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## **Acute Care Services Committee**

### **Recommendations to the NC State Health Coordinating Council**

#### **October 1, 2025**

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The Acute Care Services Committee (the “Committee”) held its final meeting of the year on September 9, 2025. The following is an overview of the Committee’s recommendations for consideration by the State Health Coordinating Council (SHCC) for Acute Care Services, Chapters 5-9, of the *2026 State Medical Facilities Plan (SMFP or “Plan”)*.

### **Chapter 5: Acute Care Hospital Beds**

The Committee received one petition regarding acute care hospital beds.

**Novant Health Pender Medical Center (“NH Pender”)** petitioned to remove the need determination for 605 acute care beds for the Pender County service area for the *2026 SMFP*. The Agency did not receive any comments regarding this petition. NH Pender is the only hospital in the Pender County service area, and it is a critical access hospital. Twenty-five of its 43 acute care beds are swing beds. According to the Petitioner, the number of skilled nursing days in swing beds were erroneously included in the inpatient days of care (DOC) data submissions for data years 2021, 2022, 2023 and 2024. Need determinations in the *2023* and *2024 SMFPs* were not impacted because, due to adjustments made in response to COVID-19, the methodology used 2015 – 2019 data in its calculations to project need. However, the *Proposed 2026 SMFP* used the most recent five years of data per the standard methodology. This means errors in DOC data for 2021 through 2024 impacted need determinations. Each summer, providers are invited to correct their days of care submissions for the most recent data year. The Agency uses the refreshed data to update need determinations, but this typically occurs after the petition deadline. Out of an abundance of caution, NH Pender chose to submit both revised 2024 days of care data and a petition to the SHCC to ensure the need determination would be removed. The Petitioner’s revised data submission eliminated the need determination for Pender County. The Committee approved the Agency recommendation to deny the petition because the corrected data rendered approval of the petition unnecessary.

As previously noted, the Agency received providers’ revised 2024 days of care data in August. The resubmitted data resulted in multiple changes to the need determinations published in the *2026 Proposed SMFP*. Need determinations have increased for the Cabarrus, Johnston, Lincoln, Mecklenburg and Union County service areas, and decreased for the Cleveland, Durham, and Forsyth/Yadkin service areas. However, resubmitted data also resulted in the removal of the need determinations previously published for Davie, Onslow, Pender and Wilkes counties.

In sum, use of refreshed data in the standard acute care bed need methodology resulted in fifteen need determinations totaling 1,683 acute care beds. They are for:

- 4 in Anson
- 18 in Brunswick
- 92 in Buncombe/Graham/Madison/Yancey/Clay
- 95 in Cabarrus
- 86 in Cleveland
- 196 in Durham
- 103 in Forsyth/Yadkin
- 19 in Henderson
- 63 in Johnston
- 24 in Lincoln
- 389 in Mecklenburg
- 225 in New Hanover
- 37 in Orange
- 93 in Union
- 239 in Wake

## Chapter 6: Operating Rooms

The Committee received no petitions or comments relating to operating rooms. There were no significant updates to the tables in this chapter since the release of the *Proposed 2026 SMFP*. Application of the methodology based on data available at the time of the meeting resulted in no need determinations for additional ORs in the state.

## Chapter 7: Other Acute Care Services

This chapter covers burn intensive care services, open-heart surgery, and transplantation services. The Committee received two petitions for heart-lung bypass (HLB) machines. The SMFP does not contain a methodology to project need for additional HLB machines. Rather, facilities that want to acquire this equipment must submit a summer petition.

**Atrium Health (“Atrium”)** petitioned for the addition of a need determination for one HLB machine in Mecklenburg County. The Agency received no comments regarding this petition. In Mecklenburg County, there are 13 HLB machines in operation across three facilities. According to the Petitioner, Atrium’s Mecklenburg facilities are seeing more complex cases that require longer procedure times on its machines. Atrium additionally states in its petition that its HLB machines are also used as standby for non-open-heart surgery procedures, which represent a substantial share of the machines’ workloads. The Agency does not collect data on non-open-heart procedures performed on HLB machines. However, based on

Agency staff's review of the available data, since 2019, not only has Mecklenburg County experienced a growth in open-heart surgery cases at a rate greater than the state's, but its share of the state's total open heart surgery cases increased more than 5%. Also, based on only the open-heart surgery case data collected by the Agency, utilization of the county's HLB machines was 74% in 2024. The Committee agreed with the Agency recommendation to approve this petition.

**UNC Hospitals ("UNC")** petitioned for the addition of a need determination for one HLB machine in Orange County. UNC additionally requested that the machine be designated for an academic medical center and exempt from the performance standards set forth in 10A NCAC 14C.1703. The Agency received three comments in support of this petition. As the only provider of open-heart surgery services in Orange County, UNC performs both traditional open-heart procedures and non-open-heart procedures, such as transcatheter aortic valve replacements (TAVRs). With the construction of its new surgical tower, UNC has relocated to the new tower all three of its adult HLB machines – one of which is a dedicated emergency machine. However, certain non-open-heart procedures continue to be performed in the main hospital building. While these procedures do not require the routine use of HLB machines, the Petitioner asserts that one must be on standby and immediately available in the event of an interoperative emergency. One alternative UNC has is to transport one of its HLB machines between the main building and the surgical tower. However, the take-down, transportation and set-up of an HLB machine would take over 15 minutes. In the case of emergencies, the resulting delays could compromise patient safety. UNC also could permanently relocate its emergency-designated HLB machine back to the main hospital to serve as an emergency machine there. However, that would leave only two machines in the surgical tower, and no dedicated emergency use machine. Under this scenario, UNC could apply to convert one of the HLB machines to an emergency-use only machine, but that would result in the remaining machine to operating over capacity. The Agency recommended approving the addition of a need determination for one HLB machine in Orange County in the *2026 SMFP*. However, the Agency staff did not recommend limiting CON applications for this need determination solely to academic medical centers or exempting the machine from the HLB performance standards set forth in 10A NCAC 14C .1703. The Committee agreed with the Agency's recommendations.

Based on the most recently available data, application of the need methodologies in Chapter 7 resulted in no need determinations. However, if the SHCC approves the petitions from Atrium Health and UNC Hospitals, there will be two need determinations for heart-lung bypass machines added in the *2026 SMFP*.

### **Chapter 8: Inpatient Rehabilitation**

The Committee received no petitions or comments for this chapter. Based on the most recently available data, application of the need methodology resulted in no need determinations.

### **Chapter 9: End Stage Renal Disease Dialysis Facilities**

The Committee received no petitions or comments for end-stage renal disease dialysis. Based on the most recently available data, application of the need methodology resulted in no need determinations.

### **Committee Recommendation Regarding Acute Care Services for the 2026 *SMFP***

The Committee recommends that the SHCC approve Chapters 5 through 9 for the 2026 *SMFP*, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations.