

**Petition to the State Health Coordinating Council
for One Additional End-Stage Renal Dialysis Facility in Graham County
2017 State Medical Facilities Plan**

July 28, 2016

Petitioner:		Contact:	
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STATEMENT OF REQUESTED ADJUSTMENT

Graham County requests the following adjusted need determination be included in the *2017 State Medical Facilities Plan (SMFP)*:

Adjusted Need Determination

In response to a petition submitted to the North Carolina State Health Coordinating Council on behalf of the residents of Graham County, the North Carolina 2017 State Medical Facilities Plan includes an adjusted need determination for a new dialysis facility in Graham County with a minimum of five, and a maximum number of “projected as needed” in the most recent “Semiannual Dialysis Report” available prior to the Certificate of Need application due date. The adjusted need determination intends to allow development of a local facility in order to minimize travel for dialysis patient over hazardous mountain roads, particularly in adverse weather. The need may be adjusted to reflect the percent of persons on home dialysis at the time of the application.

Table 14A: Dialysis Station Adjusted Need Determination
(Scheduled for Certificate of Need Review Commencing in 2017)

Service Area	HSA	Number of Dialysis Stations Needed	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Graham County	I	Minimum 5; Maximum as projected in the January 2017 SDR	TBD	TBD

* Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

REASONS FOR THE PROPOSED ADJUSTMENT

Overview

In rural western North Carolina, along the Tennessee Border, high in elevation is where you can find Graham County. Graham County is located within the Appalachian Mountain chain where travel can be difficult. There are approximately 12,000 residents throughout the warmer months and nearly 9,000 during the winter. Although Graham County has beautiful landscape and mountainous terrain, the same elements that make it a great vacation destination create several issues for residents and visitors who need healthcare services like renal dialysis.

Graham County by, and through, the Board of Commissioners, has the responsibility to advance the best interests and welfare of the residents of Graham County, including but not limited to dialysis services. The Graham County Board of Commissioners has received numerous first-hand accounts of tremendous hardship encountered by its residents who require outpatient dialysis services at least three days a week, in order to maintain life. To obtain this life sustaining dialysis, residents must travel from various points in Graham County to Sylva, Murphy, Cherokee, or Waynesville, North Carolina. The Graham County Board of Commissioners requests an adjusted need determination for an End-Stage Renal Disease Dialysis facility in Graham County to be included in the *2017 State Medical Facilities Plan*.

Need within the County

The reason for the request is access. In terms of total health, Graham County ranks 88 among North Carolina's 100 counties. The county ranks 96 out of the 100 counties in Years of Potential Life Lost before age 75 per 100,000 residents.¹ Graham County is one of very few North Carolina counties that do not have a dialysis center. As mentioned, Graham County does not boast a large population; however it is a growing population. Table 1 below is evidence of Graham County's projected growth, with a current median age of 44.88, which is 7.48 years older than North Carolina.

Table 1 - County Total Population and Median Age

Year	Total Population	Median Age
2016	8,969	44.88
2021	9,292	43.75
2026	9,618	43.52

Notes:

1. Source, NC OSBM downloaded Feb 27, 2016
2. North Carolina Median Age 2016 is 37.4

¹ County Health Rankings and Roadmaps, downloaded July 27th, 2016, source: <http://www.countyhealthrankings.org/app/north-carolina/2016/measure/outcomes/1/map>

At the time of this petition, Commissioners are aware of 16 Graham County residents who are on weekly dialysis treatments; two currently receive treatments at their home. One Cherokee County resident, who lives close to the Graham County border and closer to Robbinsville than to the Cherokee dialysis facility, would rather come to Graham County for treatment, because Robbinsville would be much closer than any alternative. This means that 15 residents in or near Graham County are required to drive long distances up to three times weekly for dialysis treatments. Fifteen individuals using an ESRD dialysis facility three times weekly warrants nine stations operating five days per week, under favorable conditions ((15 x 3) / 5 = 9).

This estimate of 15 does not take into consideration the substantial number of part time residents who live in Graham County for part of each year, but maintain their official residences elsewhere. Further, it does not include other residents in contiguous counties who would travel to Graham County for dialysis treatment as a preferable alternative.

Transportation Related Issues

The residents of Graham County, North Carolina, and those on extended visits who need dialysis services to stay alive, must travel substantial times and distances to surrounding facilities in Sylva, Murphy, Cherokee, or Waynesville, North Carolina. For example, any resident of Robbinsville, Graham County must travel 74 miles, roundtrip, to the dialysis facility in Cherokee, North Carolina or 68 miles, roundtrip, to the facility in Murphy, North Carolina. There are the two closest facilities; the other two in Waynesville or Sylva, North Carolina involve over a 100-mile roundtrip.

The long drives are not easy drives by any means. They are not like drives on Interstate 40 in the east, or other relatively flat roads. Distances which appear on maps to be but a few miles may involve circuitous routes along roads filled with sharp curves and steep grades. The roads through Graham County run through rugged mountainous country and these same roads are extremely dangerous especially when wet or when snow, ice, and / or foggy conditions are present. Please see Attachment D for an example of one of the more treacherous roads county residents must travel, the famous "Tail of the Dragon."

Roads that are difficult to navigate under normal conditions are even worse during unpredictable weather patterns. Winters can be relatively harsh in the mountains of Graham County. Snow and ice are common during the winter months. When snow and ice falls in Graham County, the North Carolina Highway Patrol often advises drivers to stay off roadways. Of course, dialysis patients do not have the luxury of staying off the roads. Exposing dialysis patients to the risk of driving mountain roads for 35+ miles for as much as an hour each way, each time they need dialysis treatment in good weather is less than ideal. Exposing dialysis patient to the risk of driving mountains roads for 35 miles for as much as two hours each way, each time they need dialysis treatment during snow and ice is unfathomable.

Graham County Transportation currently transports six individuals to the dialysis facility in Cherokee, three times a week. They also transport one individual to the facility in Murphy, three times a week. This comes at a generous cost of up to \$170 per trip to the county. The county has been willing to foot the cost in order to care for its residents. These types of hardships have material and negative impacts on quality of life for those in need of dialysis services who reside in Graham County as well as those who assist them in traveling to the dialysis facilities.

A transport trip means six to nine hours of transit for dialysis three days per week. Some days the trips lasts 12-hours. For example, schedule delay at the Cherokee ESRD facility because it has an extra summer resident, can extend the travel day four hours for everyone on the transport van.

Increased Access Issues during Summer Months

Graham County's beautiful landscape and relative proximity to the Nantahala River create a favorable economic boost during warmer months. Graham County's population increases approximately 30 percent during these six peak months. However, the benefits of an increase in tourism and extended stay visits come at a cost. There are individuals with second homes in the area who require dialysis services. Due to the seasonal increase in volume at the surrounding dialysis facilities, permanent Graham County residents have no choice but to wait later in the day for their treatment. Every summer, the Graham County Transit Director has to bend over backwards to continue transporting Graham County residents to surrounding facilities in an orderly fashion. There have been instances when the Graham County transportation van left the transit facility at 6:30 AM to take dialysis patients to treatments in Sylva or Cherokee and did not return until 6:00 PM that evening. This is not an abnormal situation during the summer months. Nearly twelve hours is dedicated to traveling to and from these facilities when schedules are booked during the summer months. This is all because administration at surrounding facilities notify the Graham County Transit Director that they are only able to operate four dialysis stations at a time; and for some reason permanent Graham County residents are forced to wait.

Semiannual Dialysis Report Underestimates Projected Station Deficit

The July 2016 Semiannual Dialysis Report underestimates the projected dialysis station deficit and overstates the percent of at home dialysis patients in Graham County. Table B in the July 2016 report projects 33 percent of persons who require dialysis treatments will receive them at home. This is not true in Graham County. Today, of the 16 Graham County residents who require weekly dialysis treatments, only two receive treatments in their home. The Graham County proportion of home dialysis patients is 12.5 percent ($2/16 = 0.125$). Underestimating the number of home dialysis patients affects the projected station deficit for the county. This summer is typical. The low health status among county residents means that few are good candidates for home dialysis. Their long distances from health care resources contributes to the home dialysis limitation.

The Semi-Annual Dialysis Report projects 10.4 patients are in need of a dialysis facility which yields a Graham County deficit of three dialysis stations. A three station deficit is under the assumption that two treatments are possible per station per day. Issues related to coordinating transportation and travel make two treatments in one day unrealistic in Graham. Graham does not have capacity for a second transport van for afternoon shift, when the first is still out of county with the morning patients. Although the "Semiannual Dialysis Report" serves as a great resource for planning, it does not incorporate the harsh realities Graham County residents must endure to receive dialysis treatments. (See excerpt of July 2016 Semiannual Dialysis Report in Attachment B.) Graham County is also part of a three county service area, which was an improvement in 2005, but the situation has changed.

Issues Regarding Multi-County Service Area

A three county service area composed of Cherokee, Clay, and Graham counties was approved in the 2005 State Medical Facilities Plan in response to a petition submitted by Mike Stevenson, CEO of Murphy Medical Center at the time. Mr. Stevenson filed the petition in order to trigger a 10 dialysis station deficit in the newly formed service area. An adjusted need determination of 10 dialysis station was included in the 2005 SMFP for the multi-county service area. Please see Attachment C for evidence of this development.

This may have been an appropriate adjustment at the time but the environment has changed. The inclusion of Cherokee County is what triggers a surplus of dialysis station in the multi-county service area. This creates an unfavorable situation for Graham County. The travel to the facility in Cherokee County for dialysis treatment is long and during certain times of the year, treacherous. All other surrounding dialysis facilities are beyond Graham County's service area.

Let it be clear the intention of this petition is not to separate Graham County from the multi-county service area. The intention is to highlight issues plaguing Graham County dialysis patients in a request for an adjusted need determination for a new ESRD dialysis facility in Graham County.

Precedent for this request exists. In 2012, Macon County approached the SHCC and was granted a special need similar to Graham's request.

Feasibility of a Dialysis Facility in Graham County

The Graham County Board of Commissioners is confident that a dialysis station in Robbinsville, the county seat, is feasible:

1. Local dialysis providers have shown interest in the project. The Graham County Board of Commissioners has been in contact with both DaVita and Fresenius, the number one and two dialysis providers in the state;
2. The Graham County Director of Transit has identified sources of nephrologists to provide coverage for the proposed dialysis facility;
3. Nurses in Graham County currently travel up to two hours for work each day. Many are qualified, and have expressed willingness, to provide nursing coverage for dialysis stations in county;
4. An eight-year planning effort has produced tested and adequate space and an interested provider for an urgent care facility in Robbinsville. It could open by next year, offering substantial economies of scale and the facility will support at least six dialysis stations with required support including parking; and,
5. The Graham County Board of Commissioners and fellow residents are resilient and focused in all their efforts. Graham County understands difficult projects. This one is reasonable in scale for the size of the county and it will commit the resources to make it happen.

STATEMENT OF ADVERSE EFFECTS ON PROVIDERS AND CONSUMERS IF THE ADJUSTMENT IS NOT MADE

Without an adjustment, people on dialysis in Graham County will have no choice but continue travelling an hour and a half or more for treatment. Without an adjustment, more and more Graham County residents will die prematurely because they are unable or unwilling to travel for this vital service. Persons on dialysis will rule out Graham County as a vacation destination. Tourism is a vital part of the economy and the county has embarked on a major effort to address barriers that prevent people from making the county an extended stay destination.

STATEMENT OF ALTERNATIVES CONSIDERED AND FOUND NOT FEASIBLE

The only alternative for Graham County residents is to continue driving long distances along mountainous roads for dialysis services. The lack of access creates an unfavorable process for dialysis patients of Graham County. This alternative is not acceptable. It adds a transport cost of \$4,800 per week for 16 patients and provides no quality of life.

EVIDENCE OF NON-DUPLICATION OF SERVICES

There is no End-Stage Renal Disease (ESRD) dialysis station located within Graham County. The project would not duplicate service in the county. Graham County is one of very few counties within the State of North Carolina that does not have a dialysis center. A center in Graham would direct activity away from other facilities, but Graham is already finding evidence that those facilities are working at capacity in peak season.

