

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

SUPERIOR COURT DIVISION

COUNTY OF WAKE

20 CVS 05150

JAY SINGLETON, D.O., and)
SINGLETON VISION CENTER, P.A.,)

Plaintiffs,)

v.)

NORTH CAROLINA DEPARTMENT OF)
HEALTH AND HUMAN SERVICES; JOSH)
STEIN, Governor of the State of North)
Carolina, in his official capacity;)
DEV DUTTA SANGVAI, North Carolina)
Secretary of Health and Human Services, in)
her official capacity; PHIL BERGER,)
President Pro Tempore of the North Carolina)
Senate, in his official capacity; and DESTIN)
HALL, Speaker of the North Carolina House)
of Representatives, in his official capacity,)

Defendants.)

**DEFENDANTS' BRIEF IN OPPOSITION TO PLAINTIFFS'
MOTION FOR PARTIAL SUMMARY JUDGMENT**

NOW COME DEFENDANTS, by and through undersigned counsel, and hereby submit their Brief in Opposition to Plaintiffs' Motion for Partial Summary Judgment, pursuant to N.C. Gen. Stat. § 1A-1, Rule 56(c) of the North Carolina Rules of Civil Procedure. In support hereof, Defendants show the court the following:

INTRODUCTION

North Carolina's certificate of need law ("CON Law") is a matter of economic policy that was enacted to regulate the cost, quality, and distribution of healthcare services in North Carolina.

The CON Law requires a person to first obtain a certificate of need (“CON”) from the North Carolina Department of Health and Human Services (“Department”) before offering or developing specific healthcare services and facilities. Plaintiffs contend that by requiring Dr. Singleton, a board-certified ophthalmologist, to obtain a CON to develop an operating room at his clinic, he is prevented from providing safe, affordable eye surgeries to his patients. (Am. Compl. ¶¶ 1-2, 12, 22-31). Specifically, Plaintiffs assert that by requiring Dr. Singleton to obtain a CON, the CON Law grants exclusive privileges and creates monopolies in violation of Article I, §§ 32 and 34 of the North Carolina Constitution and is therefore facially unconstitutional. Plaintiffs’ arguments are without merit.

First, in order to successfully mount a facial challenge, Plaintiffs must prove that the CON Law is unconstitutional in all of its applications. If the law is found to be constitutional in any instance, then Plaintiffs claims fail. Second, it is within the General Assembly’s province alone to determine the policy of the State and the courts have determined that enactment of the CON Law falls squarely within the General Assembly’s ordinary police powers to regulate public health. Finally, Defendants will show that Plaintiffs’ claims are erroneous and it is Defendants – and not Plaintiffs – who are entitled to judgment as a matter of law. Accordingly, Plaintiffs’ motion should be denied and judgment entered in favor of Defendants.

STATEMENT OF THE FACTS

Dr. Singleton is a licensed physician and board-certified ophthalmologist who owns Singleton Vision Center, a full-service eye clinic in New Bern, North Carolina. (Am. Compl. ¶ 1). According to Plaintiffs, Singleton Vision Center is nationally accredited and fully equipped with an operating room and all the equipment and staff necessary to provide the full complement of eye surgeries its patients require and at a lower cost than having those procedures performed at

nearby hospitals. (Am. Compl. ¶¶ 1, 10-12, 21-24, 28). However, Dr. Singleton alleges the CON Law bans him from performing anything other than “incidental” procedures at the Center or operating the Center as a “formal” surgical facility without first obtaining a certificate of need. (*Id.* at ¶¶ 2, 12). Dr. Singleton asserts that the CON Law “legally require[s] [him] to perform the vast majority of the eye surgeries his patients need at CarolinaEast, the local hospital where he maintains surgery privileges.” (*Id.* at ¶ 21). Plaintiffs allegations are categorically false.

Nothing in the CON Law prevents Dr. Singleton from performing in his procedure room any of the eye surgeries, e.g., cataract, glaucoma, intraocular lens (*see* Am. Compl. ¶ 12), that he deems safe and appropriate.¹ A CON is not required to develop a procedure room. *See* Exhibit “A”. Procedure rooms are not regulated by the Department except that they are required to comply with Federal Life Safety Code as referenced in the North Carolina Administrative Code and the Facility Guidelines Institute (“FGI Guidelines”) if they are located in ambulatory surgical facilities or hospitals. *See* Exhibit “B”, “C”, and “D”. Procedure rooms are often developed with all of the environmental controls prescribed by the FGI requirements for an operating room. *See* Exhibits “A” and “C”. Even Dr. Singleton asserts that his procedure room “has all the equipment...and resources necessary to perform eye surgeries safely and affordably.” (Am. Compl. ¶ 12). As a result, oftentimes the only difference between a procedure room and an operating room is that an operating room is licensed by the Department, but a procedure room is not. *See* Exhibit “A”.

However, neither the Department’s Healthcare Planning and Certificate of Need Section, which administers the CON Law; the Department’s Acute and Home Care Licensure and Certification Section, which licenses operating rooms, ambulatory surgical facilities, and

¹ Because an operating room must be licensed (*see* N.C. Gen. Stat. § 131E-176(18c)), the “operating room” Dr. Singleton claims to have at Singleton Vision Center (*see* Pl. Br. pp. 3, 4) is actually a “procedure room.”

hospitals; nor the Department's Construction Section, which inspects procedure rooms in ambulatory surgical facilities and hospitals to ensure compliance with the Federal Life Safety Code, the FGI Guidelines, and any other physical plant requirements in the administrative rules, regulates the types or complexity of surgical procedures that can be performed in a procedure room. *See* Exhibits "A", "B", and "C". Rather, the types and complexity of surgeries performed in procedure rooms are medical decisions that are determined by the governing body of the facility. *See* Exhibits "B" and "C".

As such, the CON Law does not ban Dr. Singleton from performing any type of surgery he deems appropriate in his procedure room at Singleton Vision Center. Moreover, the CON Law does not prevent Dr. Singleton from providing those surgeries to his patients at a "fraction" (Pl. Br. pp. 3-4) of the cost that they would be charged at CarolinaEast Medical Center.

ARGUMENT

"A party making a facial challenge must establish that a law is unconstitutional in all of its applications." *State v. Grady*, 372 N.C. 509, 522, 831 S.E.2d 542, 554 (2019). The party bears the additional burden of proving the statute is unconstitutional "beyond a reasonable doubt." *Hart v. State*, 368 N.C. 122, 131, 774 S.E.2d 281, 287 (2015) (quoting *Baker v. Martin*, 330 N.C. 331, 334-35, 410 S.E.2d 887, 889 (1991)). Therefore, in order to prevail on their claims that the CON Law is unconstitutional on its face in violation of the exclusive emoluments and anti-monopoly clauses, Plaintiffs must establish beyond a reasonable doubt that the CON Law grants an exclusive privilege and forecloses future entry into the healthcare market to provide eye surgeries in Dr. Singleton's service area in all of its applications. The CON Law grants no such exclusivity.

Dr. Singleton may enter the market *today* and provide any types of eye surgeries he chooses – but in a procedure room instead of an operating room. As a result, the CON Law cannot be

unconstitutional on its face because it has at least one application that is constitutional – when applied to these very plaintiffs. That alone is sufficient to end the court’s inquiry and enter judgment as a matter of law in favor of Defendants.

Additionally, Plaintiffs fail to even allege – let alone establish – that the CON Law is unconstitutional in “all its applications” as required under *Grady*. The CON Law regulates approximately twenty (20) healthcare modalities in numerous service areas in the state. Plaintiffs merely allege that in a single operating room service area, they are prevented from entering the market because of the existence of a single additional provider of operating room services and, therefore, the CON Law is unconstitutional on its face. But, there are eighty-two (82) service areas in the state for operating rooms alone. Not to mention the numerous service areas for the other CON-regulated modalities. Many of the operating room service areas not only have multiple providers and need determinations, but new providers are entering those markets. *See, e.g.*, North Chapel Hill Surgery Center and Duke Health Orange Ambulatory Surgical Center in Orange County (Exhibit “E”, p. 64). Plaintiffs have not even attempted to meet their burden to show that the CON Law is facially unconstitutional in all of its applications.

However, even assuming *arguendo* that the CON Law does grant exclusive privileges and forecloses future entry into the market – which Defendants assert it does not – the law would still pass constitutional muster because it promotes the general welfare. Accordingly, Plaintiffs’ claims that the CON Law is unconstitutional on its face in violation of Article I, §§ 32 and 34 of the North Carolina Constitution are without merit and Defendants are entitled to judgment as a matter of law.

LEGAL STANDARD

Summary judgment is proper where “the pleadings, depositions, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as

to any material fact and that any party is entitled to a judgment as a matter of law.” N.C. Gen. Stat. § 1A-1, Rule 56(c); *Cumberland County Hosp. Sys., Inc. v. N.C. Dep’t of Health & Human Servs.*, 237 N.C. App. 113, 116–17, 764 S.E.2d 491, 494 (2014). “If the movant successfully makes such a showing, the burden then shifts to the non-movant to come forward with specific facts establishing the presence of a genuine factual dispute for trial.” *Id.* “[A]n issue is genuine if it is supported by substantial evidence, which is that amount of relevant evidence necessary to persuade a reasonable mind to accept a conclusion.” *Liberty Mut. Ins. Co. v. Pennington*, 356 N.C. 571, 579, 573 S.E.2d 118, 124 (2002). “[A]n issue is material if the facts alleged would constitute a legal defense, or would affect the result of the action, or if its resolution would prevent the party against whom it is resolved from prevailing in the action.” *Id.* “Summary judgment, when appropriate, may be rendered against the moving party.” N.C. Gen. Stat. 1A-1, Rule 56(c).

I. THE CON LAW DOES NOT GRANT EXCLUSIVE PRIVILEGES.

Plaintiffs allege that the CON Law grants exclusive privileges in violation of Article I, §§ 32 and 34 of the North Carolina Constitution. However, Plaintiffs’ claims are without merit and Defendants are entitled to judgment as a matter of law.

A. History.

The exclusive emoluments clause provides that “[n]o person or set of persons is entitled to exclusive or separate emoluments or privileges from the community but in consideration of public services.” N.C. Const. art. I, § 32; *see also* N.C. Const. of 1776, Declaration of Rights, § III. The anti-monopoly clause provides that “[p]erpetuities and monopolies are contrary to the genius of a free state and shall not be allowed.” N.C. Const. art. I, § 34; *see also* N.C. Const. of 1776, Declaration of Rights, § XXIII.

The clauses were enacted due to the historical experiences of the framers with “English monarchs [who] had used grants of monopolies to reward their political favorites.” See John V. Orth & Paul Martin Newby, *The North Carolina State Constitution* 90 (2d ed. 2013). As a result, the clauses were designed to “prevent the state government from favoring one person or group over another” and thus “prevent the development of privileged classes.” John V. Orth, *Unconstitutional Emoluments: The Emoluments Clauses of the North Carolina Constitution*, 97 N.C. L. Rev. 1727, 1730 (2019).

The clauses also share related language. At the founding, an “emolument” was a “profit” or an “advantage.” Samuel Johnson, *A Dictionary of the English Language* (3d ed. 1768); see also 1 John Ash, *The New and Complete Dictionary of the English Language* (1775) (same). That profit or advantage, moreover, had to be “exclusive”: it had to “debar[] [others] from participation.” Johnson, *supra*; see also 1 Ash, *supra* (defining “exclusive” as “[h]aving the power of exclusion, debarring, excepting”). The word “monopoly” had a similar meaning. A monopoly was understood to be, at a minimum, an “exclusive privilege of selling anything.” Johnson, *supra*; accord Orth & Newby, *supra* at 91 (“[A] legal monopoly would be the grant of an exclusive right to trade in a certain area or to deal in certain goods.”).

B. The CON Law does not grant exclusive privileges.

In keeping with the text and history, our Supreme Court has held that, at their core, the exclusive emoluments and anti-monopoly clauses apply to state-granted “exclusive” privileges. To decide whether state action violates this bar on exclusivity, the courts ask whether future competition has been foreclosed in a relevant market.

In *Town of Clinton v. Standard Oil Company*, a case cited by Plaintiffs, the Supreme Court struck down a law that prevented any new gasoline stations from opening a business in a town.

193 N.C. 432, 433, 137 S.E. 183, 183 (1927). The Court held that the ordinance violated the anti-monopoly clause because it ensured that the town's six existing gasoline stations "would be the sole sellers for all time in perpetuity." *Id.* at 435, 137 S.E. at 184. The Court explained the law was "no regulation"—it was "a prohibition." *Id.* at 434, 137 S.E. at 184.

By contrast, the Court has upheld state action that leaves the door open to new market entrants. In *Madison Cablevision, Inc. v. City of Morganton*, 325 N.C. 634, 386 S.E.2d 200 (1989), the City of Morganton declined to renew a cable television franchise that it had granted. *Id.* at 640, 386 S.E.2d at 204. The city also rejected franchise applications from two other providers and decided instead that the city itself would establish a city-owned system. *Id.* at 641, 386 S.E.2d at 204. The city stated that it would revisit the need for additional cable providers in five years. *Id.*

The cable company whose franchise the city declined to renew sued, asserting claims under the exclusive emoluments and anti-monopoly clauses. *Id.* at 643, 386 S.E.2d at 205. The Supreme Court held that the city did not violate either provision. *Id.* at 653, 386 S.E.2d at 211. The Court explained that the city had not made itself an "exclusive" provider of cable television services within the meaning of the constitution because it had "not foreclosed for any period the possibility that franchises might be granted to other applicants." *Id.* at 654, 386 S.E.2d at 211. To the contrary, the city "expressly left open the possibility that other cable companies could apply for and obtain a franchise in the future," and the city would revisit that possibility "five years after it issued its decision to operate a municipal system." *Id.* Because the city preserved the possibility of future competition, no "exclusive" privilege was at issue, as required to state a constitutional claim. *Id.*

Here, the CON Law does not "foreclose for any period the possibility" of future entrants to Dr. Singleton's service area – the Craven/Jones/Pamlico service area – by granting "exclusive"

privileges to CarolinaEast Medical Center. Rather, the State Health Coordinating Council (“SHCC”) applies need methodologies to updated data, determines the need determinations for healthcare services based on updated data annually, and publishes the State Medical Facilities Plan (“SMFP”). See Exhibit “E,” pp. 49–54. The process allows for decision-making by the Department and the SHCC, public input, and multiple layers of review. It is only upon the Governor’s approval that the SMFP becomes the effective health planning document for a given year and any current or new entrants to the market may apply to meet the established needs. Importantly, this process is repeated each year – more frequently than the review period substantiated in *Madison Cablevision*. 325 N.C. at 654, 386 S.E.2d at 212 (the city committed to review the possibility of awarding new franchises in five years). (Compare Exhibit “E”, Table 6A, pages 56–68, and Exhibit “F”, Table 6A, pages 55–63). Accordingly, the CON Law is indeed a “regulation” and not a “prohibition.” *Town of Clinton*, 193 N.C. at 434, 137 S.E. at 184.

C. Assuming *arguendo* the CON Law grants exclusive privileges, it promotes the general welfare.

Even assuming *arguendo* this court finds that the CON Law grants exclusive privileges, the law is still constitutionally valid on its face. Our case law has established that not every classification which favors a particular group of persons is an “exclusive or separate emolument or privilege” within the meaning of the constitutional prohibition. *Lowe v. Tarble*, 312 N.C. 467, 470, 323 S.E.2d 19, 21 (1984). In *Town of Emerald Isle ex rel. Smith v. State*, 320 N.C. 640, 360 S.E.2d 756 (1987), the Supreme Court held:

A statute which confers an exemption that benefits a particular group of persons is not an exclusive emolument or privilege within the meaning of Article I, section 32, if: (1) the exemption is intended to promote the general welfare rather than the benefit of the individual, and (2) there is a reasonable basis for the Legislature to conclude the granting of the exemption serves the public interest.

Id. at 654, 360 S.E.2d at 764; *see also* Orth & Newby, *supra* at 90. The courts have found that the CON Law promotes the general welfare. The General Assembly’s “purpose in enacting the CON law was to protect the health and welfare of North Carolina citizens by providing affordable access to necessary health care.” *Hope—A Women’s Cancer Center v. State*, 203 N.C. App. 593, 603, 693 S.E.2d 673, 680 (2010), *disc. rev. denied*, 364 N.C. 614, 754 S.E.2d 166 (2010) (upholding the CON Law as constitutional because it furthers the government’s interest in protecting public health and there was a reasonable basis for the Legislature to believe it would achieve its goal by allowing the approval of new institutional health services only when a need for such services had been determined).

Accordingly, the CON Law does not grant exclusive privileges to healthcare providers in violation of Article I, § 32 because it does not “foreclose for any period the possibility” of future entrants to any healthcare market. Moreover, even if the effect of the CON Law is that it grants exclusive privileges, the law would still pass constitutional muster because it promotes the general welfare of the public by ensuring that all citizens throughout the State have equal access to affordable healthcare. *See Hope*, 203 N.C. App. at 603, 693 S.E.2d at 680. Further, it is reasonable for the General Assembly to believe it would achieve this goal by allowing the approval of new institutional health services only when a need for such services have been determined. *See Town of Emerald Isle*, 320 N.C. at 654, 360 S.E.2d at 754; *see also* Orth & Newby, *supra*, at 90. Therefore, Plaintiffs’ claim that the CON Law is facially unconstitutional in violation of Article I, § 32 is without merit and Defendants are entitled to judgment as a matter of law.

II. THE CON LAW DOES NOT ESTABLISH MONOPOLIES.

Similar to Plaintiffs’ claim that the CON Law violates the exclusive emoluments clause, Plaintiffs’ claim that the CON Law is facially unconstitutional in violation of the anti-monopoly clause, Article I, § 34 of the North Carolina Constitution, is also meritless.

Plaintiffs allege that the CON Law grants CarolinaEast Medical Center an exclusive right to provide “private operating room services” in the Craven/Jones/Pamlico service area and Dr. Singleton is banned from entering the market because CarolinaEast “got there first.” (Am. Compl. ¶ 159; Pl. Br. p. 1). Defendants disagree.

Our Supreme Court has held,

[a] monopoly results from ownership or control of so large a portion of the market for a certain commodity that competition is stifled, freedom of commerce is restricted, and control of prices ensues. It denotes an organization or entity so magnified that it suppresses competition and acquires a dominance in the market. The result is public harm through the control of prices of a given commodity.

State v. Atlantic Ice & Coal Co., 210 N.C. 742, 747-48, 188 S.E.2d 412, 415 (1936).

Madison Cablevision is also instructive here. There, the Supreme Court held that “where a city grants a nonexclusive right or franchise to another ‘person or set of persons,’ it is not a grant of a monopoly within the meaning of the general constitutional prohibition against monopolies.” *Id.* at 654, 386 S.E.2d at 212 (citing *Thrift v. Elizabeth City*, 122 N.C. 31, 30 S.E. 349 (1898)). The same reasoning applies. At the outset, as argued *supra*, the CON Law does not grant exclusive privileges. That alone is sufficient to end the inquiry because an unconstitutional monopoly cannot be established in the absence of the grant of an exclusive privilege. The CON Law grants nonexclusive rights to various healthcare providers to develop operating rooms in the state. While CarolinaEast Medical Center is the only owner of operating rooms in the Craven/Jones/Pamlico service area, there are multiple operating rooms and providers in and around the Craven/Jones/Pamlico service area and the SHCC and the Department may determine in future versions of the SMFP that additional operating rooms are needed.

However, again, even assuming *arguendo* that the CON Law grants an exclusive right, the law would still be constitutional. “[M]onopoly, as originally defined, consisted in a grant by the

sovereign of an exclusive privilege to do something which had theretofore been a matter of *common right*.” *State v. Harris*, 216 N.C. 746, 761, 6 S.E.2d 854, 864 (1940) (emphasis added). A right ceases to be “common” when its “restraint becomes necessary for the public good.” *Thrift v. Bd. of Comm’rs*, 122 N.C. 31, 37, 30 S.E. 349, 351 (1898). As a result, the government may grant an exclusive privilege if that grant does not deprive others of a common right—that is, if granting that privilege serves the public good. For all the reasons discussed *supra*, the CON Law serves the public good and therefore does not deprive plaintiffs of a “common right.”

In addition, in *American Motors Sales Corp. v. Peters*, 311 N.C. 311, 317 S.E.2d 351 (1984), the Supreme Court noted that while all monopolies restrain trade, not every restraint of trade leads to a monopoly in a particular market. *Id.* at 316, 317 S.E.2d at 355-56. In conducting its analysis, the Court stated:

[i]n order to monopolize, one must control a consumer’s access to new goods by being the only reasonably available source of those goods. A consumer must be without reasonable recourse to elude the monopolizer’s reach. Logically, then, the market encompasses geographically at least all areas within reasonable proximity of potential customers.

Id. The Court held that where the Commissioner of Motor Vehicles approved only one automobile franchise in a particular market that was comprised of one county in its entirety and portions of two adjacent counties, the franchise did not constitute a monopoly because consumers had access to other automobile dealerships in neighboring counties. The facts of *American Motors* is nearly on all fours with the facts of the instant case.

Similar to *American Motors*, the Craven/Jones/Pamlico service area consists of three contiguous counties. The service area is bordered by the Beaufort, Lenoir, Duplin, Onslow, and Carteret service areas, as well as Pitt County (of the Pitt/Greene/Hyde/Tyrrell service area). *See* Exhibit “E”, p. 55. While it is true that the nine (9) operating rooms in the Craven/Jones/Pamlico

service area are owned by one provider—CarolinaEast Medical Center—patients in the service area have access to a total of eighty (80) operating rooms owned by nine (9) different providers in the service areas bordering the Craven/Jones/Pamlico service area. *See* Exhibit “E”, pp. 56-58, 62, 64-65. Therefore, pursuant to the standard established in *American Motors*, and the Supreme Court’s holding, Plaintiffs are unable to show that the CON Law has created an unconstitutional monopoly in the Craven/Jones/Pamlico service area.

Finally, Dr. Singleton operates a second clinic in Greenville, Pitt County, North Carolina. *See* Exhibit “A”. Pitt County is contiguous to Craven County, where Dr. Singleton’s New Bern office is located. *See* Exhibit “E”, p. 55. The 2025 SMFP identified a need for five (5) new operating rooms in the Pitt/Greene/Tyrell/Hyde (“Pitt County”) service area. *See* Exhibit “E”, p. 83. The deadline to submit an application to develop an operating room in the Pitt County service area was October 15, 2025, for a review period which began on November 1, 2025. *See* Exhibit “A”. Dr. Singleton did not apply to develop an operating room in the Pitt County service area. However, pursuant to N.C. Session Law 2023-72, effective November 21, 2025, any person may develop a qualified urban ambulatory surgical facility in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census without first obtaining a CON for an operating room. *Id.* Pitt County is one of the twenty-three (23) counties in North Carolina with a population greater than 125,000 according to the 2020 federal decennial census. *Id.* Therefore, as of November 21, 2025, Dr. Singleton may license his Greenville office as a qualified urban ambulatory surgical facility without first obtaining a CON. *Id.*; *see also* Exhibit “B”.

Accordingly, based on the *American Motors* standard, not only do the residents of the Craven/Jones/Pamlico service area have access to 80 additional operating rooms in neighboring

service areas, but Dr. Singleton may perform any surgeries he so chooses in his New Bern office. In addition, Dr. Singleton's patients have access to his Greenville office in neighboring Pitt County, where, effective November 21, 2025, he may license that office as a qualified ambulatory surgery facility without first obtaining a CON.

Based on the foregoing and the well-settled case law, Plaintiffs' claim that the CON Law is facially unconstitutional in violation of Article I, § 34 of the North Carolina Constitution is wholly without merit and Defendants are entitled to judgment as a matter of law.

III. *ASTON PARK* DOES NOT CONTROL.

Contrary to Plaintiffs' assertion, the Supreme Court's holding in *In re Aston Park Hospital, Inc.*, 282 N.C. 542, 193 S.E.2d 729 (1973), does not control Plaintiffs' exclusive emoluments and anti-monopoly claims in the instant case.

In *Aston Park*, where a hospital was denied a CON to expand its facility, the Supreme Court held that the prior version of the CON Law, which was enacted in 1971, violated both the exclusive emoluments and anti-monopoly clauses. However, the Court's decision was based on its view that the law lacked a rational basis. *Id.* at 551, 193 S.E.2d at 736; *see also American Motors*, 311 N.C. at 320, 317 S.E.2d at 358 (stating that the Court's decision regarding the anti-monopoly clause in *Aston Park* "turned on the absence of a rational relationship between the required certificate of need and any public good or welfare consideration."). The current version of the CON Law, in which the General Assembly codified detailed findings of fact to support the statute's enactment, resolved the deficiencies of *Aston Park*. *See Hope*, 203 N.C. App. at 607, 693 S.E.2d at 682-83 (holding that "the deficiencies identified by the Court in *Aston Park* are no longer present in the current CON law," rendering *Aston Park* "moot"); *State ex rel. Utils. Comm'n v. Empire Power Co.*, 112 N.C. App. 265, 275, 435 S.E.2d 553, 558 (1993) (similar).

Plaintiffs' contention that the Supreme Court's citation to *Aston Park* in its order remanding the instant case to the trial court makes "clear...that *Aston Park* remains good law," (Pl. Br. p. 15), is unsound. The Court stated,

"The complaint contains allegations that, if proven true, could render the Certificate of Need law unconstitutional in all its applications." *See In re Certificate of Need for Aston Park Hosp., Inc.*, 282 N.C. 542, 551-52, 193 S.E.2d 729 (1973).

Singleton v. N.C. Dep't of Health & Human Servs., 386 N.C. 597, 599, 906 S.E.2d 806, 808 (2024) (per curiam). First, the Court did not reach the merits of the case. Therefore, its mention of *Aston Park* cannot be interpreted as a citation to authority, but, rather, dictum at best. Second, the Court's citation to *Aston Park* in this context should more logically be interpreted as a reference to the only case that has previously held the CON Law unconstitutional. Nothing in the Court's order remanding the case to the trial court can be interpreted as a holding that *Aston Park* remains good law. Third, while *Aston Park* has not been overruled, it applied to the prior version of the CON Law and not the current version. The Supreme Court has made clear that the General Assembly has the power to make "statutory changes" that "follow or are reflective of...decisions from [the] Court." *Rosero v. Blake*, 357 N.C. 193, 203, 581 S.E.2d 41, 47 (2003). Plaintiffs' attempt to apply the holding in *Aston Park* to the current version of the CON Law would effectively thwart the General Assembly's power. *Aston Park* does not control.

CONCLUSION

Given that the CON Law does not grant exclusive privileges or foreclose Dr. Singleton from performing eye surgeries in his service area, Plaintiffs are unable to establish that the CON Law is unconstitutional in all of its applications. Further, Plaintiffs fail to even allege the CON Law is unconstitutional in any of its other applications. Therefore, Plaintiffs' claims that the CON Law is facially unconstitutional in violation of Article I, §§ 32 and 34 of the North Carolina

Constitution are without merit. Accordingly, Plaintiffs' motion for partial summary judgment should be denied and Defendants should be granted judgment as a matter of law.

This the 5th day of November, 2025.

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EXHIBITS

Exhibit A – Affidavit of Micheala Mitchell

Exhibit B – Affidavit of Azalea Conley

Exhibit C – Affidavit of Anthony Harms

Exhibit D – Letter re: Deregulation of Procedure Rooms (November 27, 2012)

Exhibit E – 2025 State Medical Facilities Plan, Chapter 6 – Operating Rooms (pages 49-83)

Exhibit F – Proposed 2026 State Medical Facilities Plan, Tables 6A and 6B (pages 55–73)

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing **DEFENDANTS' BRIEF IN OPPOSITION TO PLAINTIFFS' MOTION FOR PARTIAL SUMMARY JUDGMENT** was electronically served as follows:

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This the 5th day of November, 2025.

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Special Deputy Attorney General

EXHIBIT A

STATE OF NORTH CAROLINA
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
20 CVS 005150-910

JAY SINGLETON, D.O., and)
SINGLETON VISION CENTER, P.A.,)
)
Plaintiffs,)
)
v.)
)
NORTH CAROLINA DEPARTMENT OF)
HEALTH AND HUMAN SERVICES; JOSH)
STEIN, Governor of the State of North)
Carolina, in his official capacity; DEVDUTTA)
SANGVAI, North Carolina Secretary of Health)
and Human Services, in her official capacity;)
PHIL BERGER, President Pro Tempore of the)
North Carolina Senate, in his official capacity;)
and DESTIN HALL, Speaker of the North)
Carolina House of Representatives, in his)
official capacity,)
)
Defendants.)

AFFIDAVIT OF MICHEALA MITCHELL

Micheala Mitchell, being first duly sworn, deposes and says as follows:

1. I am the Chief of the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "Agency").
2. I have served in this role from June 2021 to the present. Prior to serving as the Chief of the Agency, I managed the Certificate of Need program for the State of Connecticut between July 2016 and June 2021. I have been licensed as an attorney in the State of Connecticut since November 2004.

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3. One of my main responsibilities as Chief of the Agency is to implement Article 9 of Chapter 131E of the North Carolina General Statutes, also referred to as the “CON Law.” I am familiar with the content of the CON Law and the authority of the Agency.

4. As Chief of the Agency, I am also responsible for overseeing analytical support provided to the State Health Coordinating Council (“SHCC”) in their preparation of the annual State Medical Facilities Plan (“SMFP”). I am also familiar with the need methodologies and need determinations contained in the 2025 SMFP.

5. I am aware that Dr. Singleton filed the current lawsuit based in part on his inability to obtain a license for an ambulatory surgical facility because there was not and had not been a need determination for operating rooms in Craven County, the county in which his New Bern office is located, for many years.

6. Upon information and belief, in addition to his office in New Bern, Dr. Singleton also has an office located at 702 Johns Hopkins Drive in Greenville, North Carolina. *See* <https://singletonvisioncenter.com/>, last visited on October 30, 2025.

7. The city of Greenville is located in Pitt County, North Carolina.

8. Pitt County is contiguous to Craven County.

9. The 2025 SMFP lists a need determination for five (5) operating rooms for the Operating Room Multicounty Service Area comprised of Pitt, Greene, Hyde, and Tyrrell counties.

10. The review period for applications proposing to develop operating rooms in the Pitt/Greene/Hyde/Tyrrell multicounty service area began on November 1, 2025. The deadline to submit applications proposing to develop one or more operating rooms in the Pitt/Greene/Hyde/Tyrrell multicounty service area was October 15, 2025.

11. The Agency received one application for the operating room need determination in the Pitt/Greene/Hyde/Tyrrell multicounty service area. Dr. Singleton did not submit an application to develop any operating rooms in the Pitt/Greene/Hyde/Tyrrell multicounty service area.

12. Pursuant to N.C. Session Law 2023-7, effective November 21, 2025, any person may develop an ambulatory surgical facility in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census without first obtaining a certificate of need (“CON”) for an operating room.

13. Pitt County is one of the twenty-three (23) counties in North Carolina with a population greater than 125,000 according to the 2020 federal decennial census. Therefore, as of November 21, 2025, Dr. Singleton may license his Greenville office as an ambulatory surgical facility without first obtaining a CON.

14. While the CON Law regulates operating rooms, it does not regulate procedure rooms. Procedure rooms are similar to operating rooms in that surgical procedures can be performed in procedure rooms. Procedure rooms are often developed to comply with all requirements of an operating room. The main difference – and sometimes the only difference – between a procedure room and an operating room is that an operating room is licensed by the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Acute and Home Care Licensure and Certification Section, while a procedure room is not licensed.

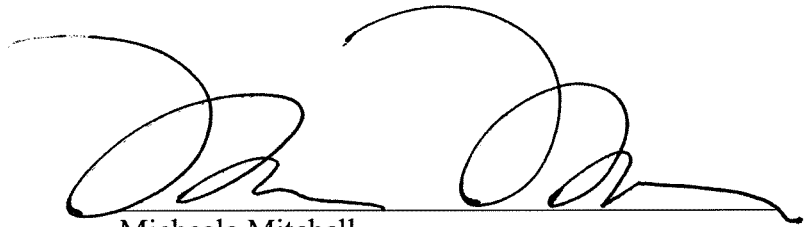
15. Procedure rooms may be developed in hospitals, ambulatory surgical facilities, or physician offices. Development of a procedure room in a physician office is not regulated under the CON Law.

16. With the exception of dedicated C-Section operating rooms, the Agency does not regulate the types or complexity of surgical procedures performed in operating rooms or procedure rooms regardless of where they are located.

17. Upon information and belief, in 2021, 63 healthcare facilities in North Carolina—including Duke University Hospital, North Carolina Baptist Hospital, and WakeMed, among others—reported performing a total of 30,574 surgical procedures in procedure rooms.

18. Dr. Singleton may develop a procedure room in his physician office that would not be subject to regulation or oversight by the Agency. The Agency does not have the authority to regulate either the development of a procedure room in Dr. Singleton's office or the types or complexity of surgical procedures performed therein.

Further the affiant sayeth naught.



Micheala Mitchell

Chief

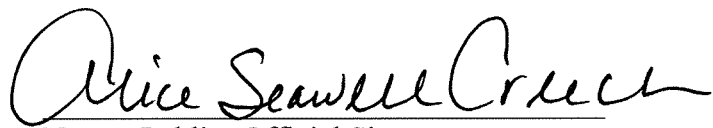
Healthcare Planning & Certificate of Need Section

STATE OF NORTH CAROLINA

COUNTY OF WAKE

I certify that the following person personally appeared before me this day,
acknowledging to me that she voluntarily signed the foregoing document for the purpose stated
therein and in the capacity indicated: MICHEALA MITCHELL

November 4, 2025
Date


Notary Public- Official Signature

Alice Seawell Creech
Notary's Printed/Typed Name



My Commission Expires: 4-4-2027

EXHIBIT B

STATE OF NORTH CAROLINA
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
20 CVS 005150-910

JAY SINGLETON, D.O., and)
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STEIN, Governor of the State of North)
Carolina, in his official capacity; DEVDUTTA)
SANGVAI, North Carolina Secretary of Health)
and Human Services, in her official capacity;)
PHIL BERGER, President Pro Tempore of the)
North Carolina Senate, in his official capacity;)
and DESTIN HALL, Speaker of the North)
Carolina House of Representatives, in his)
official capacity,)
)
Defendants.)

AFFIDAVIT OF AZALEA CONLEY

Azalea Conley, being first duly sworn, deposes and says as follows:

1. I am the Chief of the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Acute and Home Care Licensure and Certification Section (the "Acute Care Section").
2. I have served in this role for approximately 25 years. I have a Bachelor of Science in Nursing from the University of North Carolina at Chapel Hill. I have been licensed as a Registered Nurse in North Carolina continuously since 1984 and have an active multistate nurse compact license.

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3. As Chief of the Acute Care Section, I am responsible for the day-to-day operations of the Section, which are primarily regulatory in nature. The Acute Care Section has regulatory oversight over a number of non-long term care programs, including, but not limited to, acute care hospitals and ambulatory surgical facilities.

4. The authority of the Acute Care Section is granted by the North Carolina General Statutes, administrative regulations promulgated under the authority of the North Carolina General Statutes, and federal administrative regulations promulgated by the Centers for Medicare and Medicaid Services.

5. The Acute Care Section does not have any regulatory authority over physician offices or any medical practices that take place in physician offices. The only instances where the Acute Care Section would regulate a physician office is if that physician office sought licensure as an ambulatory surgical facility.

6. The Acute Care Section does not regulate the types or complexity of surgical procedures performed in operating rooms or procedure rooms. Rather, the Acute Care Section yields to the medical staff and governing body of the facility to determine the types of surgical procedures to be performed in its operating rooms or procedure rooms.

7. I am aware that Dr. Singleton has filed a lawsuit alleging that the Certificate of Need statutes are unconstitutional and prevent him from performing certain types of surgical procedures in a procedure room. The Acute Care Section does not administer the Certificate of Need statutes, but only verifies that a health care facility has a certificate of need (“CON”) if one is required by the North Carolina General Statutes to be licensed by the Acute Care Section.

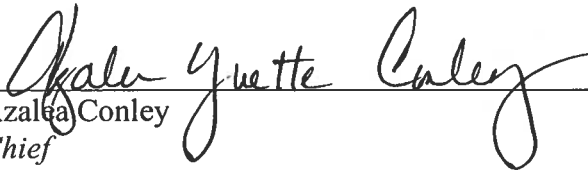
8. Pursuant to N.C. Session Law 2023-7, effective November 21, 2025, any person may develop an ambulatory surgical facility in a county with a population greater than 125,000

according to the 2020 federal decennial census or any subsequent federal decennial census without first obtaining a CON for an operating room.

9. I am aware that Dr. Singleton operates clinics in New Bern and Greenville, North Carolina. Pitt County is one of the twenty-three (23) counties in North Carolina with a population greater than 125,000 according to the 2020 federal decennial census. Therefore, as of November 21, 2025, Dr. Singleton may license his Greenville office as an ambulatory surgical facility without first obtaining a CON.

10. Dr. Singleton may develop a procedure room in his New Bern office that would not be subject to regulation or oversight by the Acute Care Section. As long as Dr. Singleton does not advertise himself as operating an ambulatory surgical facility, the Acute Care Section has no authority to regulate either the development of a procedure room in his office or to regulate the types or complexity of surgical procedures performed in his office's procedure room.

Further the affiant sayeth naught.

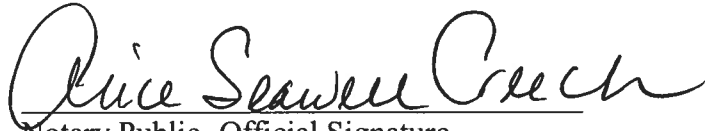

Azalea Conley
Chief
Acute and Home Care Licensure and Certification Section

STATE OF NORTH CAROLINA

COUNTY OF WAKE

I certify that the following person personally appeared before me this day,
acknowledging to me that she voluntarily signed the foregoing document for the purpose stated
therein and in the capacity indicated: AZALEA CONLEY

November 4, 2025
Date


Notary Public- Official Signature

Alice Seawell Creech
Notary's Printed/Typed Name



My Commission Expires: 4-4-2027

EXHIBIT C

STATE OF NORTH CAROLINA
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
20 CVS 005150-910

JAY SINGLETON, D.O., and)
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HEALTH AND HUMAN SERVICES; JOSH)
STEIN, Governor of the State of North)
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PHIL BERGER, President Pro Tempore of the)
North Carolina Senate, in his official capacity;)
and DESTIN HALL, Speaker of the North)
Carolina House of Representatives, in his)
official capacity,)
)
Defendants.)

AFFIDAVIT OF ANTHONY JEFFREY HARMS

Anthony Jeffrey Harms, being first duly sworn, deposes and says as follows:

1. I am the Chief of the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Construction Section. I have served as Chief since January 2025 and, prior to that, I served as Acting Chief from June 2020 to January 2025.
2. I have a Bachelor of Arts degree in Architecture from the University of North Carolina at Charlotte and I have been employed with the Construction Section since February 2003.
3. The Construction Section is responsible for, among other things, regulating health care facilities for compliance with physical plant state rules and federal Life Safety standards for

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Medicare and Medicaid certification; reviewing and approving plans of health care construction projects; and inspecting and recommending for licensure completed health care construction projects.

4. Inspections of health care facilities are conducted primarily to ensure that all applicable licensure rules related to the construction and operation of the physical plant have been met. Licensure rules for certain types of health care facilities have incorporated building codes and Facility Guideline Institute (“FGI”) requirements. The FGI Guidelines are widely recognized standards for planning, designing, and constructing health care facilities and are used by multiple state and federal agencies. Through administrative rules promulgated by the Acute and Home Care Licensure and Certification Section, North Carolina has incorporated the FGI Guidelines for Hospitals and Outpatient Facilities into its physical plant licensure requirements. Inspections of health care facilities verify that any incorporated building code requirements and/or FGI requirements have been met before it is occupied by patients.

5. There are FGI physical plant requirements for inpatient facilities and outpatient facilities. The Facility Guidelines Institute updates and re-issues the FGI Guidelines approximately every four years. The FGI Guidelines are reviewed and revised by clinicians, architects, jurisdictional authorities, and other categories of people invited to participate by the Facility Guidelines Institute. I am one of two officials that regulate code and licensure requirements from North Carolina who have been invited to review and revise the FGI Guidelines. I have been involved in the review and revision of FGI Guidelines since 2018. For the upcoming 2026 release of the FGI Guidelines for Hospitals, I was Chair of the group tasked with reviewing and revising Chapter 2.7 (Mobile Transportable Medical Units) and I was co-Chair of the “Authorities Having

Jurisdiction” Section, comprised of officials that regulate code and licensure requirements in states from around the country who had been invited to review and revise the FGI Guidelines.

6. Spaces within health care facilities are inspected for compliance with FGI requirements based on what the health care facility designates as the intended use of the space. The FGI requirements for a procedure room and operating room are different. However, a procedure room can be developed with all of the environmental controls required by the FGI requirements for an operating room.

7. The Construction Section does not regulate the types or complexity of surgical procedures that can be performed in a procedure room or an operating room. That decision is left to the governing body of the health care facility. The governing body of the health care facility determines whether a space is being developed as an operating room or a procedure room and the Construction Section inspects the room based upon the facility’s designation.

8. I am aware that Dr. Singleton has filed a lawsuit alleging that the Certificate of Need statutes are unconstitutional and prevent him from performing certain types of surgical procedures in a procedure room. The Construction Section does not administer the Certificate of Need statutes, but only verifies that a proposed health care facility has been issued a certificate of need if one is required by the Certificate of Need statutes to be licensed.

9. Projects to develop licensed health care facilities are submitted to the Construction Section. Upon receipt of projects, the Construction Section verifies whether a certificate of need has been issued or if one is required.

10. The Construction Section inspects health care facilities and spaces which are currently licensed or are determined to be eligible to be licensed through plan review. The

Construction Section does not inspect physician offices, even if a physician office has a procedure room, if that physician office is not licensed or in the process of obtaining a license.

Further the affiant sayeth naught.

Anthony Jeffrey Harms
Anthony Jeffrey Harms
Chief
Construction Section

STATE OF NORTH CAROLINA

COUNTY OF WAKE

I certify that the following person personally appeared before me this day,
acknowledging to me that she voluntarily signed the foregoing document for the purpose stated
therein and in the capacity indicated: ANTHONY JEFFREY HARMS

November 5, 2025
Date

Alice Seawell Creech
Notary Public - Official Signature

Alice Seawell Creech
Notary's Printed/Typed Name



My Commission Expires: 4-4-2027

EXHIBIT D



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Office of the Director

2701 Mail Service Center • Raleigh, North Carolina 27699-2701
<http://www.ncdhhs.gov/dhsr/>

Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

Drexdal Pratt, Director
Phone: 919-855-3750
Fax: 919-733-2757

November 27, 2012

Mr. Frank Kirschbaum
Nexsen Pruet, LLC
4141 Parklake Avenue, Suite 200
Raleigh, NC 27612

RE: Surgical Care Affiliates v. DHHS, 12 CVS 09409 and 12 CVS 010478

Dear Mr. Kirschbaum,

Subject to any applicable statutory dollar thresholds, The North Carolina Department of Health And Human Services, Division of Health Service Regulation, has determined that procedure rooms will solely be regulated in licensed ambulatory surgical facilities and hospitals, and only to the extent required to ensure that such procedure rooms meet the requirements of the Federal Life Safety Code as referenced in the North Carolina Administrative Code. Neither the Acute and Home Care Licensure and Certification Section, nor the Construction Section will require any determination from the Certificate of Need Section prior to authorizing the use or establishment of a procedure room.

Sincerely,

Drexdal Pratt, Director
Division of Health Service Regulation



Location: 809 Ruggles Drive ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603
An Equal Opportunity / Affirmative Action Employer

EXHIBIT

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EXHIBIT E

2025

STATE HEALTH COORDINATING COUNCIL

EXHIBIT

E

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STATE MEDICAL FACILITIES PLAN



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

Chapter 6:

Operating Rooms

CHAPTER 6

OPERATING ROOMS

Introduction

G.S. § 131E-76(18c) defines an *operating room* (OR) as “...a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.”

Across all hospitals and ambulatory surgical facilities, 76.8% of surgical cases were ambulatory (outpatient) and 23.2% were inpatient (*Table 6B*).

Definitions

An *OR's service area* is the single or multicounty grouping shown in Figure 6.1. See below for the delineation of service areas.

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2022 through September 30, 2023.

The methodology calculates OR need for a *projection year*, which is four years beyond the current reporting year. The current projection year is 2027.

The *planning inventory* is the number of ORs used in need determination calculations. It is the number of ORs licensed as of the last day of the reporting year, plus the number of certificate of need (CON)-approved ORs that are under development, plus the number of ORs available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of the Methodology.

For the purposes of the OR methodology, a *health system* includes all licensed health service facilities with ORs located in the same service area that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities. If the relocation or transfer of ORs to a different health system generates a need, the need determination will not appear until the relocated or transferred ORs are licensed in their new location.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

The number of cases and procedures come from the Hospital License Renewal Applications (LRAs) and the Ambulatory Surgical Facility LRAs for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

The inventory of ORs comes from LRAs submitted to the Agency's Acute and Home Care Licensure and Certification Section and approved CONs issued by the Agency.

Population data by county for the reporting year and the projection year come from the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. In the current SMFP, for the methodology to determine an OR need for a service area, the minimum deficit must be two, after rounding.
2. The planning inventory and need determination calculations exclude one OR for each Level I and Level II trauma center, and one OR for each designated burn intensive care unit.
3. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use inpatient and ambulatory surgical procedures by county of residence and county of service to delineate service areas as reported on the LRAs (see below).
4. For purposes of these need projections, the number of surgical hours is anticipated to change in direct proportion to the change in the general population of the OR service area.

Delineation of Service Areas

The SMFP contains two types of OR service areas: single county and multicounty. Counties with at least one facility having a licensed OR that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a facility with a licensed OR are grouped with the single county where the largest proportion of its patients received surgery; 2) if two counties with at least one facility having a licensed OR each provided surgical services to at least 35 percent of the residents of a county without at least one facility with a licensed OR, then the county without at least one facility with a licensed OR is grouped with both of the counties with facilities that have at least one OR.

If an entity has a CON to develop a facility with a licensed OR in a county without a facility with a licensed OR, the planning inventory in Table 6B will include these ORs upon licensure. Before licensure, the ORs remain under development in the multicounty service area. Upon licensure of new ORs, the county where they are licensed becomes a single county service area.

In response to a petition, the State Health Coordinating Council (SHCC) created the Avery-Watauga multicounty OR service area. There are ORs in both Avery and Watauga counties.

Application of the Methodology

Step 1: Inventory of ORs (*Table 6A, Columns D through J*)

- a. In each OR service area, list the number of ORs by type, and sum them for each health system by summing the following for all licensed hospitals and ambulatory surgical facilities:
 - (1) Number of Inpatient ORs (*Column D*)
 - (2) Number of Ambulatory ORs (*Column E*)

(3) Number of Shared ORs (*Column F*)

b. For each facility:

(1) Exclude the number of dedicated Cesarean Section (C-Section) ORs from the Hospital LRA (*Column G*).

(2) Exclude one OR for each Level I and Level II Trauma Center and one additional OR for each designated Burn Intensive Care Unit (*Column H*).

(3) List the number of ORs (*Column I*) and C-Section ORs (*Column J*) for which CONs have been issued but not licensed as of the end of the reporting year.

c. Enter placeholders for ORs for which a need determination in the SMFP is pending review or appeal (*Columns I and Column J*).

Step 2: Determine Each Facility's Adjusted Case Times

a. For each facility, compare the Average Case Time in Minutes for inpatient and ambulatory cases reported on the annual LRA to its Final Case Time used in the methodology in the previous year's SMFP.

(1) If either the inpatient or ambulatory reported average case time is more than 10% longer than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time plus 10%.

(2) If either the inpatient or ambulatory reported average case time is more than 20% shorter than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time minus 20%.

(3) If neither of the above situations occurs, then the Adjusted Case Time is the average case time(s) reported on the LRA.

Step 3: Group Facilities (*Table 6A, Columns K through M*)

a. For each hospital, multiply the total number of inpatient surgical cases (excluding C-sections performed in dedicated C-Section ORs) reported in the Surgical Cases by Specialty Area table on the annual Hospital LRA by the inpatient average case time from Step 2. Then divide by 60 to obtain the total inpatient surgical hours.

b. For each facility, multiply the total ambulatory cases reported in the Surgical Cases by Specialty Area table on the annual LRA by the ambulatory average case time from Step 2. Then divide by 60 to obtain the total ambulatory surgical hours.

c. Add the total inpatient and ambulatory surgical hours together to obtain each facility's Total Surgical Hours for Grouping (*Column K*).

- d. Assign each facility to a group based on the following criteria (*Column L*):

Group	Facility Type
1	Academic Medical Center Teaching Hospitals
2	Hospitals reporting more than 40,000 surgical hours
3	Hospitals reporting 15,000 to 40,000 surgical hours
4	Hospitals reporting less than 15,000 surgical hours
5	Separately licensed ambulatory surgical facilities that perform at least 50% of their procedures in either ophthalmology or otolaryngology, or a combination of the two specialties.
6	All separately licensed ambulatory surgical facilities not in Group 5.

- e. For purposes of the SMFP, the average OR is anticipated to be staffed based on its group membership and utilized at least 75% of the available time. Assumptions regarding hours per day and days per year of availability are shown in the table below. Multiply the Hours per Day by the Days Per Year. Then multiply by 75% to obtain the Standard Hours per OR per Year (*Column M*).

Group	Hours per Day	Days per Year	Standard Hours per OR per Year
1	10	260	1,950
2	10	260	1,950
3	9	260	1,755
4	8	250	1,500
5	7	250	1,312
6	7	250	1,312

Step 4: Project Future OR Requirements Based on Growth of OR Hours (*Table 6B, Columns D through K*)

- a. For Groups 2 through 6, use the Adjusted Case Time from Step 2 to calculate the average (mean) inpatient and ambulatory case times for each group. If the Adjusted Case Time exceeds one standard deviation above the mean case time for its group, substitute the value equivalent to the mean plus one standard deviation of the Adjusted Case Time to obtain the Final Inpatient Case Time (*Column E*) and Final Ambulatory Case Time (*Column G*), as applicable. Otherwise use the Adjusted Case Time from Step 2 as the final case times. The Average Final Inpatient and Ambulatory Case Times for each group are as follows for the current plan:

Group	Average Final Inpatient Case Time		Average Final Ambulatory Case Time	
	in Minutes	in Hours	in Minutes	in Hours
1	219.3	3.66	132.5	2.21
2	190.4	3.17	117.8	1.96
3	161.9	2.70	109.2	1.82
4	106.8	1.77	70.8	1.18
5	--	--	40.3	0.67
6	--	--	70.4	1.17

- b. For each facility, multiply the inpatient surgical cases reported on the LRA (*Column D*) by the Final Inpatient Case Time in minutes (*Column E*), and multiply the ambulatory surgical cases reported on the LRA (*Column F*) by the Final Ambulatory Case Time in minutes (*Column G*). Sum these

amounts for each facility and divide by 60 to obtain the Total Adjusted Estimated Surgical Hours (*Column H*).

