states that other geographic locations are not the most effective alternative.

The applicant adequately demonstrates that the alternative proposed in this application is the most effective alternative to meet the need based on the following:

- The applicant provides reasonable information to explain why it believes the proposed project is the most effective alternative.
- The application is conforming to all other statutory and regulatory review criteria. Therefore, the application can be approved.

Conclusion

The Agency reviewed the:

- Application

- Exhibits to the application
- Written comments
- Responses to comments

Based on that review, the Agency concludes that the application is conforming to this criterion for the reasons stated above. Therefore, the application is approved subject to the following conditions:

- 1. Premier Surgery Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than develop a new multispecialty ASF by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms upon project completion.**
- 3. Upon completion of the project, Atrium Health Wake Forest Baptist Ambulatory Surgical Center- Greensboro shall be licensed for no more than three operating rooms and three procedure rooms.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on January 1, 2023.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by**

the Healthcare Planning and Certificate of Need Section, an annual report containing the:

- 8. Payor mix for the services authorized in this certificate of need.**
 - a. b. Utilization of the services authorized in this certificate of need.**
 - b. Revenues and operating costs for the services authorized in this certificate of need.**
 - c. Average gross revenue per unit of service.**
 - d. Average net revenue per unit of service.**
 - e. Average operating cost per unit of service.**
 - 9. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**
- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

Capital and Working Capital Costs

In Section Q, Form F.1a, the applicant projects the total capital cost of the project, as shown in the table below.

Site Costs	\$1,906,732
Construction Costs	\$16,172,297
Miscellaneous Costs	\$12,054,144
Total	\$30,133,173

In Section F.1, page 74, Form F.1a, and Exhibit F.1, the applicant provides the assumptions used to project the capital cost. The applicant adequately demonstrates that the projected capital cost is based on reasonable and adequately supported assumptions based on the following:

- The applicant provides a certified cost estimate for all the construction, site and architect fees. See Exhibit F.1.

- The applicant bases its medical equipment, legal and consultant fees, IT, security, construction project management and other costs on vendor quotes, architect and PSC LLC’s experience.

In F.3, page 76, the applicant projects that start-up costs will be \$110,000 and initial operating expenses will be \$2,100,000 for a total working capital of \$2,210,000. On pages 76-77, the applicant provides the assumptions and methodology used to project the working capital needs of the project. The applicant adequately demonstrates that the projected working capital needs of the project are based on reasonable and adequately supported assumptions based on the information regarding projected start-up costs and initial operating expenses provided on pages 76-77 of the application.

Availability of Funds

In Section F.2, pages 74-75, the applicant states that the capital cost will be funded, as shown in the table below.

Sources of Capital Cost Financing

Type	Premier Surgery Center, LLC	Total
Loans	\$0	\$0
Cash and Cash Equivalents, Accumulated reserves or OE *	\$30,133,173	\$30,133,173
Bonds	\$0	\$0
Other (Specify)	\$0	\$0
Total Financing	\$30,133,173	\$30,144,173

* OE = Owner’s Equity

In Section F.3, page 77, the applicant states that the working capital needs of the project will be funded, as shown in the table below.

Sources of Financing for Working Capital	Amount
Loans	\$0
Cash or Cash Equivalents, Accumulated Reserves or Owner’s Equity	\$2,210,000
Lines of credit	\$0
Bonds	\$0
Total *	\$0

In Exhibit F.2, the applicant provides a letter dated May 16, 2022, from the Senior Vice President and Chief Financial Officer for Atrium Health Wake Forest Baptist (AHWFB) documenting that AHWFB is the sole member of Premier Surgery Center, LLC and that AHWFB will provide the funds for the capital and working capital costs of the proposed project.

Exhibit F.2 also contains a letter dated May 13, 2022, from the Administrative Director of Premier Surgery Center, LLC confirming that AHWFB is investing \$34 million in PSC LLC to develop the proposed ambulatory surgery center and that PSC LLC intends to use the funds for the proposed project.

Furthermore, Exhibit F.2 contains a copy of a portion of the audited combined balance sheets for AHWFB showing Cash and Cash Equivalents of \$332,500,000 as of December 31, 2021.

The applicant adequately demonstrates the availability of sufficient funds for the capital and working capital needs of the project based on the documentation provided in Section F and Exhibits F.1 and F.2, as described above.

Financial Feasibility

The applicant provided pro forma financial statements for the first three full fiscal years of operation following completion of the project. In Form F.2b, the applicant projects that revenues will exceed operating expenses in the second and third full fiscal years following completion of the project, as shown in the table below.

	1st Full Fiscal Year 10/1/24-9/30/25	2nd Full Fiscal Year 10/1/25-9/30/26	3rd Full Fiscal Year 10/1/26-9/30/27
Total Surgical Cases*	2,323	2,974	3,577
Total Gross Revenues (Charges)	\$25,635,418	\$39,366,402	\$52,893,531
Total Net Revenue	\$6,214,875	\$9,591,533	\$12,917,774
Average Net Revenue per Surgical Case	\$2,675	\$3,225	\$3,611
Total Operating Expenses (Costs)	\$8,240,094	\$9,513,098	\$10,748,375
Average Operating Expense per Surgical Case	\$3,547	\$3,199	\$3,005
Net Income	(\$2,025,219)	\$78,434	\$2,169,399

*Surgical Cases include both OR and Procedure room cases from page 34 and Form C.3b.

The assumptions used by the applicant in preparation of the pro forma financial statements are provided in Section Q. The applicant adequately demonstrates that the financial feasibility of the proposal is reasonable and adequately supported based on the following:

- Projected charges and revenues are reasonable and adequately supported.
- Projected operating expenses are reasonable and adequately supported.
- Projected utilization is based on reasonable and adequately supported assumptions. See the discussion regarding projected utilization in Criterion (3) which is incorporated herein by reference.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments

Based on that review, the Agency concludes that the application is conforming to this criterion for the following reasons:

- The applicant adequately demonstrates that the capital and working capital costs are based on reasonable and adequately supported assumptions for all the reasons described above.
 - The applicant adequately demonstrates availability of sufficient funds for the capital and working capital needs of the proposal for all the reasons described above.
 - The applicant adequately demonstrates sufficient funds for the operating needs of the proposal and that the financial feasibility of the proposal is based upon reasonable projections of revenues and operating expenses for all the reasons described above.
- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

On page 49, the 2022 SMFP states, “*An OR’s service area is the single or multicounty grouping shown in Figure 6.1.*” In Figure 6.1, page 55 of the 2022 SMFP, Guilford and Caswell counties are shown as a multicounty operating room service area. The proposed Greensboro ASF is in Guilford County. Thus, the service area for this application is Guilford and Caswell counties. Facilities may also serve residents of counties not included in the service area.

The following table identifies the existing and approved inpatient (IP), outpatient (OP), and shared operating rooms located in Guilford County, and the inpatient and outpatient case volumes for each provider, from pages 60 and 73 of the 2022 SMFP. Caswell County has no ORs.

	IP ORs	OP ORs	Shared ORs	Excluded C-Sec, Trauma, Burn	CON Adjust-ments	IP Surgery Cases	OP Surgery Cases	Group
Greensboro Specialty Surgical Center	0	3	0	0	0	0	1,142	6
Surgical Center of Greensboro	0	13	0	0	0	0	9,043	6
High Point Surgery Center	0	6	0	0	0	0	3,384	6
Premier Surgery Center	0	2	0	0	0	0	309	6
High Point Regional Health	3	0	8	-1	0	2,432	3,015	4
Valleygate Dental Surgery Ctr of the Triad	0	2	0	0	0	0	627	6
Surgical Eye Center	0	4	0	0	0	0	2,820	5
Piedmont Surgical Center	0	2	0	0	0	0	224	6
Kindred Hospital-Greensboro	0	0	1	0	0	220	14	4
North Elam Ambulatory Surgery Center	0	0	0	0	5	0	0	
Cone Health	4	13	29	-1	-5	11,559	15,833	2
Total Guilford County ORs	7	45	38	-2	0			

Source: 2022 SMFP, pages 60 and 73

In G, page 84, the applicant explains why it believes its proposal would not result in the unnecessary duplication of existing or approved OR services in the Guilford/Caswell multicounty service area. The applicant states:

“The proposed OR relocation project is necessary to address the continuing and growing need for convenient access to outpatient surgical services. ... The proposed project will not result in unnecessary duplication of existing or approve facilities in Guilford County. PSC is not adding any operating rooms to the current Guilford County inventory, but as previously stated, will relocate three existing licensed ORs within Guilford County.”

The applicant adequately demonstrates that the proposal would not result in an unnecessary duplication of existing or approved services in the service area based on the following:

- the applicant adequately demonstrates that the proposed project will not increase the number of ORs in the Guilford/Caswell multicounty OR service area, and
- the applicant adequately demonstrates that the three existing, licensed ORs being relocated are currently located in freestanding multispecialty ASF’s and will be relocated to a freestanding multispecialty ASF within the same OR service area.
- the applicant demonstrates that the proposed ASF is needed in the service area. See the discussion regarding need found in Criterion (3) and incorporated herein by reference.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

In Section Q, Form H, the applicant provides current and projected full-time equivalent (FTE) staffing for the proposed services, as illustrated in the following table.

Projected FTE Positions

Position	FY2025 1 st Project Year	FY2026 2 nd Project Year	FY2027 3 rd Project Year
RN- OR Charge Nurse	1.0	1.0	1.0
RN-PR Charge Nurse	1.0	1.0	1.0
RNs- OR perioperative	3.5	5.5	7.0
RNs-PR perioperative	2.0	2.0	2.0
RNs-OR Overnight recovery	2.0	3.0	4.0
CNAs/Nursing Assistant-OR	1.0	1.0	1.0
CNAs/Nursing Assistants-PR	1.0	1.0	1.0
Nurse Tech -OR perioperative	1.5	2.0	2.0
Director of Nursing	1.0	1.0	1.0
Surg Techs-ORs	1.5	2.5	3.5
Surg Techs- PRs	1.5	1.5	1.5
Radiology Techs-ORs	0.5	1.0	1.5
Radiology Techs-PRs	0.5	0.5	0.5
Housekeeping	1.5	2.0	2.0
Central Sterile Supply-ORs	1.0	1.5	1.5
Central Sterile Supply-PRs	0.5	0.5	0.5
Materials Management	1.0	1.0	1.0
Administrator/ CEO	1.0	1.0	1.0
Business Office/Registration	3.0	3.5	4.0
Other (Medical Director)	1.0	1.0	1.0
Total	27.0	33.5	38.0

The assumptions and methodology used to project staffing are provided in Section Q. Adequate operating expenses for the health manpower and management positions proposed by the applicant are budgeted in Form F.3b. In Section H.2 and H.3, pages 86-88, the applicant describes the methods used to recruit or fill new positions and its existing training and continuing education programs.

The applicant adequately demonstrates the availability of sufficient health manpower and management personnel to provide the proposed services.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

Ancillary and Support Services

In Section I.1, page 90, the applicant identifies the necessary ancillary and support services for the proposed services. On pages 90-91, the applicant explains how each ancillary and support service is or will be made available and provides supporting documentation in Exhibits I.1.1, I.1.2 and I.1.3. The applicant adequately demonstrates that the necessary ancillary and support services will be made available based on the following:

- the applicant provides letters of support from licensed physicians to provide surgical services. See Exhibit I.1.1
- the applicant provides a letter for the Medical Director indicating his willingness to serve in that capacity. See Exhibit I.1.2
- the applicant provides a letter from the President of Atrium Health Wake Forest Baptist High Point Medical Center stating that the hospital has all ancillary and support services in place, and they are available to support the proposed ASF, which will be charged a fee those services. See Exhibit I.1.3

Coordination

In Section I.2, pages 91-93, the applicant describes its efforts to develop relationships with other local health care and social service providers and provides supporting documentation in Exhibits I.2.1 and I.2.2 and I.2.3. The applicant adequately demonstrates that the proposed services will be coordinated with the existing health care system based on the following:

- The applicant, PSC LLC, is an existing ASF operator in Guilford County and collaborates with other local social service and health care providers.
- AHWFB, HPMC and Premier have well-established relationships with other providers in North Carolina, including transfer agreements with acute care hospitals, skilled nursing facilities, and other providers and organizations within the local service area and beyond.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.

NA

The applicant does not project to provide the proposed services to a substantial number of persons residing in Health Service Areas (HSAs) that are not adjacent to the HSA in which the services will be offered. Furthermore, the applicant does not project to provide the proposed services to a substantial number of persons residing in other states that are not adjacent to the North Carolina county in which the services will be offered. Therefore, Criterion (9) is not applicable to this review.

- (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates: (a) The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and (b) The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
- (i) would be available under a contract of at least 5 years duration;
 - (ii) would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
 - (iii) would cost no more than if the services were provided by the HMO; and
 - (iv) would be available in a manner which is administratively feasible to the HMO.

NA

The applicant is not an HMO. Therefore, Criterion (10) is not applicable to this review.

- (11) Repealed effective July 1, 1987.

- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

In Section K.1, page 97, the applicant states that the project involves constructing 24,000 square feet of new space. Line drawings are provided in Exhibit K.1.

On pages 99-102, the applicant identifies the proposed site and provides information about the current owner, zoning and special use permits for the site, and the availability of water, sewer and waste disposal and power at the site. Supporting documentation is provided in Exhibit K.4. The site appears to be suitable for the proposed ASF based on the applicant's representations and supporting documentation.

On pages 97-98, the applicant adequately explains how the cost, design and means of construction represent the most reasonable alternative for the proposal based on the following:

- The proposed ASF is planned for development on a site with access to power, sewer and water and appropriately zoned for the proposed use. See Exhibit K.4.
- The design and construction of the proposed project is the most reasonable based on the expertise, knowledge and experience of the contractor, architect and AHWFB which has extensive experience developing health facilities and operating rooms.

On page 98, the applicant adequately explains why the proposal will not unduly increase the costs to the applicant of providing the proposed services or the costs and charges to the public for the proposed services based on the following:

- ASFs provide surgical services at a lower cost than a full-service hospital.
- The proposed project will not increase the projected reimbursements or charges for the proposed services.
- Medicaid, Medicare and other insurers save money when surgical services are performed in an ASF as opposed to a hospital.

On pages 98-99, the applicant identifies any applicable energy saving features that will be incorporated into the construction plans.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and ... persons [with disabilities], which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:
- (a) The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;

C

The proposed Greensboro ASF is a new facility and thus has no historical data. However, the three ORs being relocated as part of the proposed project are currently located in two existing ASF in High Point, Guilford County. Two of the ORs are coming from HPSC and one OR is coming from Premier Surgery Center.