The *SMFP* provides for a need when the deficit in a county reaches 10 in the *Semiannual Dialysis Report*. Graham County is part of a multi-county area. It has a current deficit of three stations that other counties in the grouping cancel out in the need methodology. The three-station deficit also assumes that Graham County would use far more home dialysis than its residents can support.

Having dialysis in the county will make it easier for the county nursing home to accept residents who need dialysis.

In 2011, Macon County presented a similar case to the State Health Coordinating Committee, and the Agency reported that,

“...a sufficient number of dialysis patients is essential to the development and maintenance of a quality dialysis facility; however, the Agency also acknowledges the extreme hardship of commuting three times a week for in-center dialysis treatment over difficult terrain and in adverse weather conditions. Therefore, the Agency recommends approval of the request for an adjusted need determination for a new dialysis facility in Macon County, with a minimum of 5 dialysis stations, as projected in the July 2011 Semiannual Dialysis Report and a maximum of the number “projected as needed” in the most recent “Semiannual Dialysis Report” available prior to the Certificate of Need application due date. The Agency encourages Macon County, and any prospective applicants to explore coordination of services, and perhaps sharing of staff, with existing providers in contiguous counties.” (See full report in Attachment A.)

Clearly, today, Graham has sufficient need to support nine stations used once a day without counting the thirty percent seasonal increase in population that occurs six months of the year.

EVIDENCE OF CONSISTENCY WITH NORTH CAROLINA STATE MEDICAL FACILITIES PLAN

Basic Governing Principles

Safety and Quality

This basic principle notes:

“...priority should be given to safety, followed by clinical outcomes, followed by satisfaction.

“...As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area.”

This petition clearly responds to this principle’s direction to respond to persistent and significant deficiencies.

Access

This basic principle notes:

“...The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

“...The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible under prevailing quality and value standards.”

This petition clearly promotes access to a service that would be feasible at the most conservative of value standards. The petition requests for a service that is not currently available in Graham County. Time and distance are two variables plaguing Graham County residents in need of dialysis treatment. Nursing staff are available and nephrologists are not out of reach.

Value

This basic principle notes:

“The SHCC defines health care value as the maximum health care benefit per dollar expended.

“...Cost per unit of service is an appropriate metric...

”...At the same time overutilization of more costly and/or highly specialized low-volume services without evidence-based medical indication may contribute to escalating health costs without commensurate population-based health benefit.”

This petition clearly identifies the expenses endured, both physically and financially, by Graham County dialysis patients in seeking treatment. The additional travel expense is not maximizing healthcare dollars spent by affected residents. The special need determination provides a less costly, more realistic solution.

CONCLUSION

The proposed changes are consistent with and support the Basic Principles that govern the *SMFP*.

ATTACHMENTS:

Agency Report for Macon County ESRD Facility Petition, 2011 A

Excerpt: North Carolina Semiannual Dialysis Report, July 2016.....B

State Medical Facilities Plan End-Stage Renal Disease Facilities FactsC

Tail of the Dragon Picture D

Attachment A

Agency Report for Macon County ESRD Facility Petition, 2011

**Long-Term and Behavioral Health Committee
Agency Report for Petition Regarding
Macon County Dialysis Adjusted Need Determination Petition
Proposed 2012 State Medical Facilities Plan**

Petitioner:

Macon County
5 West Main Street
Franklin, N.C. 28734

Request:

The Petition requests an adjusted need determination for a new dialysis facility to be located in Macon County, in Franklin, to serve the residents of Macon County.

Background Information:

The current dialysis methodology assesses individual “County Need” for each of North Carolina’s 100 counties on a semiannual basis. The methodology states that “if a county’s...projected station deficit is ten or greater...the county station need determination is the same as the projected...station deficit.” However, if “...the projected station deficit is less than ten...the county’s...station need determination is zero.” (NOTE: *This portion of the methodology also references utilization of existing facilities, but those references have been excluded in this excerpt because the Macon County does not have an existing dialysis facility.*)

The threshold of ten stations is taken from a “Basic Principle” of the dialysis methodology, which states that “[n]ew facilities must have a projected need for at least 10 stations (*or 32 patients at 3.2 patients per station*) to be cost effective and to assure quality of care.” This basic principle was intended to assure that new facilities would have a sufficient number of patients to establish quality services (*i.e., an appropriate facility, with appropriate equipment, and hiring of a Nephrologist, Dialysis Nurses, Dialysis Technicians and other support staff*) and to be financially viable.