- c. For each service area with a projected population increase, calculate the Growth Factor based on each service area's projected population change between the reporting year and the projection year [*Column I: Growth Factor = (projection year service area population - reporting year service area population) / reporting year service area population.*]. If the calculated population growth is negative, the Growth Factor is zero.
- d. Multiply each facility's Total Adjusted Estimated Surgical Hours (*Column H*) for the most recent reporting year by each service area's Growth Factor (*Column I*). Then add the product to the Total Adjusted Estimated Surgical Hours to determine the Projected Surgical Hours for the projection year [$((\text{Column H} \times \text{Column I}) / 100) + \text{Column H} = \text{Column J}$].
- e. Divide each facility's Projected Surgical Hours for the projection year by the Standard Hours per OR per Year (based on group assignment) to determine the Projected Surgical ORs Required in the projection year (*Table 6B, Column J / Table 6A, Column M = Table 6B, Column K*).

Step 5: Determination of Health System Deficit/Surplus (*Table 6B, Columns L - M*)

- a. Sum the ORs, adjustments, and exclusions (*Table 6A, Columns D through J*) for each facility to obtain the Adjusted Planning Inventory (*Table 6B, Column L*).
- b. Subtract the Adjusted Planning Inventory from the Projected Surgical ORs Required to obtain the surpluses and deficits for each facility (*Column M*). (*Note: In Column M, projected deficits appear as positive numbers indicating that the methodology projects that more ORs will be needed in the projection year than are in the current inventory.*) Then for each health system, sum the deficits and surpluses of each facility to arrive at the Projected OR Deficit/Surplus for the health system ($\text{Column K} - \text{Column L} = \text{Column M}$).

Step 6: Determination of Service Area OR Need (*Table 6B, Column N*)

- a. Round the health system deficits according to the rounding rules, below:

If a health system located in an OR service area with more than 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.50 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with more than 10 ORs and a projected deficit less than 0.50 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with six to 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.30 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with six to 10 ORs and a projected deficit less than 0.30 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with five or fewer ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with five or fewer ORs and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.

- b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous SMFPs to calculate the Service Area Need (*Column N*).

- c. For the current plan, the Service Area Need must be at least two to show an OR Need Determination in Table 6C.

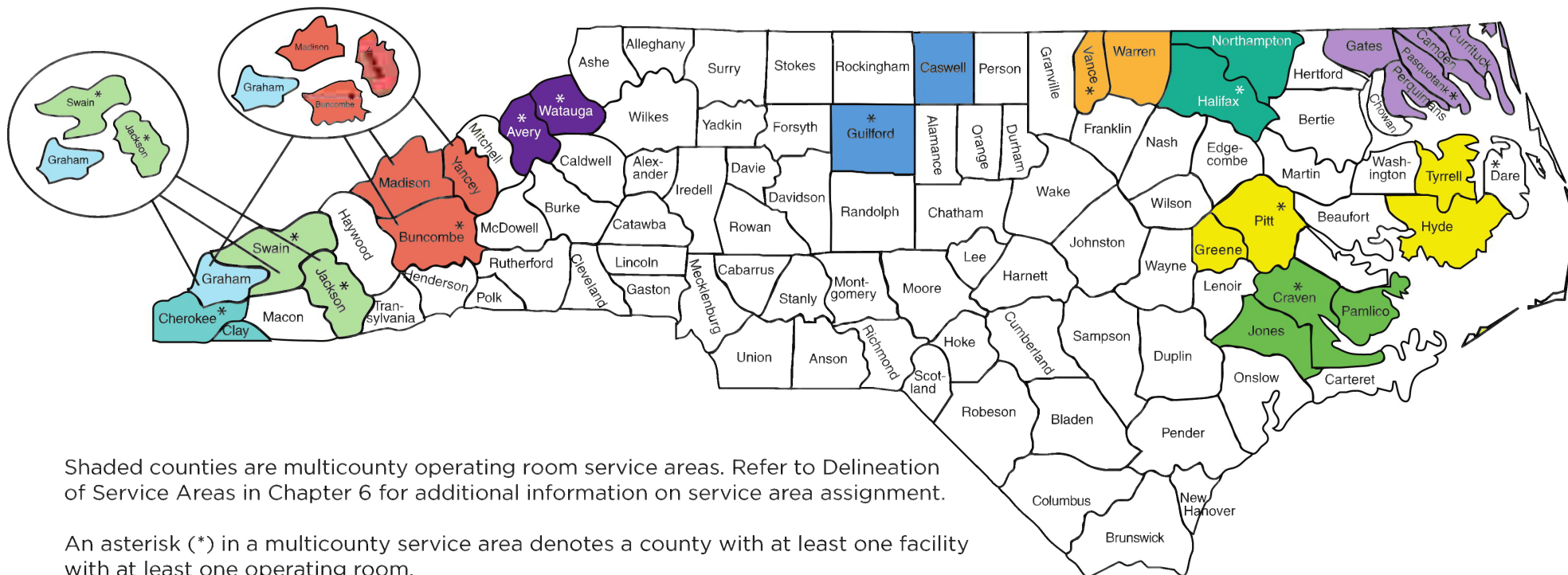
Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

NOTE: The need methodology excludes Dedicated C-Section ORs and associated cases from the calculation of need determinations.

A dedicated C-section OR shall only be used to perform C-sections and other procedures performed on the patient in the same visit to the C-section operating room, such that a patient receiving another procedure at the same time as the C-section would not need to be moved to a different OR for the second procedure.

Hospitals proposing to add a new OR for use as a dedicated C-section OR must obtain a CON but may apply for a CON without regard to the need determinations in this chapter.

Figure 6.1
Operating Room Service Areas



Shaded counties are multicounty operating room service areas. Refer to Delineation of Service Areas in Chapter 6 for additional information on service area assignment.

An asterisk (*) in a multicounty service area denotes a county with at least one facility with at least one operating room.

Hospitals	Multicounty Service Area	Color Code
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Cone Health, High Point Regional Health, and Kindred Hospital - Greensboro	Guilford, Caswell	
Erlanger Murphy Medical Center	Cherokee, Clay	
Halifax Regional Medical Center	Halifax, Northampton	
Harris Regional Hospital and Swain Community Hospital	Jackson, Graham, Swain	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
Watauga Medical Center and Charles A. Cannon Jr. Memorial Hospital	Watauga, Avery	

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	16,823.6	3	1,755
Alamance Total			2	3	9	-2	0	0	0			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	0.0		
Alexander Total			0	0	2	0	0	0	0			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	168.2	4	1,500
Alleghany Total			0	0	2	0	0	0	0			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	33.8	4	1,500
Anson Total			0	0	1	0	0	0	0			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,465.7	4	1,500
Ashe Total			0	0	2	0	0	0	0			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	351.1	4	1,500
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	6,785.1	4	1,500
Appalachian Regional Healthcare System Total			1	0	8	-1	0	0	0			
Avery/Watauga Total			1	0	8	-1	0	0	0			
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	1	0	5	-1	0	0	0	4,842.0	4	1,500
Beaufort Total			1	0	5	-1	0	0	0			
Bertie	H0268	ECU Health Bertie Hospital	0	0	2	0	0	0	0	216.7	4	1,500
Bertie Total			0	0	2	0	0	0	0			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	252.9	4	1,500
Bladen Total			0	0	2	0	0	0	0			
Brunswick		Novant Health Leland ASC	0	0	0	0	0	2	0	0.0		
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	8,650.7	4	1,500
Novant Health Total			1	0	4	-1	0	2	0			
Brunswick	AS0170	Brunswick Surgery Center	0	1	0	0	0	0	0	1,325.0	6	1,312
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	2,742.6	4	1,500
Brunswick Total			1	1	6	-1	0	2	0			
Buncombe	AS0038	Outpatient Surgery Center of Asheville	0	5	0	0	0	0	0	9,663.0	6	1,312
Buncombe		Valleygate Dental Surgery Center-Mountain	0	0	0	0	0	1	0	0.0		