In Section L, page 104, the applicant provides the historical payor mix during the last FFY (10/1/2020 – 9/30/2021) for both HPSC and Premier Surgery Center as shown in the tables below.

HPSC: Last Full FY

Payor Category	Percent of Total Patients Served
Self-Pay	1.91%
Medicare*	38.06%
Medicaid*	11.01%
Insurance*	45.55%
Workers Compensation	3.49%
Total	100.0%

Source: Table on page 104 of the application.

*Including any managed care plans.

Premier Surgery Center: Last Full FY

Payor Category	Percent of Total Patients Served
Self-Pay	1.00%
Medicare*	51.57%
Medicaid*	7.49%
Insurance*	30.40%
Workers Compensation	9.55%
Total	100.0%

Source: Table on page 104 of the application.

*Including any managed care plans.

In Section L, page 106, the applicant provides the following comparison.

High Point Surgery Center- Last Full FY

	Percentage of Total Patients	Percentage of the Population of the Service Area
Female	62.3%	52.7%
Male	37.7%	47.3%
Unknown	0.0%	0.0%
64 and Younger	63.3%	84.5%
65 and Older	36.7%	15.5%
American Indian	0.9%	0.8%
Asian	3.4%	5.3%
Black or African American	19.3%	35.4%
Native Hawaiian or Pacific Islander	0.1%	0.1%
White or Caucasian	69.5%	50.0%
Other Race	6.9%	8.4%
Declined / Unavailable	0.0%	0.0%

Premier Surgery Center- Last Full FY

	Percentage of Total Patients	Percentage of the Population of the Service Area
Female	58.9%	52.7%
Male	41.1%	47.3%
Unknown	0.0%	0.0%
64 and Younger	57.9%	84.5%
65 and Older	42.1%	15.5%
American Indian	0.8%	0.8%
Asian	1.2%	5.3%
Black or African American	21.6%	35.4%
Native Hawaiian or Pacific Islander	0.1%	0.1%
White or Caucasian	72.9%	50.0%
Other Race	3.4%	8.4%
Declined / Unavailable	0.0%	0.0%

The Agency reviewed the:

- Application
- Exhibits to the application

- Written comments
- Responses to comments
- Information which was publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the applicant adequately documents the extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved. Therefore, the application is conforming to this criterion.

- (b) Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and persons with disabilities to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;

C

The proposed Greensboro ASF is a new facility and thus has no historical data. However, the three ORs being relocated as part of the proposed project are currently located in two existing ASFs in High Point, Guilford County. Two of the ORs are coming from HPSC and one OR is coming from Premier Surgery Center.

Regarding any obligation to provide uncompensated care, community service or access by minorities and persons with disabilities, in Section L, page 107, the applicant states:

“PSC has no obligation under federal regulations to provide uncompensated care or community service, or access by minorities and handicapped persons. However, for information purposes, PSC does not discriminate based on race, ethnicity, creed, color, sex, age, religion, national origin, handicap or ability to pay.”

In Section L, page 107, the applicant states that during the 18 months immediately preceding the application deadline, no patient civil rights equal access complaints have been filed against either HPSC or Premier Surgery Center.

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments
- Information which was publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion.

- (c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

C

In Section L, page 108, the applicant projects the following payor mix for the proposed services during the third full fiscal year (10/1/2026 – 9/30/2027) of operation following completion of the project, as shown in the table below.

Greensboro-ASF: Entire Facility (ORs and Procedure Rooms)

Payor Category	Percent of Total Patients Served
Self-Pay	3.0%
Medicare*	51.7%
Medicaid*	6.3%
Insurance*	31.7%
Workers Compensation	0.7%
TRICARE	0.7%
Other (specify)	6.4%
Total	100.0%

Source: Table on page 108 of the application.

*Including any managed care plans.

Greensboro-ASF: ORs only

Payor Category	Percent of Total Patients Served
Self-Pay	3.0%
Medicare*	46.0%
Medicaid*	6.0%
Insurance*	38.0%
Workers Compensation	1.0%
TRICARE	1.0%
Other (specify)	5.0%
Total	100.0%

Source: Table on page 108 of the application.

*Including any managed care plans.

As shown in the table above, during the third full fiscal year of operation for OR services, the applicant projects that 3.0% of total operating room services will be provided to self-pay patients, 46.0% to Medicare patients and 6.0% to Medicaid patients.

On page 109, the applicant provides the assumptions and methodology used to project payor mix during the third full fiscal year of operation following completion of the project. The projected payor mix is reasonable and adequately supported based on the following:

- The applicant based projected percentages on the historical payor mix for the surgeons who are projected to utilize the Greensboro ASF facility.
- Projected percentages were based on actual Full FY 2021 data.

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments

Based on that review, the Agency concludes that the application is conforming to this criterion based on the reasons stated above.

- (d) That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.

C

In Section L, page 110, the applicant adequately describes the range of means by which patients will have access to the proposed services.

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion.

- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

In Section M.1, page 111, the applicant describes the extent to which health professional training programs in the area have access to the facility for training purposes and provides supporting documentation in Exhibit M.1. The applicant adequately demonstrates that health

professional training programs in the area have access to the facility for training purposes based on the information provided in Section M, page 111, and Exhibit M.1, as described above.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Written comments
- Responses to comments

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (15) Repealed effective July 1, 1987.
- (16) Repealed effective July 1, 1987.
- (17) Repealed effective July 1, 1987.
- (18) Repealed effective July 1, 1987.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

On page 49, the 2022 SMFP states, “*An OR’s service area is the single or multicounty grouping shown in Figure 6.1.*” In Figure 6.1, page 55 of the 2022 SMFP, Guilford and Caswell counties are shown as a multicounty operating room service area. The proposed Greensboro ASF is in Guilford County. Thus, the service area for this application is Guilford and Caswell counties. Facilities may also serve residents of counties not included in the service area.

The following table identifies the existing and approved inpatient (IP), outpatient (OP), and operating rooms located in Guilford County, and the inpatient and outpatient case volumes for each provider, from pages 60 and 73 of the 2022 SMFP. Caswell County has no ORs.

	IP ORs	OP ORs	Shared ORs	Excluded C-Sec, Trauma, Burn	CON Adjust-ments	IP Surgery Cases	OP Surgery Cases	Group
Greensboro Specialty Surgical Center	0	3	0	0	0	0	1,142	6
Surgical Center of Greensboro	0	13	0	0	0	0	9,043	6
High Point Surgery Center	0	6	0	0	0	0	3,384	6
Premier Surgery Center	0	2	0	0	0	0	309	6
High Point Regional Health	3	0	8	-1	0	2,432	3,015	4
Valleygate Dental Surgery Ctr of the Triad	0	2	0	0	0	0	627	6
Surgical Eye Center	0	4	0	0	0	0	2,820	5
Piedmont Surgical Center	0	2	0	0	0	0	224	6
Kindred Hospital-Greensboro	0	0	1	0	0	220	14	4
North Elam Ambulatory Surgery Center	0	0	0	0	5	0	0	
Cone Health	4	13	29	-1	-5	11,559	15,833	2
Total Guilford County ORs	7	45	38	-2	0			

Source: 2022 SMFP, pages 60 and 73

Regarding the expected effects of the proposal on competition in the service area, in Section N, page 113, the applicant states:

“AHWFBASC-Greensboro will promote competition in the service area because it will enable AHWFB to better meet the needs of its existing patient population, and to ensure timely provision of and convenient access to high quality, cost-effective outpatient surgical services for residents of Guilford County and surrounding communities.”

Regarding the impact of the proposal on cost effectiveness, in Section N, pages 113-115, the applicant states:

“This OR relocation project will make lower cost surgery more broadly available to credentialed surgeons and their patients. ... AHWFBASC-Greensboro will be a lower charge, lower reimbursement facility. Freestanding surgical centers are more cost effective for insurance companies and for patients because they do not have the higher overhead costs of hospitals. In fact, the cost of a procedure at a surgical center is typically, 45-60 percent less than the same procedure in a hospital setting, thus benefiting patients, insurers, and taxpayers. ... patient co-pays are also significantly lower when care is received in an ASF. ... This OR relocation project will not increase the charges or projected reimbursement for these services, which are established by Medicare, Medicaid, and/or existing private payor contracts.”

See also Sections C, F, and Q of the application and any exhibits.

Regarding the impact of the proposal on quality, in Section N, pages 115-116, the applicant states,

“AHWFBASC-Greensboro will be dedicated to ensuring quality care and patient safety through compliance with all applicable licensure and certification standards established for ambulatory surgical facilities. ... AHWFBASC-Greensboro will adhere to high standards and quality of care, consistent with the superior standard that PSC and AHWFB have sustained throughout their history of providing surgical care.”

See also Sections C and O of the application and any exhibits.

Regarding the impact of the proposal on access by medically underserved groups, in Section N, pages 116-117, the applicant states:

“This OR relocation project will improve and broaden access to outpatient surgical services for all patients, including medically underserved groups. Outpatient surgical services will be available to all persons, including low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved persons including the medically indigent, the uninsured and the underinsured. AHWFBASC-Greensboro will provide free aids and services to people with disabilities in order to communicate effectively with them. ... As a certified provider under Title XVIII (Medicare) and Title XIX (Medicaid), AHWFBASC-Greensboro will provide its services to the elderly and to low income persons.”

See also Section L and C of the application and any exhibits.

The applicant adequately describes the expected effects of the proposed services on competition in the service area and adequately demonstrates the proposal would have a positive impact on cost-effectiveness, quality, and access because the applicant adequately demonstrates that:

- 1) The proposal is cost effective because the applicant adequately demonstrates: a) the need the population to be served has for the proposal; b) that the proposal would not result in an unnecessary duplication of existing and approved health services; and c) that projected revenues and operating costs are reasonable.
- 2) Quality care would be provided based on the applicant’s representations about how it will ensure the quality of the proposed services.
- 3) Medically underserved groups will have access to the proposed services based on the applicant’s representations about access by medically underserved groups and the projected payor mix.

Conclusion

The Agency reviewed the:

- Application

- Exhibits to the application
- Written comments
- Responses to comments
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion based on the reasons stated above.

- (19) Repealed effective July 1, 1987.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.

C

The applicant, PSC LLC, proposes to develop a new multispecialty ASF in Greensboro by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms. The ASF will offer surgical specialties in otolaryngology, ophthalmology, orthopaedics (including spine), plastics and urology.

According to the files in the Acute Care Licensure and Certification Section, DHSR, during the 18 months immediately preceding submission of the application through the date of this decision, no incidents related to quality of care occurred at Premier Surgery Center, which is owned by the applicant. After reviewing and considering information provided by the applicant and by the DHSR Acute and Home Care Licensure and Certification Section, the applicant provided sufficient evidence that quality care has been provided in the past. Therefore, the application is conforming to this criterion.

- (21) Repealed effective July 1, 1987.

G.S. 131E-183 (b): The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

NA

The Criteria and Standards for Surgical Services and Operating Rooms, promulgated in 10A NCAC 14C .2100, are not applicable to this review because the applicant does not propose to increase the number of ORs in the service area.



Attorney General

Josh Stein

Robocall Hotline:(844)-8-NO-ROBO
All Other Complaints:(877)-5-NO-SCAM
Outside NC:919-716-6000
En Español:919-716-0058

AG Stein Statement on Atrium Transaction, Health Care Transactions in NC

For Immediate Release:

Thursday, December 1, 2022

Contact: Nazneen Ahmed
919-716-0060

(RALEIGH) Attorney General Josh Stein today announced that there is no legal basis within this office's limited statutory authority to attempt to prevent the Atrium-Advocate Aurora transaction; therefore, the state will take no further action. Attorney General Josh Stein's statement is below:

"My office has conducted a thorough review into this transaction and concluded that there is no legal basis to prevent it. I appreciate Atrium's efforts to respond to our numerous inquiries and its commitments to comply with its obligations under the antitrust consent order with my office, as well as our state law's requirements governing municipal hospitals across its service area. However, I am concerned about this combination's possible effects on health care access in rural and urban underserved communities. Atrium has estimated that it will invest \$25-50 million in the coming years to expand services in underserved communities in North Carolina; given the size and strength of this new combined entity, it is my strong belief that it can and should do more.

"My office will continue to monitor the combined entity's operations and its impact on North Carolinians' health and well-being. If Atrium-Advocate Aurora is not in compliance with its legal obligations, my office will not hesitate to take action.

"These hospital system consolidations are increasingly common, and our state's refusal to accept the federal government's offer to expand Medicaid is only exacerbating the issue. North Carolina has experienced a large number of hospital closures and combinations resulting in reduced services, particularly affecting rural residents. Too often, when one hospital swallows up another, patients end up paying more and getting worse care. Currently, the law limits my office's authority to protect patients' health care access, quality, and costs. We can do better, so I will be working closely with leaders in the legislature to address this health care loophole. I will continue to fight on behalf of patients."

Atrium-Advocate Aurora has represented that it will continue to comply with municipal hospital requirements, including a commitment to:

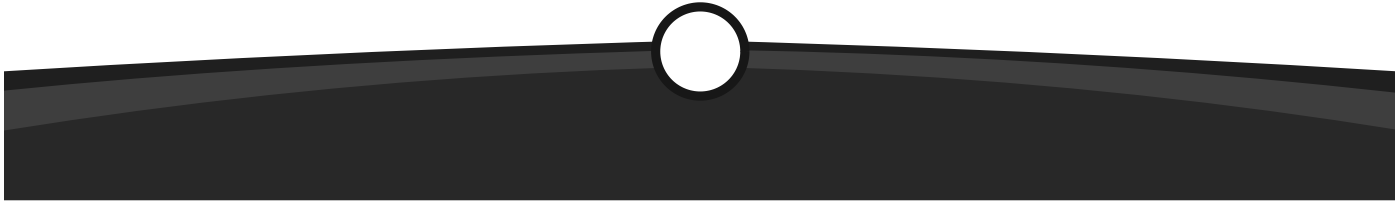
1. Maintain current service levels in critical departments (i.e. surgery, obstetrics, pediatrics, and outpatient and emergency departments);
2. Provide indigent care as dictated by community needs;
3. Ensure that no patients are denied care because of an inability to pay;
4. Provide care to Medicaid and Medicare recipients without discrimination.

In addition, Atrium has represented that the new entity will not take action to penalize or threaten to penalize any insurer for providing transparency or steered plans, and it will increase eligibility for full financial assistance to patients whose income is up to 300 percent of the federal poverty line, matching its new partners' policies in Illinois. The new entity will provide annual reports to the Attorney General's Office on these efforts, which will be available to the public.