Chapter 2 of the Plan allows persons to petition for an adjusted need determination in consideration of “...unique or special attributes of a particular geographic area or institution...,” if they believe their needs are not appropriately addressed by the standard methodology.

Analysis/Implications:

The “North Carolina Semiannual Dialysis Report - July 2011” indicates 23 residents of Macon County were receiving chronic outpatient dialysis services as of December 31, 2010 (*based on data provided by the Centers for Medicare and Medicaid Services through the Southeastern Kidney Council, Inc.*). The reported number of patients from

Macon County has varied from 2006 to 2010, ranging from a low of 20 to a high of 24 patients (*December 31st totals*). The average annual rate of change in total number of Macon County dialysis patients over the past five years indicates a modest growth of 3.8% per year.

Of the 23 Macon County residents reported on December 31, 2010, a total of 7 patients (30.4%) were receiving “home dialysis” rather than “in-center dialysis.” Data are not available to determine if this option was based on issues related to travel for in-center service, as opposed to patient’s preference or medical necessity/preference.

Application of the standard dialysis methodology to the December 31, 2010 patient data projects a need for 5 dialysis stations (*based on a projected December 31, 2011 total of 16.6 In-center Patients*). The standard methodology also projects 7.3 home-based patients for December 31, 2011. At present, there are only ten single-county dialysis service areas with no dialysis facility in North Carolina. Of these 10, only Pamlico County and Perquimans County (*both in the eastern portion of the state*) have a higher projected dialysis station need.

The petition cites dangerous commutes for in-center dialysis treatments, over treacherous mountain roads, often in adverse weather conditions (*particularly in the winter months*) as the principal basis for its request. Early start-up times for first shift patients exacerbate these issues. The Agency and the State Health Coordinating Council have previously made exceptions to the minimum facility size to address similar concerns in response to previous petitions.

In addition, most of the petition’s cited travel distances exceed the goal of “Basic Principle” #10a, which encourages the provision of End-Stage Renal Disease treatment “...in a facility no farther than 30 miles from the patients’ homes” (*see Petition, Section 9.A.iii, page 3*).

Agency Recommendation:

The Agency believes that a sufficient number of dialysis patients is essential to the development and maintenance of a quality dialysis facility; however, the Agency also acknowledges the extreme hardship of commuting three times a week for in-center dialysis treatment over difficult terrain and in adverse weather conditions. Therefore, the Agency recommends approval of the request for an adjusted need determination for a new dialysis facility in Macon County, with a minimum of 5 dialysis stations, as projected in the July 2011 Semiannual Dialysis Report and a maximum of the number “projected as needed” in the most recent “Semiannual Dialysis Report” available prior to the Certificate of Need application due date. The Agency encourages Macon County, and any prospective applicants to explore coordination of services, and perhaps sharing of staff, with existing providers in contiguous counties.