Featured. News Releases

« [Attorney General Josh Stein Reaches \\$1 Million Settlement Requiring CarMax to Disclose Safety Recalls](#)

[Attorney General Josh Stein Statement Following Moore v. Harper Arguments](#) »



Main Campus

114 West Edenton Street
Raleigh, NC 27603

p: (919) 716-6400
f: (919) 716-6750

State Crime Laboratory

121 East Tryon Road
Raleigh, NC 27603

p: (919) 582-8700
f: (919) 662-4475

Triad Regional

State Crime Laboratory

2306 West Meadowview Road
Suite 110
Greensboro, NC 27047

p: (336) 315-4900
f: (336) 315-4956

Western Regional

State Crime Laboratory

300 Saint Pauls Road
Hendersonville, NC 28792

p: (828) 654-0525
f: (828) 654-9682

NC Justice Academy

Salemburg Campus:

PO Box 99
Salemburg, NC 28385

p: (910) 525-4151
f: (910) 525-5439

NC Justice Academy

Edneyville Campus:

PO Box 600
Edneyville, NC 28727

p: (828) 685-3600
f: (828) 685-9933

Sheriffs' Training & Standards

PO Box 629
Raleigh, NC 27602

p: (919) 779-8213
f: (919) 662-4515

**Criminal Justice
Training & Standards**

PO Drawer 149
Raleigh, NC 27602

p: (919) 661-5980
f: (919) 779-8210



CONTACT NCDOJ

NCDOJ does not represent individuals in private cases. [Need an attorney?](#)

 English

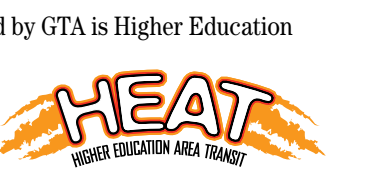


Welcome Aboard!

Greensboro Transit Agency is your municipal public transportation provider for the city of Greensboro, North Carolina. GTA has served the community since 1991 after assuming transit services from Duke Power who offered bus and trolley services since 1925. City of Greensboro Public Transportation staff carries out the day-to-day operations along with the Greensboro Transit Advisory Committee providing input.



GTA currently offers 16 routes and one connector route Monday - Friday, arriving every 30 minutes at the J. Douglas Galyon Depot in downtown Greensboro. On Saturdays and Sundays, the 17 routes arrive hourly. For route locations, refer to reverse side. For specific timetables, please refer to the individual route schedules.



Another service offered by GTA is Higher Education Area Transit (HEAT). Formed by a partnership between GTA and local colleges and universities, HEAT provides express service between member campuses and other select locations. Just like GTA, HEAT is available to the public although students of member schools can ride HEAT and GTA for free using school identification cards or school-issued HEAT passes.

For riders who cannot use a GTA or HEAT bus due to a disability, Access GSO offers door-to-door and curb-to-curb service throughout Greensboro. This service is available only to qualified applicants. Learn more about Access by visiting ridegta.com or calling 336-373-2634.



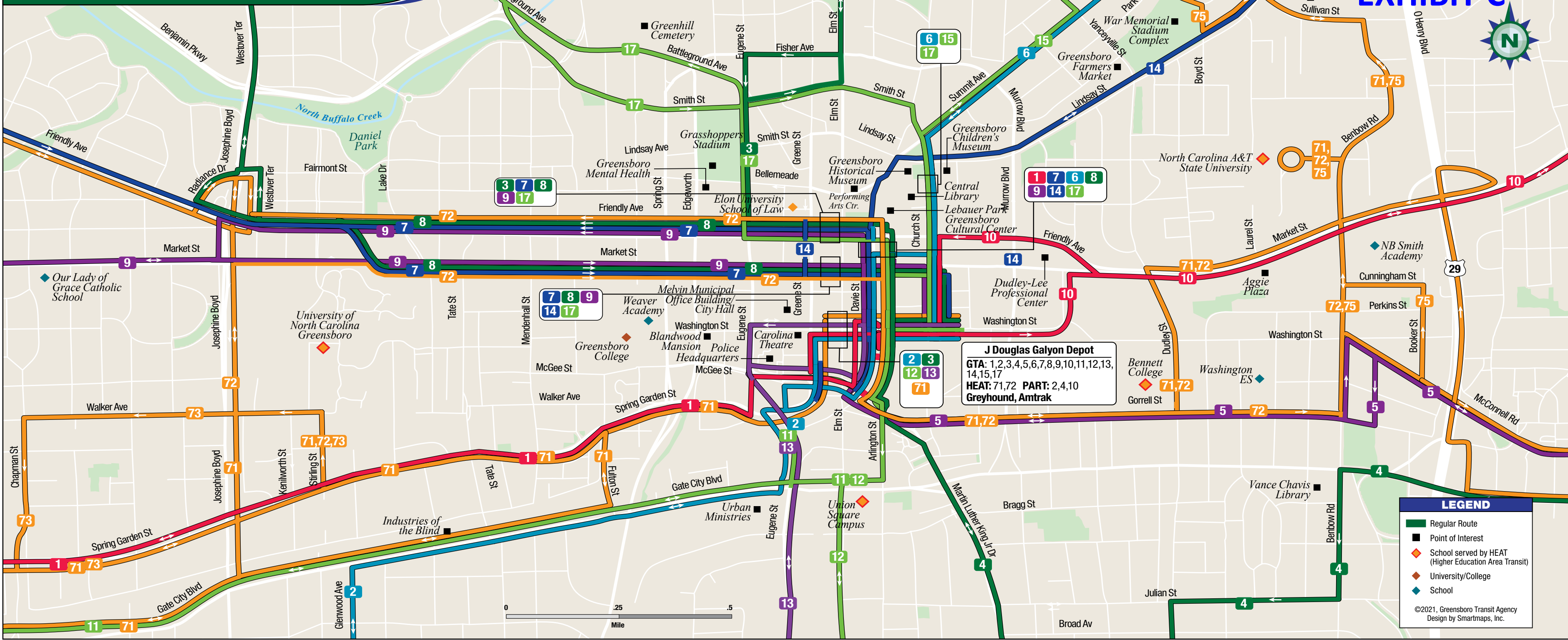
Ready to Move? Riding GTA is Easy!

To board the bus, wait for its arrival at any marked GTA or HEAT bus stop. As the bus approaches, view the route name and number on the front to ensure it is the correct bus. Once the bus has come to a complete stop, board the bus with your fare ready for insertion in the fare box. If needed, the operator will extend the wheelchair ramp for assistance on boarding. Upon paying the fare, please have a seat quickly in any available seat. In order to make room for additional passengers, please occupy only one seat. If you have packages and personal items, please store them at your feet within the seat area.

For the elderly and persons with disabilities, we request that the front seats be reserved for their use. If all of the seats are in use, you are welcome to stand, holding on the handrails provided for your safety. Safety regulations require that you do not stand forward of the yellow safety line near the operator.

During the trip, you may hear announcements with important information for your travels. Make sure to listen as any changes in service will be announced. As you are approaching your desired stop, pull the cord located along the windows to signal the operator. The bus will come to a top at the next marked bus stop. You may exit from the rear door as persons may be boarding at the front.

Greensboro Downtown Area



LEGEND

- Regular Route
- Point of Interest
- School served by HEAT (Higher Education Area Transit)
- University/College
- School

©2021, Greensboro Transit Agency
Design by Smartmaps, Inc.

RIDE GUIDE

Effective July 2021

336.335.6499

www.ridegta.com

Greensboro Transit Agency

New For You! 17 Routes on Sundays

Live Bus Tracking/Planning

Want to know exactly where your bus is? Use our Transloc live bus tracker, available on the web at gtaheat.transloc.com or as a downloadable app from the Apple or Android app stores. Search for "Rider" and make sure to select Greensboro Transit Agency in the settings.

Severe Weather Service

GTA makes every effort to maintain service during inclement weather conditions, but bus service may be occasionally delayed or cancelled. You can get service updates from the following:

- Websites:** ridegta.com, greensboro-nc.gov, gtaheat.transloc.com
- Media:** WGHP Fox 8, WFMY News 2
- Social Media:** Follow us on Twitter & Facebook @gtaheat and Instagram @gtaheatbus

Fares, Passes & Transfers

Fares and Pass Prices

Currently, GTA charges a base fare of \$1.50 per trip with free transfers. For your convenience, we offer a number of discount fares and passes*

One Way Fare

Regular	\$1.50
Discount	\$0.75
Child (5 years and under)	Free
Transfer	Free

*Discounts are available for Students (6-18), Seniors (65+), persons with disabilities, Medicare/Medicaid and Veterans.

Change card

If you overpay your fare with cash on the bus, the operator can issue a change card by request. The change card can be used for future travel with fares deducted from the balance.

1-Day Unlimited Ride Pass

Adult	\$4.00
Discount	\$2.00

31-Day Unlimited Ride Pass

Adult	\$58.00
Discount	\$29.00



Pass Purchase Locations

- Passes may be purchased at the following locations:
- GTA Customer Service Center at the J. Douglas Galyon Depot, 236-C E. Washington St.
 - Greensboro Transit Agency Offices
223 W. Meadowview Rd.
- * Purchase and use of discount passes may require presentation of a free GTA-issued identification card. Cards are made weekly at the Depot under the following schedule: Tuesdays 10 am - 2 pm, and Thursdays & Fridays 1 pm - 4 pm. Please be prepared to present proper documentation. For your convenience, we are also able to visit your group or agency to take group photos for ID cards. To schedule a visit, call 336-373-2732. Questions? Call GTA Customer Service at 336-335-6499.



MEET UMO!

Pay GTA, HEAT and Access GSO fares with one touch using UMO. Accepted on all of our buses and cars*, UMO uses the latest payment technology to pay your bus fare with your choice of a touch card or your mobile device. Easier payments, faster boarding, the ability to add funds online and acceptance on PART Express and High Point Transit System are just a few benefits. Download the app from your iOS/Google Play store or visit ridegta.com. *does not include Access I-Ride.

Access GSO Service and ID

If you qualify for Access GSO service, you can use your Access ID for half-fares on GTA. Simply show your card to the operator. You may also bring a Personal Care Assistant (PCA) who will be charged half-fare.

Transfers

For your convenience, a series of free transfer points have been established along GTA routes allowing you to change buses at no-charge without visiting the Depot. The following rules apply:

- Transfers shall only be issued at passenger's request when the fare is paid in cash. Transfers apply automatically when using UMO card/app.
- Transfers shall be good for only one hour or until the arrival of the next available bus.
- Transfers shall not be used on the same route from which the transfer was issued. (An exception to this rule where the inbound and outbound stops cross, as with routes 1, 5, 6 and 12.)
- Transfers shall not be issued to passengers who used a transfer on the prior trip, with the exception of connector routes. (An exception to this rule would be to allow transfers to passengers who used a transfer from a connector route.)
- Transfers will be accepted at the Depot or at any of the locations noted on the map.

GTA Benefits

For the comfort of the riding public, GTA offers a number of amenities to make your trip enjoyable:

Knelling Feature

All GTA buses are equipped with the ability to kneel, or lower closer to the ground for easier access. Please ask the operator to lower the bus if needed for boarding.

Security Cameras

For your safety, GTA and HEAT buses are equipped with cameras that record video and audio while they are in service.

Talking Bus

During your trip, automated announcements will keep you updated on route and service changes, meetings, rider rules and more. Please pay attention for this useful information.

Wheelchair Access

Both GTA and HEAT buses are equipped to carry persons in wheelchairs. The combination of rider and wheelchair must not exceed 600 pounds. When boarding with assistance of the operator, wheelchairs must be secured in the designated area for the safety of all the passengers.

Adopt-A-Stop

Is your organization looking for a great way to help keep Greensboro clean? You can Adopt-a-Stop! The Adopt-a-Stop program gives community organizations and businesses the opportunity to partner with Greensboro Transit Agency (GTA) to help keep our city beautiful. Partners "adopt" a bus stop or shelter and agree to keep it clean throughout the year and report any observed damage.

Bus Orientation Classes

As a public service, GTA reaches out to our future riders with a free transit orientation program. A guide can pick up your class or group from your location and educate everyone on the beneficial use of public transportation services. At the Depot, the guide will familiarize guests with the transit transfer center, as well as the other public transportation and service offerings located on

site. The bus orientation requires a minimum of 12 participants.

Bike Racks

Each bus contains a bicycle rack capable of carrying two bikes on a first-come, first-served basis. The rider is solely responsible for safely securing and removing their bicycles from the rack.

To use the rack, simply lower the bicycle rack into place and insert the bike into one of the two available slots. For security, make sure to lift up the support arm and secure it over the wheel for travel. When you arrive at your destination, advise the operator that you will be retrieving your bike and follow the loading instructions in reverse.

Commuter Connections

In the Corporate Connections partnership, employers provide their staff with transit passes for travel while GTA provides efficient transit services, travel training, route coordination, and communications and promotional assistance. Participation in the program can help reduce your transportation expenses and support public transportation. You can start the process by contacting your human resources office or GTA.

Bus Routes and Stops

GTA's system of routes and stops were created with the goal of serving the most number of riders throughout Greensboro. As the population and travel patterns change, GTA will reevaluate route and stop locations and make adjustments as needed. We also accept and review recommendations from our riders. Requests can be submitted through the website or by written request with most responses occurring within 30 to 60 days.

Bus Shelters

Greensboro Transit Agency has placed an emphasis on providing sturdy protective coverings at high use bus stops in Greensboro. While many factors may affect the feasibility of installing shelters, priority is given to locations requested by the public. You can submit a request for a bus shelter through the website at ridegta.com

Americans with Disabilities Act (ADA)

Greensboro Transit Agency (GTA) will comply with the Americans with Disabilities Act (ADA), which prohibits discrimination in the provision of programs, services or activities to individuals with disabilities. We invite any resident with a special need to contact our staff, so that a smooth inclusion may occur. If you have any questions about the GTA policy regarding ADA, or believe you have been unfairly discriminated against in the provision of programs, services or activities of the GTA, please contact: ADA Coordinator, 223 W. Meadowview Road, Greensboro, NC 27406

Reasonable Modification Requests

In accordance with 49 CFR Parts 27 and 37, Transportation for Individuals with Disabilities Reasonable Modifications Policies and Practices, the City of Greensboro/GTA is committed to ensuring a reliable, accessible experience for all customers. If, due to a disability, you are not able to fully utilize GTA programs and transportation services because of a policy or procedure that GTA has established, an individual may submit a request for a modification of the policy or procedure to the ADA Coordinator or designee. The requestor may complete a Reasonable Modification Request Form 10 business days in advance. The form is available online at ridegta.com or the requestor may submit the signed Request Form via fax, email, or US postal mail to ADA Coordinator, 223 W. Meadowview Road, Greensboro, NC 27406. The Greensboro Transit Agency will contact you and provide a written response to your request for a Reasonable Modification within seven days of its receipt. Please see the Reasonable Modification Guide for policies and procedures for reasonable modification request. If you require assistance completing the form, please contact the ADA Coordinator at 336-373-2182. *Please note that feasible requests can be handled on the spot.

GTA Rider Guidelines

As GTA is a shared-ride system, the following rules and responsibilities were established to help make the trip enjoyable for you and your passengers:

- Air Conditioning/Heating** - The interior temperature of the buses are regulated by GTA policy that operators cannot override. Since some riders may be hot while others cold, it is recommended that passengers dress in layers for travel including a jacket or coat.
- Animals** - Only trained guide and service animals assisting persons with disabilities are permitted on GTA vehicles. For the full Service Animal policy, please refer to the GTA website or call 336-373-2634.
- Baby Strollers and Seats** - Infant children/toddlers must be removed from strollers and car seats while on the bus and the items stowed away safely.
- Carry-On Items** - GTA policy limits the amount of shopping bags/carry-on items to four per passenger. These items must be in the control of the passenger at all times and may not be used to take up additional passenger seats.
- Drinking and Eating Prohibited** - Please refrain from eating or consuming beverages while on board GTA vehicles. Closed food and beverage containers are permitted but must remain closed during travel.
- Fares** - Have your fare ready as you board the bus to avoid unnecessary delays. Change cards are available on board if you do not have exact change.

- Front Row Seating** - Please allow senior riders and persons with disabilities the use of the first two rows of seating. If a wheelchair passenger must be secured, please move to other available seating or stand.
- Headphones** - Passengers must use headphones when listening to portable electronic devices. Please keep the volume at a reasonable level to avoid disturbing your fellow riders and to stay alert for important service announcements.
- Profanity and Unruly Behavior** - Disruptive and unruly behavior including using profanity is not permitted at GTA stops, shelter, facilities and on board vehicles. Please be considerate around your fellow passengers.
- Proper Attire** - GTA policy requires appropriate dress while on the bus and GTA property that forbids sagging pants and revealing tops. Violators will be asked to adjust their clothing or leave the property. The full policy is available at ridegta.com.
- Smoking** - Smoking is not permitted on board GTA vehicles or in GTA facilities including bus shelters. This applies to traditional cigarettes and cigars as well as electronic cigarettes.
- Standing** - To accommodate additional passengers on the bus, please stand behind the standee line if a seat is not available. As you board the bus, move towards the back to allow others to board behind you. Please do not stand or sit in the rear stairwell.
- Trash** - Dispose of waste in on-board receptacles

or in trash cans provided at bus shelters and stops. Please do your part to keep our buses and community clean.

- Weapons** - Any object that is used to threaten, injure or cause damage to a person or property may be regarded as a weapon and is prohibited on GTA vehicles and property.
- Mobile Phones** - Are permitted to be used on GTA vehicles, but please show consideration to other passengers by keeping your voice low and conversations to a minimum.

For a full listing of GTA Operating Policies and Procedures, please visit ridegta.com

See. Say. Now!

See a spill on the bus that needs attention? Witness unsafe behavior? Spot someone who you think may be a victim of human trafficking? Use our new See Say Now app to discreetly report concerns or share observations. Information you provide will be confidentially routed to appropriate staff or agencies for response. Download See Say Now by visiting your app store, or scan the QR code. You can also Text a Tip to 336-559-3900.



GTA Title VI Notice To The Public

The Greensboro Transit Agency is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. It is GTA's objective to:

- Ensure that the level and quality of transportation service is provided without regard to race, color, or national origin;
- Promote the full and fair participation of all affected populations in transportation decision-making;
- Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations;
- Ensure meaningful access to programs and activities by persons with limited English proficiency.

GTA is committed to a policy of non-discrimination in the conduct of its business, including adherence to Title VI responsibilities and the delivery of equitable and accessible transportation services. Any person who believes that he

GTA Customer Service

We value your input and feedback to ensure GTA is serving your needs. GTA offers the following options for sharing your thoughts with us:

Phone/Online

Staffed most hours that our buses are in operation, you can call our live customer service agents at 336-335-6499. Also submit your feedback online at ridegta.com or through the See Say Now app or Transloc "Rider" app.

Social Media

GTA has a public presence on social media. You can follow us on Twitter and Facebook @gtaheat or Instagram @gtaheatbus. Note that accounts are not monitored 24 hours a day.

Greensboro Transit Advisory Committee Meetings, Public Meetings & Hearings

GTA holds open meetings to receive feedback on potential actions affecting GTA riders and the transit community. For meeting times, visit ridegta.com.

Comment Cards

Available on every bus and at the Depot, we welcome comments, concerns and praises. Please make sure to include your contact information if you wish to receive a response to your inquiries.

Copies of this document are available in accessible format upon request.



GTA ROUTES

MONDAY-SUNDAY ROUTES

- 1 Spring Garden Street/ West Wendover Avenue
- 2 Four Seasons
- 3 North Elm Street
- 4 Martin Luther King, Jr. Drive/ Benbow / Willow Road
- 5 Gorrell Street
- 6 Summit Avenue
- 7 Friendly Avenue
- 8 Battleground Avenue
- 9 West Market Street
- 10 East Market Street
- 11 Gate City Boulevard
- 12 South Elm-Eugene Street
- 12A South Town Connector
- 13 Randleman Road
- 14 Bessemer Avenue / Phillips Avenue
- 15 Yanceyville Street / Brightwood School Road
- 17 Lawndale Drive

HEAT ROUTES

- 71 East-West HEAT
- 72 City HEAT
- 73 UNGC HEAT
- 75 A&T HEAT

GREENSBORO DOWNTOWN AREA
(See inset other side)



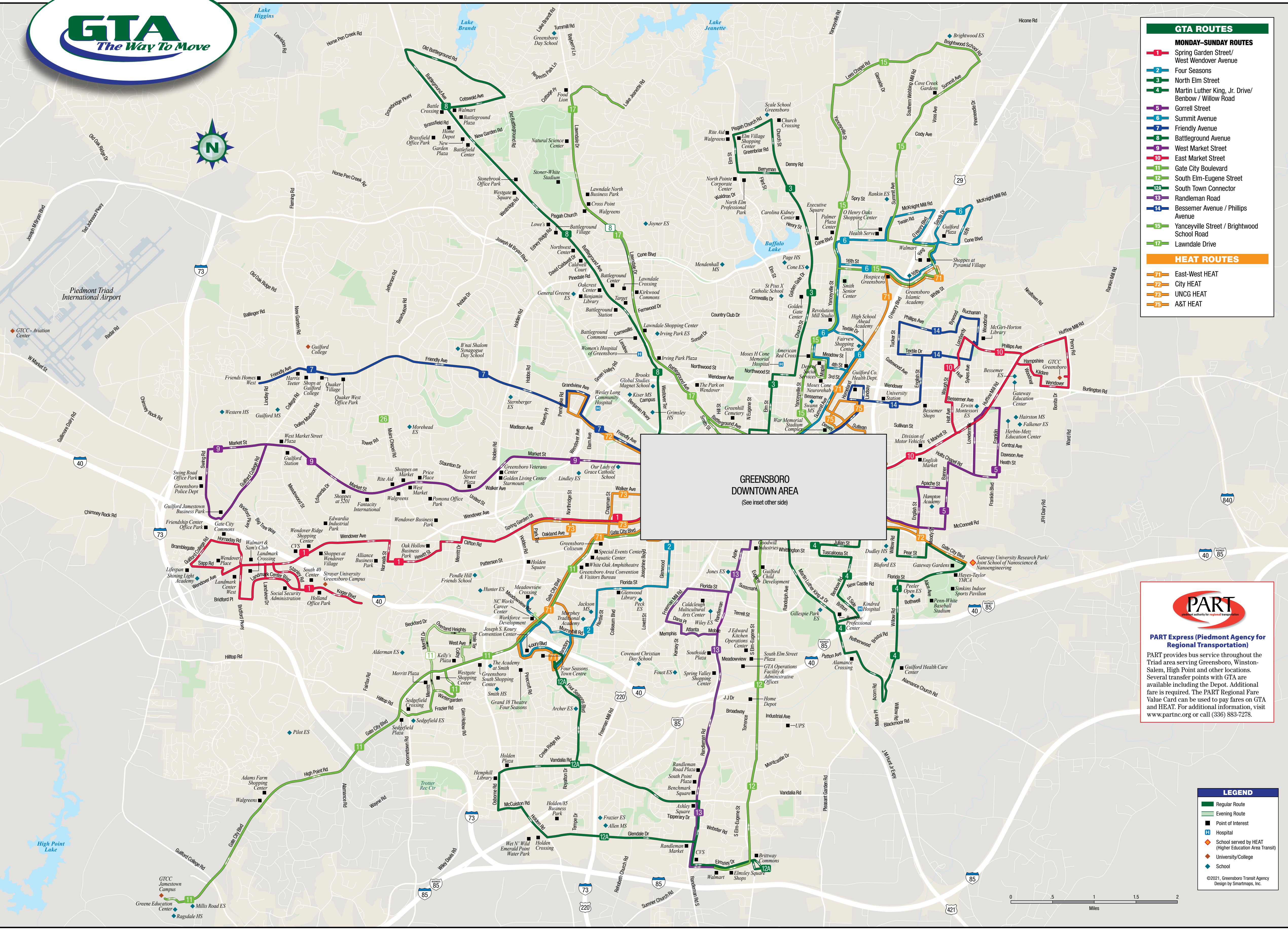
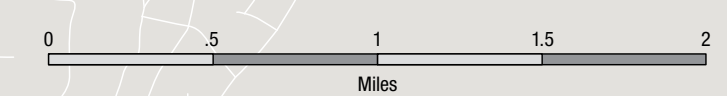
PART Express (Piedmont Agency for Regional Transportation)

PART provides bus service throughout the Triad area serving Greensboro, Winston-Salem, High Point and other locations. Several transfer points with GTA are available including the Depot. Additional fare is required. The PART Regional Fare Value Card can be used to pay fares on GTA and HEAT. For additional information, visit www.partnc.org or call (336) 883-7278.

LEGEND

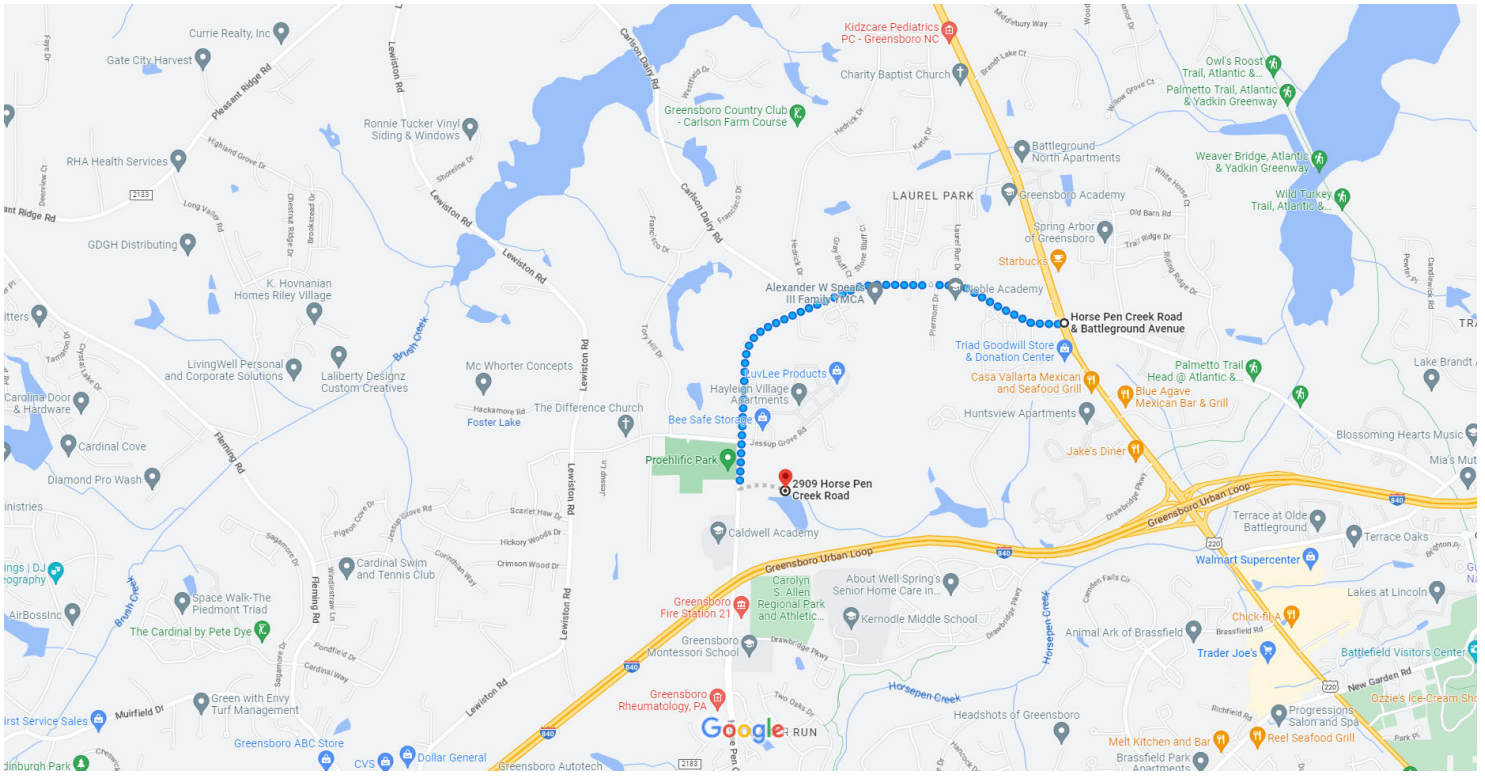
- Regular Route
- Evening Route
- Point of Interest
- H Hospital
- ♦ School served by HEAT (Higher Education Area Transit)
- ♦ University/College
- ♦ School

©2021, Greensboro Transit Agency
Design by Smartmaps, Inc.