Attachment B

Excerpt: North Carolina Semiannual Dialysis Report, July 2016

STATE HEALTH COORDINATING COUNCIL

2016

North Carolina
Semiannual
Dialysis Report
July 2016



Health Service Regulation
HEALTH AND HUMAN SERVICES

Table B: ESRD Dialysis Station Need Determinations by Planning Area

County/ Multi- County Planning Area	12.31.11 Total Patients	12.31.12 Total Patients	12.31.13 Total Patients	12.31.14 Total Patients	12.31.15 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12.31.16 Total Patients	12.31.15 Home Patients	12.31.15 Percent Home Patients	Projected 12.31.16 Home Patients	Projected 12.31.16 In-Center Patients	Projected 12.31.16 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Alamance	276	290	285	308	319	0.037	331.0	35	11.0%	36.3	294.6	92	121	Surplus of 29	0
Alexander	35	42	34	40	39	0.040	40.6	3	7.7%	3.1	37.4	12	10	2	0
Alleghany	7	5	7	11	8	0.103	8.8	1	12.5%	1.1	7.7	2	0	2	0
Anson	79	77	78	91	87	0.028	89.4	4	4.6%	4.1	85.3	27	28	Surplus of 1	0
Ashe	19	22	21	14	21	0.070	22.5	9	42.9%	9.6	12.8	4	0	4	0
Beaufort	103	97	108	114	125	0.052	131.5	19	15.2%	20.0	111.5	35	31	4	0
Bertie	65	61	58	66	55	-0.035	53.1	8	14.5%	7.7	45.4	14	20	Surplus of 6	0
Bladen	95	106	87	89	98	0.015	99.5	12	12.2%	12.2	87.3	27	26	1	0
Brunswick	124	134	135	145	133	0.020	135.6	25	18.8%	25.5	110.1	34	41	Surplus of 7	0
Buncombe	224	247	258	270	248	0.028	255.0	53	21.4%	54.5	200.5	63	82	Surplus of 19	0
Burke	87	101	111	117	124	0.093	135.6	17	13.7%	18.6	117.0	37	33	4	0
Cabarrus	198	176	187	211	212	0.021	216.5	45	21.2%	46.0	170.5	53	56	Surplus of 3	0
Caldwell	102	107	102	110	125	0.054	131.8	13	10.4%	13.7	118.1	37	34	3	0
Camden	15	17	15	13	13	-0.029	12.6	3	23.1%	2.9	9.7	3	0	3	0
Carteret	74	78	79	61	70	-0.003	69.8	15	21.4%	14.9	54.8	17	26	Surplus of 9	0
Caswell	32	30	34	46	48	0.117	53.6	3	6.3%	3.4	50.3	16	11	5	0
Catawba	189	182	198	217	245	0.069	261.9	34	13.9%	36.3	225.6	70	60	10	10
Chatham	81	91	87	96	101	0.059	106.9	4	4.0%	4.2	102.7	32	32	0	0
Cherokee	19	16	25	25	28	0.131	31.7	4	14.3%	4.5	27.1	8	13	Surplus of 5	
Clay	10	8	8	7	7	-0.081	6.4	2	28.6%	1.8	4.6	1	0	1	
Graham	14	15	11	15	15	0.042	15.6	5	33.3%	5.2	10.4	3	0	3	
Cherokee-Clay-Graham Planning Area Total														Surplus 1	0
Chowan	86	36	86	30	37	0.017	37.6	7	18.9%	7.1	30.5	10	13	Surplus of 3	0
Cleveland	259	239	244	228	226	-0.033	218.6	27	11.9%	26.1	192.5	60	77	Surplus of 17	0
Columbus	134	118	124	123	116	-0.033	112.1	12	10.3%	11.6	100.5	31	43	Surplus of 12	0
Craven	169	164	177	181	188	0.028	193.2	40	21.3%	41.1	152.1	48	65	Surplus of 17	0
Cumberland	533	579	622	614	650	0.052	683.5	78	12.0%	82.0	601.5	188	176	12	0
Currituck	10	10	8	13	11	0.068	11.7	2	18.2%	2.1	9.6	3	0	3	0
Dare	27	31	33	27	23	-0.029	22.3	4	17.4%	3.9	18.4	6	9	Surplus of 3	0
Davidson	195	191	202	234	251	0.067	267.8	39	15.5%	41.6	226.2	71	69	2	0

Attachment C

State Medical Facilities Plan End-Stage Renal Disease Facilities Facts

State Medical Facilities Plan End-Stage Renal Disease Facilities Facts

- **Development of Multi-County Service Areas**

- Initial – a three-county service area composed of Cherokee, Clay, and Graham counties was approved in the 2005 SMFP in response to a petition submitted by Mike Stevenson, CEO of Murphy Medical Center, Murphy, North Carolina. An adjusted need determination of 10 dialysis stations was also included in the Plan for the new multi-county service area.
- Second – a three-county service area composed of Avery, Mitchell and Yancey counties was approved for the 2006 SMFP in response to a petition submitted by North Carolina Senator Keith Presnell and North Carolina Representative Phillip Frye and Ms. Becky Pate. An adjusted need determination of nine dialysis stations was also included in the Plan for the new multi-county service area.

Attachment D

Tail of the Dragon

“Tail of The Dragon” Graham County, NC