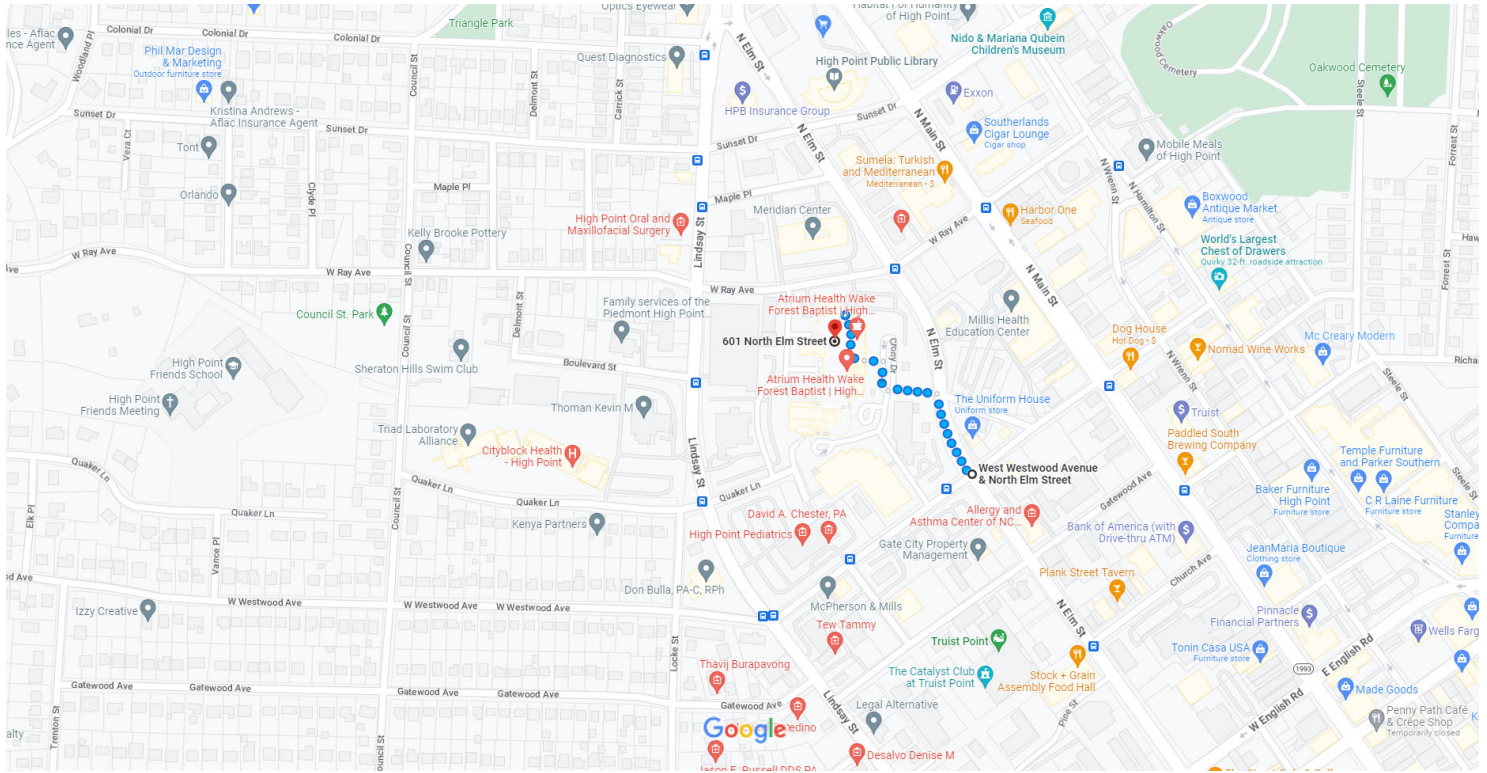


Horse Pen Creek Road & Battleground Avenue to 2909 Horse Pen Creek Road, Greensboro, NC

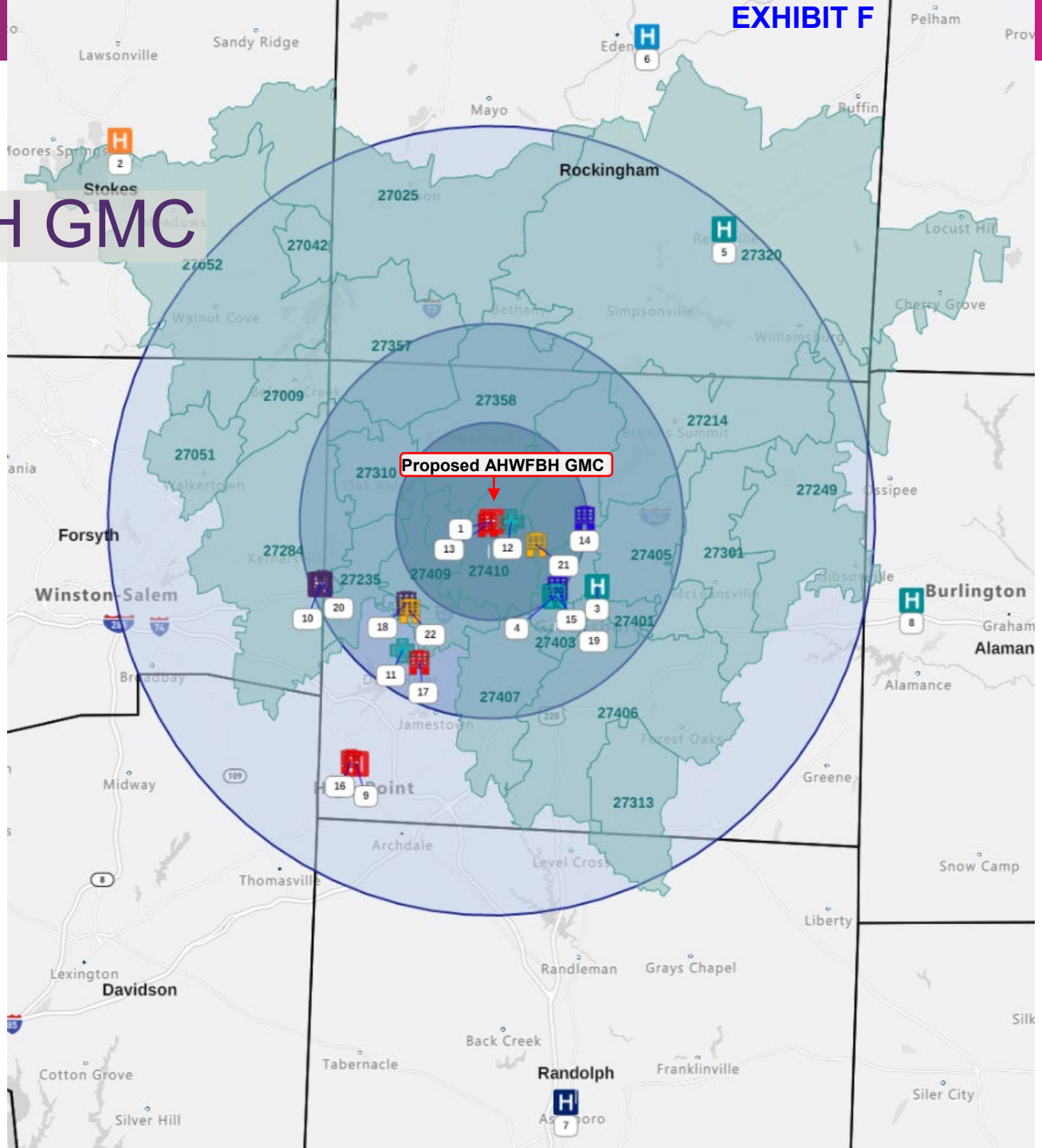
Walk 1.5 miles, 30 min



Map data ©2023 Google 1000 ft



Radius from proposed AHWFBH GMC



Population of GMC service area

ASC

FSED

Hospital

Atrium Health

Cone Health

Independent

Novant Health

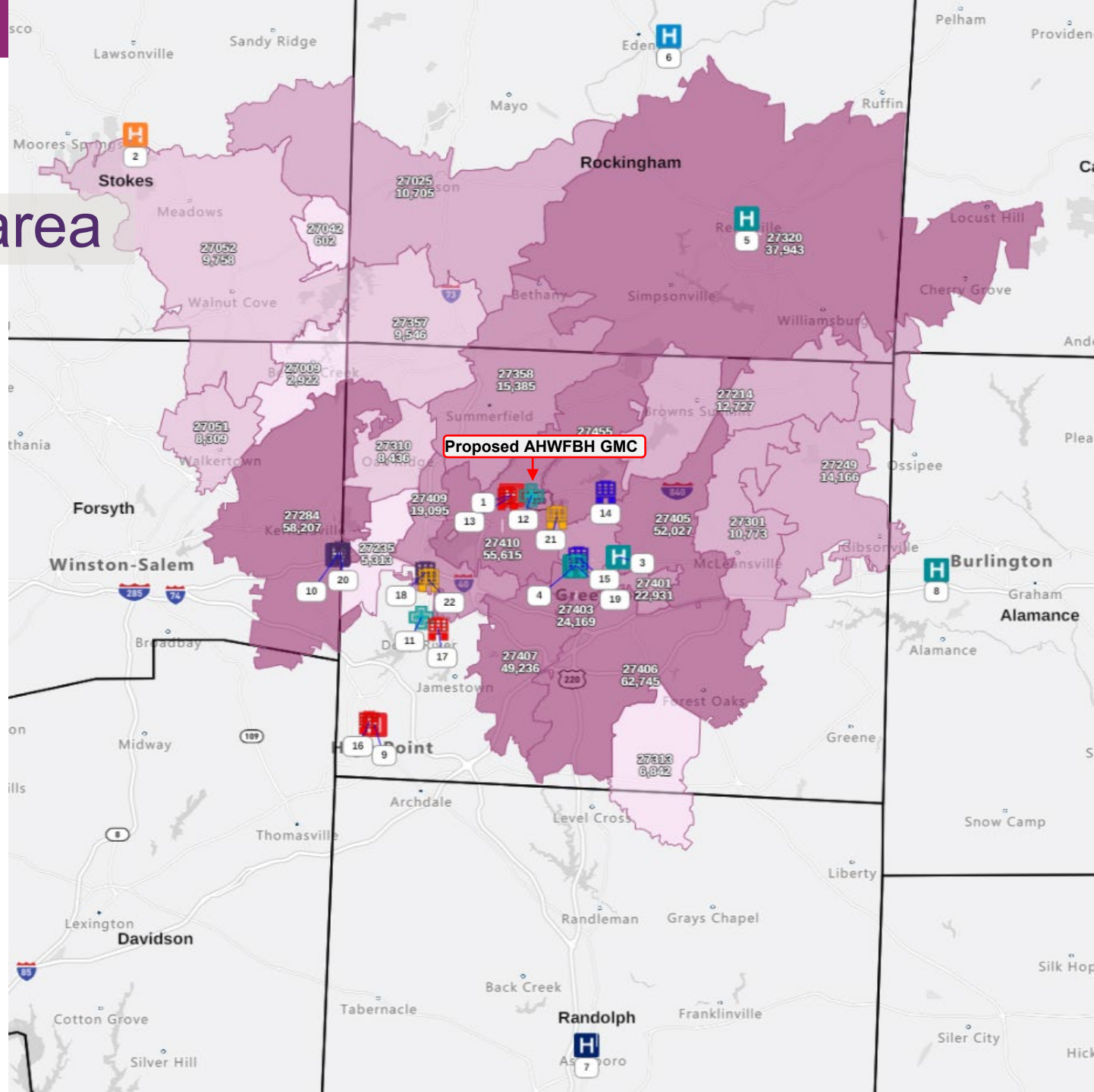
SCA Health

UNC Health

5 Miles

10 Miles

20 Miles



Index Reference

Index	Affiliation	Name	Address	City	State	Zip Code	Type
1	Atrium Health	Proposed AHWFBH GMC	2909 Horse Pen Creek Road	Greensboro	NC	27410	Hospital
2	Independent	LifeBrite Community Hospital	1570 Nc 8 & 89 Highway N	Danbury	NC	27016	Hospital
3	Cone Health	Moses H Cone Memorial Hospital	1200 East Northwood Street	Greensboro	NC	27401	Hospital
4	Cone Health	Wesley Long Hospital	501 North Elam Avenue	Greensboro	NC	27403	Hospital
5	Cone Health	Annie Penn Hospital	618 South Main Street	Reidsville	NC	27320	Hospital
6	UNC Health	UNC Rockingham Health Care	117 East Kings Highway	Eden	NC	27288	Hospital
7	Independent	Randolph Hospital	364 White Oak Street	Asheboro	NC	27203	Hospital
8	Cone Health	Alamance Regional Medical Center	3025 South Church Street	Burlington	NC	27215	Hospital
9	Atrium Health	AHWFBH High Point Medical Center	North Elm Street	High Point	NC	27262	Hospital
10	Novant Health	Novant Health Kernersville Medical Center	1750 Kernersville Medical Parkway	Kernersville	NC	27284	Hospital
11	Cone Health	Cone Health MedCenter FSED	2630 Willard Dairy Rd	High Point	NC	27265	FSED
12	Cone Health	Cone Health FSED at Drawbridge	3518 Drawbridge Parkway	Greensboro	NC	27410	FSED
13	Atrium Health	AHWFBH Greensboro Ambulatory Surgical Center	2900 Horse Pen Creek Road	Greensboro	NC	27410	ASC
14	SCA Health	Greensboro Specialty Surgical Center	3812 N Elm S treet	Greensboro	NC	27455	ASC
15	SCA Health	Surgical Center of Greensboro	705 Green Valley Road	Greensboro	NC	27408	ASC
16	Atrium Health	High Point Surgery Center	600 Lindsay Street	High Point	NC	27262	ASC
17	Atrium Health	Premier Surgery Center	4512 Premier Drive	High Point	NC	27265	ASC
18	Novant Health	Piedmont Surgical Center	7819 National Service Rd	Greensboro	NC	27409	ASC
19	Cone Health	North Elam Ambulatory Surgery Center	509 N Elam Avenue	Greensboro	NC	27403	ASC
20	Novant Health	Novant Health Kernersville Outpatient Surgery	1700 Kernersville Medical Parkway	Kernersville	NC	27284	ASC
21	Independent	Surgical Eye Center	3312 Old Battleground Road	Greensboro	NC	27410	ASC
22	Independent	Valleygate Dental Surgery Center of the Triad	510 Hickory Ridge Drive	Greensboro	NC	27409	ASC



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Exhibit G

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

January 9, 2023

Nicole Moore
nsmoore@wakehealth.edu

Exempt from Review – Physician Office or Medical Office Building

Record #: 4095
Date of Request: December 12, 2022
Business Name: Atrium Heath Wake Forest Baptist
Business #: 2990
Project Description: Develop a Medical Office Building
County: Guilford

Dear Ms. Moore:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the project described above is exempt from certificate of need review in accordance with G.S. 131E-184(a)(9). Therefore, you may proceed to offer, develop or establish the project described above without a certificate of need.

It should be noted that this Agency’s position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by the Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

[Handwritten signature of Gregory F. Yakaboski]

Gregory F. Yakaboski
Project Analyst

[Handwritten signature of Micheala Mitchell]

Micheala Mitchell
Chief

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 9, 2022

Ms. Micheala Mitchell, Chief
Mr. Greg Yakaboski, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: Request for confirmation of exemption for construction of new medical office building

Dear Ms. Mitchell and Mr. Yakaboski,

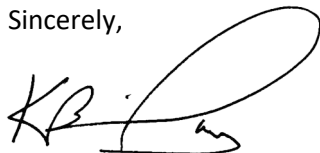
Pursuant to **§ 131E-184 (a)(9)**, Exemptions from Certificate of Need Review, I am writing to request confirmation that the project described below is exempt from review.

Wake Forest Baptist Health plans to construct a second medical office building at 2909 Horse Pen Creek Road in Greensboro, NC. This new medical office building is an additional building from the previous submitted exemption on June 20th, 2022 (Record #: 3933). The medical office building will include medical and surgical specialty physician office clinics and will not contain any new institutional health services as defined in G.S. 131E-176, other than those defined in G.S. 131E-176(16)b. Wake Forest Baptist Health plans to construct this building to expand its services and provide care closer to home for patients choosing Wake Forest Baptist health for their ambulatory care needs.

Pursuant to § 131E-184, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service. Wake Forest Baptist Health respectfully requests that this letter serves as prior written notice for this project.

Please let me know if you have any questions or if additional information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'KB High', with a large, stylized loop at the end.

Kevin P. High, MD, MS, MACP, FIDSA

President, Atrium Health – Wake Forest Baptist

Professor of Medicine and Translational Science – Wake Forest School of Medicine

From: [Yakaboski, Greg](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Guilford County/Greensboro MOB 2 Exemption Letter
Date: Tuesday, December 13, 2022 9:28:56 AM
Attachments: [2022 1212 Greensboro MOB II Exemption Letter Dec 2022.pdf](#)

Tiffany, Received this Exemption Request yesterday.

Thanks,
Greg

From: Nicole Moore <nsmoore@wakehealth.edu>
Sent: Monday, December 12, 2022 2:59 PM
To: Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Cc: Anna Post Mickleberry <apost@wakehealth.edu>
Subject: [External] Guilford County/Greensboro MOB 2 Exemption Letter

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good Afternoon Greg,

Please find the attached letter requesting confirmation from the agency that an Atrium Health Wake Forest Baptist medical office building project in Guilford County, specifically Greensboro, is exempt from CON review.

Please let us know if you have any questions. Thank you for your time and review.

Warm regards,
Nicole

Nicole Moore, MBA

Strategy & Planning Manger
Growth, Strategy, and Business Development
Medical Center Boulevard | Winston-Salem | NC | 27157
Office: 336-716-6968 | Cell: 469-831-6587

Atrium Health

**Wake Forest Baptist Health is now
Atrium Health Wake Forest Baptist**

CONFIDENTIAL – This document contains competitive healthcare information pursuant to N.C. Gen. Stat. 131-97.3 and is not public record. The information contained in this message is privileged and confidential information intended for the sole use of the addressee. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please notify the person listed above immediately by e-mail, and delete the original message and attachments.

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Exhibit H

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 24, 2022

Anna Post Mickleberry
apost@wakehealth.edu

Exempt from Review – Physician Office or Medical Office Building

Record #: 3933
Date of Request: June 20, 2022
Business Name: Wake Forest Baptist Health
Business #: 2990
Project Description: Develop a medical office building
County: Guilford

Dear Ms. Mickleberry:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the project described above is exempt from certificate of need review in accordance with G.S. 131E-184(a)(9). Therefore, you may proceed to offer, develop or establish the project described above without a certificate of need.

It should be noted that this Agency’s position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by the Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

[Handwritten signature of Gregory F. Yakaboski]

Gregory F. Yakaboski
Project Analyst

[Handwritten signature of Micheala Mitchell]

Micheala Mitchell
Chief

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Administration
Medical Center Blvd.
Winston-Salem, NC 27157
WakeHealth.edu

June 15, 2022

Ms. Micheala Mitchell, Chief
Mr. Greg Yakaboski, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: Request for confirmation of exemption for construction of new medical office building in Greensboro, NC (Guilford County)

Dear Ms. Mitchell and Mr. Yakaboski,

Pursuant to § 131E-184 (a)(9), Exemptions from Certificate of Need Review, I am writing to request confirmation that the project described below is exempt from review.

Wake Forest Baptist Health plans to construct a new medical office building at 2909 Horse Pen Creek Road in Greensboro, NC. The medical office building will include medical and surgical specialty physician office clinics and will not contain any new institutional health services as defined in G.S. 131E-176, other than those defined in G.S. 131E-176(16)b. Wake Forest Baptist Health plans to construct this building to expand its services and provide care closer to home for patients choosing Wake Forest Baptist health for their ambulatory care needs.

Pursuant to § 131E-184, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service. Wake Forest Baptist Health respectfully requests that this letter serves as prior written notice for this project.

Please let me know if you have any questions or if additional information is needed.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. High".

Kevin P. High, MD, MS, MACP, FIDSA
President, Atrium Health – Wake Forest Baptist
Professor of Medicine and Translational Science – Wake Forest School of Medicine

From: [Yakaboski, Greg](#)
To: [Waller, Martha K](#)
Subject: FW: [External] Request for confirmation of exemption for construction of new medical office building
Date: Monday, June 20, 2022 4:35:35 PM
Attachments: [2022 0620 Greensboro MOB Exempt from Review.pdf](#)

Hey Martha,

Just received this exemption request.

Greg

Sincerely,

Gregory F. Yakaboski

Gregory F. Yakaboski
Project Analyst
[Division of Health Service Regulation](#), Certificate of Need
[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.
[Know the 3 Ws. Wear. Wait. Wash.](#)
#StayStrongNC and get the latest at nc.gov/covid19

Office: 919-855-3873
Greg.Yakaboski@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

From: Anna Post Mickleberry <apost@wakehealth.edu>
Sent: Monday, June 20, 2022 4:34 PM
To: Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Cc: Nicole Moore <nsmoore@wakehealth.edu>
Subject: [External] Request for confirmation of exemption for construction of new medical office building

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Hi Greg,

Please see the attached letter requesting confirmation from the agency that an Atrium Health Wake Forest Baptist medical office building project is exempt from CON review.

I am more than happy to connect on any questions. Thank you for your time and review.

Thank you,
Anna

Anna Mickleberry

AVP, Strategy, Regulatory Planning, and Business Development
919-721-5960

Atrium Health

*Wake Forest Baptist Health is now
Atrium Health Wake Forest Baptist*

CONFIDENTIAL – This document contains competitive healthcare information pursuant to N.C. Gen. Stat. 131-97.3 and is not public record. The information contained in this message is privileged and confidential information intended for the sole use of the addressee. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please notify the person listed above immediately by e-mail, and delete the original message and attachments.



LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: HPCA, LLC

SECRETARY OF STATE ID NUMBER: 2352832 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2023

Filing Office Use Only
E - Filed Annual Report
2352832
CA202307903870
3/20/2023 03:46
Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Wallace, J. McLain, Jr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS
1 Medical Center Boulevard 1 Medical Center Boulevard
Winston-Salem, NC 27157-0001 Forsyth County Winston-Salem, NC 27157-0001

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Organized to acquire property in Guilford County

2. PRINCIPAL OFFICE PHONE NUMBER: (336) 716-2959 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS 5. PRINCIPAL OFFICE MAILING ADDRESS
1 Medical Center Boulevard 1 Medical Center Boulevard
Winston-Salem, NC 27157-0001 Winston-Salem, NC 27157-0001

- 6. Select one of the following if applicable. (Optional see instructions)
The company is a veteran-owned small business
The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Wake Forest University Baptist Medical Center NAME: NAME:
TITLE: Manager TITLE: TITLE:
ADDRESS: ADDRESS: ADDRESS:
1 Medical Center Boulevard
Winston-Salem, NC 27157-0001

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Wake Forest University Baptist Medical Center, by J. McLain Wallace Jr. Organizer 3/20/2023
SIGNATURE DATE

Wake Forest University Baptist Medical Center, by J. McLain Wallace Jr. Organizer Manager
Print or Type Name of Company Official Print or Type Title of Company Official

This Annual Report has been filed electronically.

Property Summary

Tax Year: 2024

REID	96068	PIN	7837-80-9691	Property Owner	HPCA LLC
Location Address	2909 HORSE PEN CREEK RD	Property Description	JESSUP	Owner's Mailing Address	MEDICAL CENTER BLVD WINSTON SALEM NC 27157

Administrative Data	
Plat Book & Page	
Old Map #	
Market Area	7837C01
Township	00-MOREHEAD/GILMER
Planning Jurisdiction	GR-GREENSBORO
City	Greensboro
Fire District	
Spec District	
Land Class	COMM
History REID 1	
History REID 2	
Acreage	32.37
Permit Date	
Permit #	

Transfer Information	
Deed Date	2/24/2023
Deed Book	008704
Deed Page	02165
Revenue Stamps	\$20,000
Package Sale Date	
Package Sale Price	
Land Sale Date	
Land Sale Price	

Improvement Summary	
Total Buildings	0
Total Units	0
Total Living Area	0
Total Gross Leasable Area	0

Property Value	
Total Appraised Land Value	\$1,957,800
Total Appraised Building Value	
Total Appraised Misc Improvements Value	
Total Cost Value	\$1,957,800
Total Appraised Value - Valued By Cost	\$1,957,800
Other Exemptions	
Exemption Desc	
Use Value Deferred	
Historic Value Deferred	
Total Deferred Value	
Total Taxable Value	\$1,957,800



Building Summary

Misc Improvements Summary

Card #	Unit Quantity	Measure	Type	Base Price	Eff Year	Phys Depr (% Bad)	Econ Depr (% Bad)	Funct Depr (% Bad)	Common Interest (% Good)	Value
Total Misc Improvements Value Assessed:										

Card #	Unit Quantity	Measure	Type	Base Price	Eff Year	Phys Depr (% Bad)	Econ Depr (% Bad)	Funct Depr (% Bad)	Common Interest (% Good)	Value
No Data										
Total Misc Improvements Value Assessed:										

Land Summary

Land Class: COMM		Deeded Acres: 32.37			Calculated Acres: 32.37		
Zoning	Soil Class	Description	Size	Rate	Size Adj. Factor	Land Adjustment	Land Value
CD-CP		1000-COMMERCIAL	32.96 BY THE ACRE PRICE	\$120,000		SHAPE-86.96 TOPOGRAPHY-60.88 WET-85.00 CORNER-110.00	\$1,957,800
Total Land Value Assessed: \$1,957,800							

Ownership History

Owner Name	Deed Type	% Ownership	Stamps	Sale Price	Book	Page	Deed Date
No Data							

Notes Summary

Building Card	Date	Line	Notes
No Data			

Property Summary

Tax Year: 2023

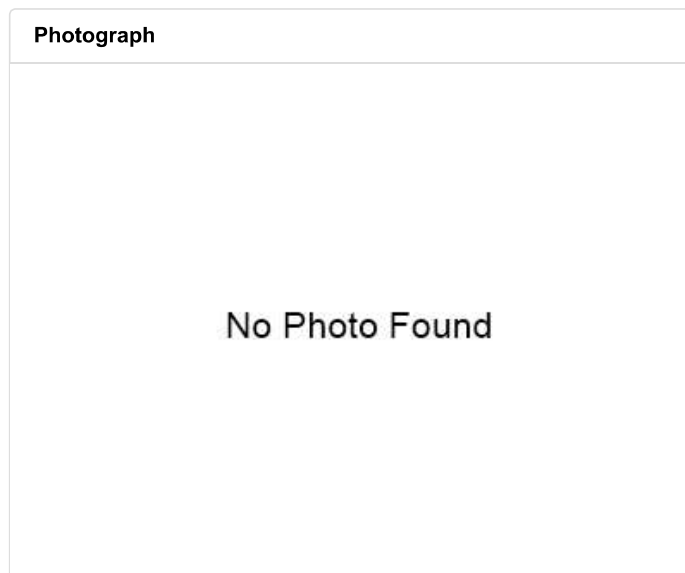
REID	96055	PIN	7837-90-2928	Property Owner	HPCA LLC
Location Address	2909 YY HORSE PEN CREEK RD	Property Description	3 AC PT 1 PB66-66 JESSUP PL66-66	Owner's Mailing Address	MEDICAL CENTER BLVD WINSTON SALEM NC 27157

Administrative Data	
Plat Book & Page	66-66
Old Map #	
Market Area	7837C01
Township	00-MOREHEAD/GILMER
Planning Jurisdiction	GR-GREENSBORO
City	Greensboro
Fire District	
Spec District	
Land Class	COMM
History REID 1	
History REID 2	
Acreage	3
Permit Date	
Permit #	

Transfer Information	
Deed Date	2/24/2023
Deed Book	008704
Deed Page	02227
Revenue Stamps	
Package Sale Date	
Package Sale Price	
Land Sale Date	
Land Sale Price	

Improvement Summary	
Total Buildings	0
Total Units	0
Total Living Area	0
Total Gross Leasable Area	0

Property Value	
Total Appraised Land Value	\$198,000
Total Appraised Building Value	
Total Appraised Misc Improvements Value	
Total Cost Value	\$198,000
Total Appraised Value - Valued By Cost	\$198,000
Other Exemptions	
Exemption Desc	
Use Value Deferred	
Historic Value Deferred	
Total Deferred Value	
Total Taxable Value	\$198,000



Building Summary

Misc Improvements Summary

Card #	Unit Quantity	Measure	Type	Base Price	Eff Year	Phys Depr (% Bad)	Econ Depr (% Bad)	Funct Depr (% Bad)	Common Interest (% Good)	Value
Total Misc Improvements Value Assessed:										

Card #	Unit Quantity	Measure	Type	Base Price	Eff Year	Phys Depr (% Bad)	Econ Depr (% Bad)	Funct Depr (% Bad)	Common Interest (% Good)	Value
No Data										
Total Misc Improvements Value Assessed:										

Land Summary

Land Class: COMM		Deeded Acres: 0			Calculated Acres: 3			
Zoning	Soil Class	Description	Size	Rate	Size Adj. Factor	Land Adjustment	Land Value	
CU-CP		1000-COMMERCIAL	3.00 BY THE ACRE PRICE	\$120,000		ACCESS-66.19 TOPOGRAPHY-83.09	\$198,000	
Total Land Value Assessed: \$198,000								

Ownership History

Owner Name	Deed Type	% Ownership	Stamps	Sale Price	Book	Page	Deed Date
No Data							

Notes Summary

Building Card	Date	Line	Notes
No Data			

FOR THE EXCLUSIVE USE OF
COREY.ROBINSON@NELSONMULLINS.COM

From the Triad Business Journal:

<https://www.bizjournals.com/triad/news/2023/02/27/atrium-health-buys-greensboro-land-12-million.html>

SUBSCRIBER CONTENT:

Atrium Health pays \$12.5 million for Greensboro property

Feb 27, 2023, 7:30am EST



Daniel Finnegan

Atrium Wake Forest Baptist purchased the land at 2909 Horse Pen Creek Road for its Greensboro ambulatory surgical center.

Atrium Health paid a hefty price for land for its push into Greensboro.

Through HPCA LLC, the Charlotte-based health network acquired two tracts totaling 36.17 acres at 2909 Horse Pen Creek Road for \$12.5 million from Kotis Properties Inc. in a transaction posted in online records Friday in Guilford County.

Atrium Health entered into a strategic partnership with Wake Forest Univeristy and Wake Forest Baptist in 2019.

In November, Triad Business Journal reported that Atrium Health had won state approval for a \$30 million Wake Forest Baptist ambulatory surgery center at the location. The tracts purchased are 3 and 33.17 acres.

The address of HPCA is listed at 1 Medical Center Blvd. in Winston-Salem, the same address as Atrium Health Wake Forest Baptist Medical Center. William M. Kotis Jr. is the president of Kotis Properties. His son, William M. "Marty" Kotis, is a commercial real estate investor and developer specializing in shopping centers and restaurants who is developing a Greensboro Publix supermarket along Westover Terrace.

The property is on the east side of Horse Pen Creek across the road from Proehlfic Park fitness center on the Horse Pen Creek corridor that runs from New Garden Road to Battleground Avenue.

The 160,000-square-foot Cone Health MedCenter Greensboro at Drawbridge Parkway, only 2.1 miles away, opened in 2022.

Horse Pen Creek has been undergoing rampant development, including the recent opening of the first phase of 4 Farms, a 144-unit apartment complex, and the current construction of 380-unit Keystone at Horse Pen Creek apartments at 2737-2767 Horse Pen Creek and Elim at Horse Pen Creek, a community planned to have 44 upscale townhomes by D. Stone Builders at 2780 Horse Pen Creek.

Horse Pen Creek has several medical offices, many near the intersection with New Garden. LeBauer Healthcare Horse Pen Creek, a family practice fronting Horse Pen Creek Road, opened in 2018 next to Bee Safe Storage and Wine Cellar at 4443 Jessup Creek Road. An Atrium sports medicine clinic opened inside Proehlfic Park the same year.



Greensboro Planning and Zoning Commission 2023 Schedule

Month	TIS & UDP Deadline (21 days prior to application deadline)	Application Deadline (45 days prior to meeting date)	Planning & Zoning Commission Public Hearing	Appeal Deadline (10 day window to appeal)	Potential City Council Meeting
January	11-Nov	2-Dec	18-Jan (Wed)	28-Jan (Sat)	21-Feb
February	16-Dec	6-Jan	20-Feb	2-Mar	21-Mar
March	13-Jan	3-Feb	20-Mar	30-Mar	17-Apr (Mon)
April	10-Feb (14 Days Prior)	24-Feb	10-Apr	20-Apr	16-May
May	10-Mar	31-Mar	15-May	25-May	20-Jun
June	7-Apr	28-Apr	12-Jun	22-Jun	18-Jul
July	12-May	2-Jun	17-Jul	27-Jul	15-Aug
August	16-Jun	7-Jul	21-Aug	31-Aug	19-Sep
September	14-Jul	4-Aug	18-Sep	28-Sep	17-Oct
October	11-Aug	1-Sep	16-Oct	26-Oct	21-Nov
November	15-Sep	6-Oct	20-Nov	30-Nov	19-Dec
December	13-Oct	3-Nov	18-Dec	28-Dec	16-Jan

Note: Applications and appeals are due by 5:00 PM on the specified dates.

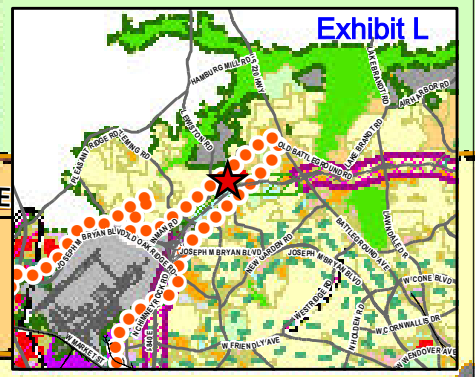
For more information, contact the Planning Department at 336-373-2144

**Applicants are encouraged to consult with GDOT for a Traffic Impact Study (TIS) determination prior to submitting any zoning/rezoning request (See Ordinance Sec. 30-4-5.4). Failure to consult with GDOT may result in significant delays in processing of application if GDOT determines later that a Traffic Impact Study is required.

Please contact Noland Tipton with GDOT at 336-373-4920. If a project requiring a TIS is located on a State maintained road(s), the TIS must also be submitted to the State by the above stated deadline.

PUBLIC HEARING
City Council
June 4, 2013

3895-Amendment to 2010 Zoning Map. CD-BP to CD-C-H & CD-BP. 2909 Horse Pen Creek Rd. Recommended by Zoning Commission on May 13, 2013. Approved by City Council on June 4, 2013.



1. Uses: All uses allowed in the C-H (Commercial-High) zoning district portion, consisting of approximately 22.73 acres except bus and rail terminals; pawnshops; multi-family dwellings; animal shelters; cemeteries; recycling collection points and junked motor vehicles as accessory uses.

2. Uses: All uses allowed in the BP (Business Park) zoning district portion, consisting of 14.19 acres except bus and rail terminals; multi-family dwellings and recycling collection points as accessory uses.

3. Pedestrian Trails: A network of pedestrian trails will be constructed for the CD-BP (Conditional District- Business Park) portion of the property.

R-3

R-3

R-3

Scenic Corridor Overlay District 1

WALKING HORSE LN

CD-RM-12

EIGHT BELLES LN

JESSUP GROVE

Requested from CD-BP to CD-C-H (22.73 Acres)

CD-BP

36.92 Total Acres

Requested from CD-BP to CD-BP (14.19 Acres)

R-3

PL(Z) 13-08

PI

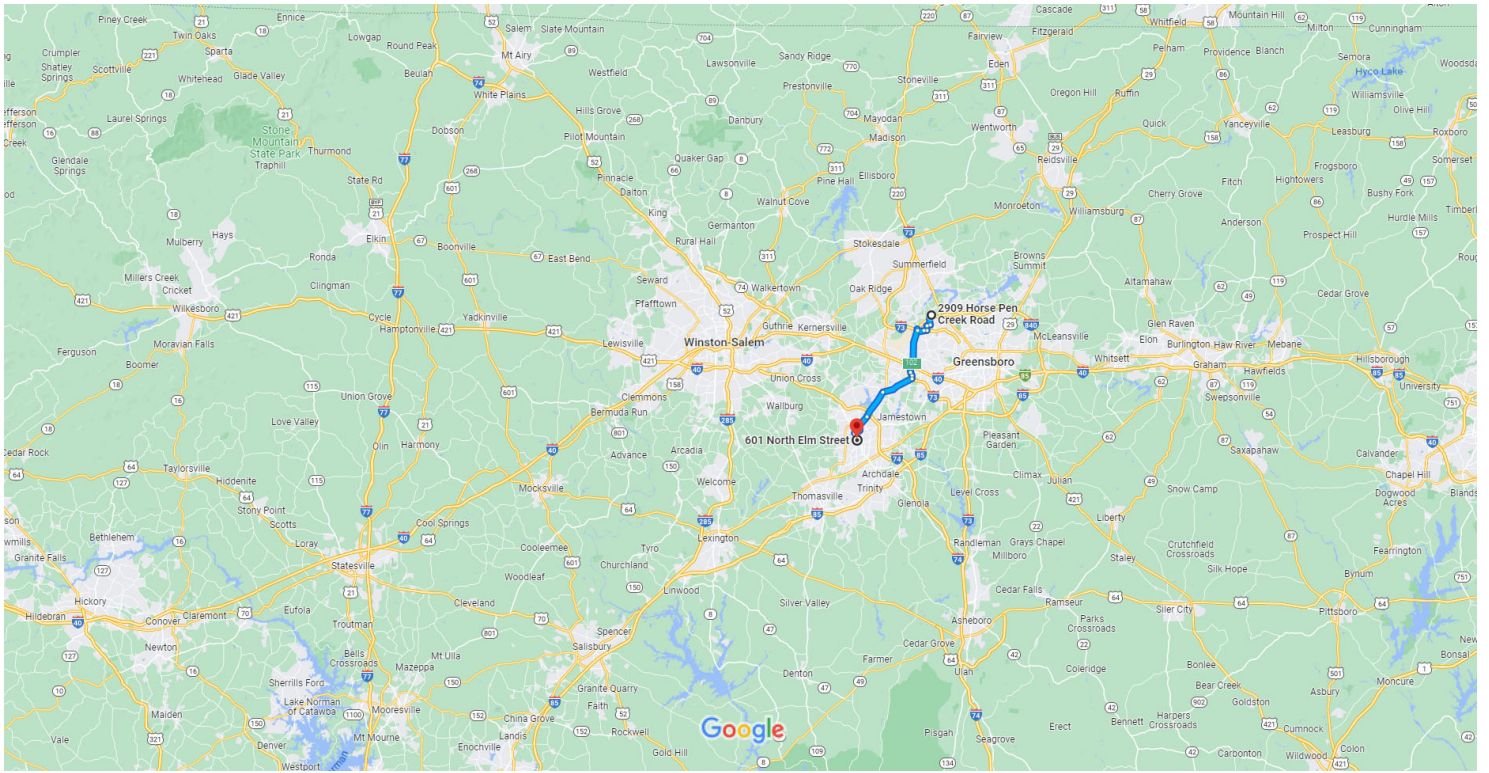
PI

CD-O

WILDFLOWER DR

909 Horse Pen Creek Road, Greensboro, NC to 601 North Elm Street, High Point, NC

Drive 17.0 miles, 29 min





Public Transportation in the U.S.

Brief Jul-01-2021 | Heaps W, Abramsohn E, Skillen E | 2-min read

INSIGHTS > OUR RESEARCH > PUBLIC TRANSPORTATION IN THE U.S.

HEALTH AFFAIRS BRIEF 

New or expanded public transportation options can improve health and health equity by reducing traffic crashes and air pollution, increasing physical activity, and improving access to medical care, healthy food, vital services, employment, and social connection.

What the Issue?

Health, functioning, and quality of life are products of the social and economic conditions in the environments where people are born, live, learn, work, play, worship, and age. Research suggests that an estimated 20 percent of a person's health can be attributed to clinical care, whereas an estimated 30 percent can be attributed to health behaviors such as diet and exercise, and another 10 percent to the physical environment, including air and water quality, housing, and transit. The remaining 40 percent is related to social and economic factors such as education, employment, and income.

Transportation is a component of the built environment, with important impacts on public health and health equity. Transportation policies, planning efforts, and infrastructure investments have historically emphasized roads over public and active transportation, contributing to health hazards and segregating communities. New or expanded public transportation options can increase access to and use of transit and can improve health outcomes by promoting better air quality, increasing levels of physical activity, decreasing injuries from motor vehicle crashes, and improving mental health.

Women, young adults (ages 25–29), Black workers, and low-income workers in particular depend on public transportation for commuting. In addition, lack of access to public transportation can disproportionately harm older people and people with disabilities and can exacerbate racial and economic disparities by decreasing mobility and forcing dependence on car ownership.

This brief's primary focus is the relationship between urban public transportation and health and health equity, highlighting policy and practice interventions that may help states and municipalities better align urban public transportation and public health goals.

What's Next?

Access to public transportation may reduce health disparities and promote health equity by increasing access to healthier food options, medical care, vital services, and employment for communities that do not have equal access to these fundamental daily necessities.

As the evidence linking access to public transportation, health, and health equity continues to grow and as transportation planners continue to incorporate health considerations into their work, several high-priority areas for future research have become clear.

First, aligned metrics that demonstrate how access to public transportation affects individual and population health outcomes and health equity have been shown to be important in guiding community planning efforts. Second, although state transportation laws may highlight public health concerns or goals, there is a lack of research on how these laws affect local transit decision making. Additional research in this area could provide insight regarding potential roles for public health practitioners to engage in and inform those processes. Third, more information on the link between access to transportation and poverty will help to inform equitable approaches to transportation planning and implementation.

Subscribe to receive **Funding Alerts & more**

Explore the latest in reflection and research from subject matter experts at RWJF and our wide network of partners.

Email Address (Required)

example@domain.com

CONTINUE >

CONTACT RWJF

50 College Road East
Princeton, NJ 08540-6614

US Toll Free: (877) 843-7953
International: +1 (609) 627-6000

MANAGE YOUR GRANTS

MyRWJF Login



OUR VISION

Why Health Equity

Focus Areas

Measuring RWJF
Progress

GRANTS

Active Funding
Opportunities

Awarded Grants

Grantee Stories

Grant Process

Grantee Resources

INSIGHTS

Blog

Our Research

Advocacy And
Policy

ABOUT RWJF

Our Guiding
Principles

How We Work

Impact Investments

Staff And Trustees

Newsroom

[Careers](#)

[Contact Us](#)

©2001-2023
Robert Wood Johnson Foundation. All Rights
Reserved.

[Manage
Email](#)

[Privacy
Statement](#)

[Terms and
Conditions](#)

CULTURE OF HEALTH

HEALTH POLICY BRIEF

JULY 2021

Key Points

- » “Public transportation” refers to a wide variety of options that provide regular and continuing transportation to the public and may incorporate private sector services such as paratransit or ride-sharing.
- » Lack of access to public transportation disproportionately harms those who rely on it, including older adults, individuals with disabilities, and commuters. Among the latter group, women, younger adults, Black workers, and low-income workers are overrepresented to various degrees.
- » New or expanded public transportation options can increase the use of public transit, reducing traffic crashes and air pollution. Expanded access to public transportation can also improve physical and mental health and health equity by increasing access to medical care, healthy food, vital services, employment, and social connections.
- » Several expert scientific bodies have provided guidance for better aligning public transportation and public health goals. Many states and local governments have already taken important steps in this direction.
- » Improved and aligned metrics can help inform decision making on equitable approaches to transportation planning and implementation by addressing issues such as access, convenience, and cost of transit, as well as the links between access to transportation and poverty.
- » Experts have identified safe and thriving public transit options as essential for communities to recover from the COVID-19 pandemic.

WITH SUPPORT FROM:



Robert Wood Johnson Foundation

PUBLIC TRANSPORTATION IN THE US: A DRIVER OF HEALTH AND EQUITY

New or expanded public transportation options can improve health and health equity by reducing traffic crashes and air pollution, increasing physical activity, and improving access to medical care, healthy food, vital services, employment, and social connection.

Health, functioning, and quality of life are products of the social and economic conditions in the environments where people are born, live, learn, work, play, worship, and age. Research suggests that an estimated 20 percent of a person’s health can be attributed to clinical care, whereas an estimated 30 percent can be attributed to health behaviors such as diet and exercise, and another 10 percent to the physical environment, including air and water quality, housing, and transit. The remaining 40 percent is related to social and economic factors such as education, employment, and income. Transportation is a component of the built environment, with important impacts on public health and health equity.

Transportation policies, planning efforts, and infrastructure investments have historically emphasized roads over public and active transportation, contributing to health hazards and segregating communities. New or expanded public transportation options can increase access to and use of transit and can improve health outcomes by promoting better air quality, increasing levels of physical activity, decreasing injuries from motor vehicle crashes, and improving mental health. Access to public transportation may also reduce health disparities and promote health equity by increasing access to healthier food options, medical care, vital services, and employment for communities that do not have equal access to these fundamental daily necessities.

Public transportation refers to a wide variety of options, including buses, streetcars, light rail, ferries, and subways that provide “regular and continu-

ing” transportation to the public and that may incorporate private sector services such as [paratransit](#) or ride-sharing. The history of public transportation in the US has been shaped by many factors, including

“In 2019, about 5% of all workers in the US commuted by public transportation.”

the [Federal Aid Highway Act of 1956](#), also known as the National Interstate and Defense Highways Act, which emphasized the building of national highway networks. This legislation, along with the increasing availability and popularity of cars, contributed to a diminished public transportation infrastructure by shifting homes and jobs away from central urban areas to the suburbs [by the early 1960s](#). This interstate highway system disproportionately cut through communities of color, contributing to the [racial and economic segregation of cities](#) and concentrated poverty that persist today.

This brief’s primary focus is the relationship between urban public transportation and health and health equity. Access to public transportation in rural settings, although critical for health and well-being, is not addressed here because of distinct considerations such as [longer distances traveled and lower population density](#). In addition, although private sector services, such as [ride-sharing](#), are incorporated into some public transportation systems and can help meet certain needs, this brief is primarily concerned with the potential health and health equity impacts of urban public mass transportation on individuals and communities. This brief also highlights policy and practice interventions that may help states and municipalities better align urban public transportation and public health goals.

■ Who Relies On Public Transportation?

In [2019](#), about 5 percent of all workers in the US commuted by public transportation, with use being most prominent in major cities such as New York, New York; Chicago, Illinois; and San Francisco, California. Although patterns differ somewhat on the basis of whether an area is a [“transit-heavy metro area”](#) or not,

in general, some groups rely more on public transportation for commuting than others, including women, young adults (those ages 25–29), Black workers, and low-income workers. Lack of access to public transportation can disproportionately harm [older people](#) and [people with disabilities](#). It can also [contribute to existing racial and economic disparities](#) by decreasing mobility and forcing individuals to depend on costly car ownership.

■ Public Transportation, Health, And Health Equity

A large and growing body of research indicates that access to public transportation can have important effects on both [health](#) and [health equity](#). An important pathway by which public transportation improves health is through reductions in vehicle miles traveled, resulting in [reduced motor vehicle crashes](#) and [reduced air pollution](#). Motor vehicle crashes are a leading [cause of injury-related death](#) for many age groups. More driving also contributes to more [motor vehicle–related emissions](#), which add substantially to air pollution. Air pollution can [increase cancer risk and can contribute to](#) neurological, cardiovascular, respiratory, reproductive, and immune system damage. Most of these impacts [disproportionately harm](#) people of color and those in lower-income communities, who [are more likely to be exposed](#) to traffic and traffic-related air pollution and to live near high-polluting corridors and highways. Public transportation systems have been associated with [reductions in motor vehicle crashes](#) and [significantly lower emissions](#) per passenger mile compared with single-occupancy vehicles, although increased use of [energy-efficient vehicles](#) and other new technologies may change this calculus in the future.

Public transportation may also affect health more indirectly by [providing access](#) to health-promoting services and supports, including health care itself; research has shown that lack of transportation in general [can result](#) in missed or delayed health care appointments, poorer health outcomes, and increased health expenditures. Inadequate public transportation can also increase [social isolation, particularly for older populations](#) and people with disabilities or others who do not drive. This can increase the risk for

early mortality, depression, and dementia. In contrast, access to reliable public transportation can improve access to healthier food, vital services, employment, and recreational opportunities, all of which are important for health and well-being.

Access to reliable public transportation also promotes physical activity when people walk to and from transit stops. Regular physical activity helps reduce the risk of developing diabetes, metabolic syndrome, heart disease, and stroke. Although chronic diseases such as these are prevalent throughout the US, low-income communities and communities of color are disproportionately affected by them.

How Public Transportation Is Funded

About 18 percent of public transportation funding comes from the federal government through a combination of legislation and federal grants based primarily on national fuel taxes. The remaining funding comes from state and local governments through legislative actions (motor vehicle fuel taxes, state transportation funds, general funds, and automobile-related fees or taxes) and local taxes, fees, and

commission, the Federal Transit Administration, and the Federal Highway Administration. Transportation Improvement Programs have been shown to provide key opportunities to integrate policies and practices that promote health and increase health equity in public transportation planning.

A significant source of funding that affects public transportation is the Fixing America's Surface Transportation (FAST) Act of 2015. The FAST Act was intended to provide a steady source of long-term funding. The legislation focuses on regional transportation and contains elements that align with public health goals, including transit-oriented developments, enhanced economic development initiatives to promote ridership, and improvements to access and connectivity.

Public transportation options consistently face competition for funding from public investments in highways and surface transportation, as well as competition for ridership from taxis and ride-sharing services. After increasing every year from 2010 to 2014, public transportation ridership declined between 2014 and 2018, going from 10.6 to 9.9 billion trips. Public health and safety concerns associated with the COVID-19 pandemic reduced overall travel in the US and led to large declines in public transit ridership in 2020. Compared with April 2019, ridership was down 73 percent nationally in April 2020 across all transit agencies and modes. An estimate from May 2020 suggested that the US would face a funding shortfall of \$48.8 billion between June 2020 and December 2021. The March 2020 Coronavirus Aid, Relief, and Economic Security Act included \$25 billion in funding for transit agencies, which was augmented by the 2021 American Rescue Plan's \$30.5 billion to help US public transportation systems respond to COVID-19 and ensure continuation of services.

“Access to reliable public transportation...promotes physical activity when people walk to and from transit stops.”

bonds. Programs and activities are then guided by a combination of federal, state, and local policies that affect spending for capital and operational costs.

States are largely responsible for the development of transportation projects through metropolitan and nonmetropolitan planning organizations, which determine how federal and state funds are allocated in their regions. Larger metropolitan planning organizations with regional populations larger than 200,000 people are responsible for developing long- and short-term Transportation Improvement Programs that require approval by the state's transportation

State & Municipal Efforts To Align Transportation & Public Health Goals

The availability of public transportation is one determinant of health that is often considered in the broader context of the urban built environment and community planning. Equitable public transportation planning with meaningful community engagement

can consider factors such as [cost](#), [convenience](#), and impact on [housing costs](#). For example, [zoning policies](#) that separate residential, commercial, and industrial areas may prevent walkable, transit-oriented communities. In contrast, by making a neighborhood more attractive, improved public transportation [may lead to increased rents and property values](#), potentially

“Public transportation ridership declined between 2014 and 2018, going from 10.6 to 9.9 billion trips.”

raising [concerns](#) about a [lack of affordable housing](#). Research shows that communities can [take a comprehensive approach](#) to decreasing how far people must travel for employment and needed services by focusing on both accessible transportation and affordable housing options.

[Policy and environmental interventions](#) that create mixed-use communities make it easier for individuals to be physically active and improve their health from increased exercise. For example, [Complete Streets policies](#), which promote streets that safely serve all people—including those who walk, bicycle, take transit, use mobility devices, and drive—can facilitate this by providing [safer access to public transit](#) for all people.

Many states are currently engaging in transportation planning that aligns with public health goals. In 2014, [Florida adopted its statewide Complete Streets Policy](#), which took into account how land use could affect transit ridership and access to transit. To promote cleaner air, fifteen states and Washington, D.C., announced a [Memorandum of Understanding](#) in July 2020 to support sales of electric medium- and heavy-duty vehicles (including [school buses](#) and transit buses), with the goal of 100 percent of them being [zero-emission](#) vehicles by 2050. However, this more expensive technology has [higher lifecycle costs](#) compared with diesel or hybrid buses, so this may not be an option in many communities.

In another example of a locality aligning public transportation and public health goals, the Nashville metropolitan planning organization managed grants received through the Federal Highway Administration Surface Transportation Program to [fund \\$10 million](#) in active transportation projects from 2014 to 2017. These projects expanded public transportation and bicycle and pedestrian routes. [Early findings](#) suggest that there have been changes in commuter patterns, including less dependence on cars and increases in active transportation.

In Maryland, the [Central Maryland Regional Transit Plan](#) was developed collaboratively by regional transit providers, local elected officials, subject matter experts, and members of the public. The plan provides a twenty-five-year “vision of mobility” and calls for the integration of a public health perspective as part of transit planning. The plan also requires that transit projects seek to reduce disparities related to access and supports policies and programs that “improve transit access to economic and social opportunities such as affordable housing, jobs, education, grocery stores, recreation, and healthcare, particularly in underserved communities.”

To improve mobility, reduce congestion, and take advantage of features of newer buses that mimic some of the benefits of train services, some transit agencies including those in [Albuquerque](#), New Mexico; [Atlanta](#), Georgia; [Colorado](#); and [Portland](#), Oregon, are turning to buses and [Bus Rapid Transit](#). Bus Rapid Transit systems have characteristics that make them more cost-efficient and allow them to move faster than regular traffic by having dedicated bus lanes and traffic signal priority and allowing them to carry more passengers than regular buses. Because buses are already common across US public transportation systems, Bus Rapid Transit [requires lower financial investment](#) and can be a more viable option for communities compared with railway systems. Similar to other transit options, buses may also increase [levels of physical activity](#) because people are more likely to walk or bike (instead of drive) at the beginning and end of each bus trip. Adding new or expanding existing bus routes can serve as rapid investments to [improve health outcomes](#) and increase [health equity](#) in communities, in addition to connecting to other modes of public or private transportation.

■ Guidance For Aligning Health And Transportation Goals

Many expert guidance documents have outlined the connection between health and transportation, identified benchmarks and goals, and provided suggestions for improvement. [Healthy People 2030](#) focuses on [reducing deaths from motor vehicle crashes](#), [increasing trips to work made by mass transit](#), and increasing the proportion of [adults and adolescents](#) who walk or bike to get places.

The [Transportation Research Board](#) of the National Academies of Sciences, Engineering, and Medicine developed [A Research Roadmap for Transportation and Public Health](#) to build on the existing literature and provide a plan for funding research during the next decade that would be helpful for decision makers at all levels. The road map recommends that more research be conducted on how public transportation affects the social determinants of health and the health of underserved populations and on equitable access to transportation services. The report also discusses how performance measurement in both sectors can support better health outcomes.

The [Health Impact in 5 Years](#) initiative from the Centers for Disease Control and Prevention (CDC) highlights fourteen nonclinical, community-wide interventions supported by evidence of positive health

“Adding new or expanding existing bus routes can serve as rapid investments to improve health outcomes and increase health equity.”

impacts within five years and cost-effectiveness or cost savings over the lifetime of the population or earlier. Introducing or expanding public transportation is one of the Health Impact in 5 Years interventions. In addition, the CDC Foundation published tools for public health professionals that include a [Public Health Action Guide](#) on how public health can partner

with transportation agencies to improve public transportation systems.

The [Coordinating Council on Access and Mobility](#) is a federal interagency partnership that aims to eliminate barriers to transportation for vulnerable populations, including older adults and people with disabilities, especially in rural areas. In 2015, the FAST Act directed the Coordinating Council on Access and Mobility to develop a [strategic plan](#) to outline the roles and responsibilities of each of its member agencies and address outstanding recommendations that had been made by the council. The council proposed changes to federal laws and regulations to improve the coordination of local transportation services.

■ Areas For Future Research

As the evidence linking access to public transportation, health, and health equity continues to grow and as transportation planners [continue to incorporate](#) health considerations into their work, several high-priority areas for future research have become clear.

First, aligned metrics that demonstrate how access to public transportation affects individual and population health outcomes and health equity have been shown to be important in guiding community planning efforts. For example, [A Research Roadmap for Transportation and Health](#) highlights the value of identifying specific population health metrics that may be applied in transportation planning (for example, proximity to housing). More work is needed, however, to help identify additional metrics.

Second, although [state transportation laws](#) may highlight public health concerns or goals, there is a lack of research on how these laws affect local transit decision making. Additional research in this area could provide insight regarding potential roles for public health practitioners to engage in and inform those processes.

Third, more information on the link [between access to transportation and poverty](#) will help to inform equitable approaches to transportation planning and implementation. Public transportation is one tool to help individuals access vital services and opportunities.

Finally, as [communities](#) recover from the COVID-19 pandemic, experts have identified safe and thriving public transit options [as essential](#). The pandemic has led to transit agencies partnering with public health and federal agencies to provide essential services, from [COVID-19 vaccinations](#) to [Wi-Fi-hotspots for re-](#)

“As communities recover from the COVID-19 pandemic, experts have identified safe and thriving public transit options as essential.”

[mote learning](#). Although [research](#) is already underway, the question remains to what extent the COVID-19 pandemic will continue to affect public transportation and how the resulting investment can be sustained so that it plays a vital role in [rebuilding healthier equitable communities](#).

The pandemic exposed [racial injustice and inequity](#) in communities across the US. There is an opportunity now to bolster the [drivers of health and well-being](#), including access to public transportation, to help individuals and communities weather future challenges. As partners work toward identifying meaningful metrics, alternative ways to measure the performance of public transportation (for example, equitable access in addition to ridership) may provide a more informative picture of the US public transportation system in the postpandemic era.

HealthAffairs

This Health Policy Brief was produced with the generous support of the Robert Wood Johnson Foundation. All briefs go through peer review before publication.

Written by Wendy Heaps, senior policy analyst; Erin Abramsohn, senior policy advisor; and Elizabeth Skillen, senior policy advisor, Office of The Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, in Atlanta, Georgia. The findings and conclusions in this policy brief are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Cite as: “Public Transportation In The US: A Driver Of Health And Equity,” Health Affairs Health Policy Brief, July 29, 2021. DOI: 10.1377/hpb20210630.810356

7500 Old Georgetown Road, Suite 600 | Bethesda, Maryland 20814-6133 USA | © 2021 Project HOPE—The People-to-People Health Foundation, Inc.