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Buncombe	AS0065	Asheville Eye Surgery Center	0	1	0	0	0	0	0	1,367.1	5	1,312
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	54,461.3	2	1,950
Buncombe/Graham/Madison/Yancey			8	15	30	-2	-1	1	0			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,379.0	5	1,312
Burke	H0062	UNC Health Blue Ridge	1	0	9	-1	0	-4	0	6,606.0	4	1,500
Burke Total			1	2	9	-1	0	0	0			
Cabarrus	AS0070	Gateway Surgery Center	0	6	0	0	0	0	0	5,106.6	6	1,312
Cabarrus	H0031	Atrium Health Cabarrus	4	0	15	-2	0	0	0	31,425.1	3	1,755
Atrium Health Total			4	6	15	-2	0	0	0			
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	2	0	0	0	0	0	2,483.3	5	1,312
Cabarrus Total			4	8	15	-2	0	0	0			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	1,098.0	6	1,312
Caldwell	H0061	Caldwell UNC Health Care	1	0	4	-1	0	0	0	4,215.0	4	1,500
UNC Health Total			1	3	4	-1	0	0	0			
Caldwell Total			1	3	4	-1	0	0	0			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,774.5	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	6,357.1	4	1,500
Carteret Total			1	2	5	-1	0	0	0			
Catawba	AS0036	Graystone Eye Surgery Center	0	3	0	0	0	1	0	5,090.3	5	1,312
Catawba	AS0101	Viewmont Surgery Center	0	3	0	0	0	0	0	4,109.1	5	1,312
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	10,253.4	4	1,500
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	16,558.6	3	1,755
Catawba Total			3	10	27	-1	0	1	0			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	1,085.3	4	1,500
Chatham Total			0	0	2	0	0	0	0			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	3,798.3	4	1,500
Cherokee/Clay Total			0	0	4	0	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

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<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Chowan	H0063	ECU Health Chowan Hospital	0	0	3	0	0	0	0	770.7	4	1,500
Chowan Total			0	0	3	0	0	0	0			
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	4	0	0	0	0	0	1,201.2	5	1,312
Cleveland	H0024	Atrium Health Cleveland	1	0	8	-1	0	0	0	9,108.7	4	1,500
Atrium Health Total			1	4	8	-1	0	0	0			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,306.0	5	1,312
Cleveland Total			1	6	8	-1	0	0	0			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	3,642.8	4	1,500
Columbus Total			1	0	5	-1	0	0	0			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	14,318.9	4	1,500
Craven/Jones/Pamlico Total			3	6	9	-1	0	0	0			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	1	0	27,283.3	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	-1	0	2,192.5	4	1,500
Cape Fear Valley Health System Total			5	0	17	-3	0	0	0			
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	11	0	0	0	0	0	7,677.3	5	1,312
Cumberland	AS0159	Valleygate Dental Surgery Center	0	2	0	0	0	-1	0	1,910.0	6	1,312
Cumberland		Valleygate Dental Surgery Center Coast	0	0	0	0	0	1	0	0.0		
Cumberland		2024 Need Determination	0	0	0	0	0	1	0	0.0		
Cumberland Total			5	13	17	-3	0	1	0			
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	1,065.9	4	1,500
Dare Total			1	0	3	-1	0	0	0			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	8,519.7	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	4,692.7	4	1,500
Davidson Total			1	0	9	-1	0	0	0			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	3,731.1	4	1,500
Davie Total			0	0	3	0	0	0	0			
Duplin	H0166	ECU Health Duplin Hospital	0	0	3	0	0	0	0	1,723.3	4	1,500
Duplin Total			0	0	3	0	0	0	0			

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	4	0	0	0	0	0	3,866.4	6	1,312
Durham	AS0172	Duke Ambulatory Surgery Center Arrington	0	6	0	0	0	0	0	6,227.4	6	1,312
Durham	H0015	Duke University Hospital*	6	9	50	0	-1	2	0	125,699.3	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	21,728.6	3	1,755
Duke University Health System Total			8	19	63	-2	-1	2	0			
Durham	AS0184	Southpoint Surgery Center	0	2	0	0	0	0	0	928.5	6	1,312
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	8,273.6	4	1,500
NC Specialty Hospital Total			0	2	4	0	0	0	0			
Durham		Triangle Vascular Care	0	0	0	0	0	1	0	0.0		
Durham		2021 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Durham Total			8	21	67	-2	-1	5	0			
Edgecombe	H0258	ECU Health Edgecombe Hospital	1	0	5	-1	0	0	0	2,315.5	4	1,500
Edgecombe Total			1	0	5	-1	0	0	0			
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	0	3	0	0	0	0	0	3,799.2	6	1,312
Forsyth	H0011	Atrium Health Wake Forest Baptist*	4	0	36	0	-2	11	0	91,482.6	1	1,950
Atrium Health Total			4	3	36	0	-2	11	0			
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	0	2	0	0	0	0	0	1,613.3	5	1,312
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	2	0	0	0	0	0	2,458.9	6	1,312
Forsyth	H0209	Novant Health Forsyth Medical Center	5	4	26	-2	0	0	0	54,339.2	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	18,626.8	3	1,755
Novant Health Total			5	8	36	-2	0	0	0			
Forsyth	AS0173	Kimel Park Surgery Center	0	2	0	0	0	0	0	2,599.9	6	1,312
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	2	0	0	0	0	0	2,986.3	5	1,312
Forsyth		Triad Surgery Center	0	0	0	0	0	2	0	0.0		
Forsyth Total			9	15	72	-2	-2	13	0			
Franklin	H0267-B	Maria Parham-Franklin	0	0	3	0	0	-1	0	0.0		

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		
Franklin Total			0	0	3	0	0	1	0			
Gaston		CaroMont ASC-Belmont	0	0	0	0	0	2	0	0.0		
Gaston	AS0037	CaroMont Specialty Surgery	0	6	0	0	0	-3	0	1,692.8	5	1,312
Gaston	H0105	CaroMont Regional Medical Center	5	0	17	-4	0	1	0	22,799.2	3	1,755
CaroMont Health Total			5	6	17	-4	0	0	0			
Gaston Total			5	6	17	-4	0	0	0			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,635.2	4	1,500
Granville Total			0	0	3	0	0	0	0			
Guilford		Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro	0	0	0	0	0	3	0	0.0		
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0	0	0	0	2	0	0.0		
Guilford	AS0047	High Point Surgery Center	0	6	0	0	0	-2	0	5,370.0	6	1,312
Guilford	AS0152	Premier Surgery Center	0	2	0	0	0	-1	0	1,202.1	6	1,312
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	3	0	8	-1	0	-2	0	12,204.6	4	1,500
Atrium Health Total			3	8	8	-1	0	0	0			
Guilford		North Elam Ambulatory Surgery Center	0	0	0	0	0	5	0	0.0		
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	63,943.3	2	1,950
Moses H. Cone Memorial Hospital System Total			4	13	29	0	-1	0	0			
Guilford	AS0009	Greensboro Specialty Surgical Center	0	3	0	0	0	0	0	995.8	6	1,312
Guilford	AS0018	Surgical Center of Greensboro	0	13	0	0	0	0	0	13,483.6	6	1,312
Surgical Care Affiliates Total			0	16	0	0	0	0	0			
Guilford		CK Vascular Center***	0	0	0	0	0	0	0	0.0		
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad	0	2	0	0	0	-1	0	2,948.4	6	1,312
Guilford	AS0033	Surgical Eye Center	0	4	0	0	0	0	0	1,333.2	5	1,312
Guilford	AS0063	Piedmont Surgical Center	0	2	0	0	0	0	0	0.0		
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	157.9	4	1,500

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Guilford/Caswell Total			7	45	38	-1	-1	-1	0			
Halifax	H0230	ECU Health North Hospital	0	0	6	0	0	0	0	2,598.3	4	1,500
Halifax/Northampton Total			0	0	6	0	0	0	0			
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	0	0	7	0	0	0	0	4,118.3	4	1,500
Harnett Total			0	0	7	0	0	0	0			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	7,358.7	4	1,500
Haywood Total			0	0	7	0	0	0	0			
Henderson	AS0177	Western Carolina Surgery Center	0	1	0	0	0	0	0	433.4	6	1,312
Henderson	H0019	AdventHealth Hendersonville	1	0	5	-1	0	0	0	7,719.4	4	1,500
Adventist Health Total			1	1	5	-1	0	0	0			
Henderson	AS0186	The Surgery Center at Mills River	0	1	0	0	0	1	0	66.2	5	1,312
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	9	0	0	-1	1	12,155.4	4	1,500
UNC Health Total			0	1	9	0	0	0	1			
Henderson Total			1	2	14	-1	0	0	1			
Hertford	H0001	ECU Health Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	840.7	4	1,500
Hertford Total			1	0	5	-1	0	0	0			
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	1,571.5	4	1,500
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	2	0	0	0	0	520.3	4	1,500
Hoke Total			1	0	4	-1	0	0	0			
Iredell		Statesville Orthopedic Surgery Center	0	0	0	0	0	1	0	0.0		
Iredell	H0248	Iredell Davis Regional Medical Center****	1	0	5	-1	0	-1	0	0.0		
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	5,666.2	4	1,500
Community Health Systems Total			2	2	12	-2	0	0	0			
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	1	0	0	0	0	0	408.5	5	1,312
Iredell	AS0050	Iredell Surgical Center	0	4	0	0	0	0	0	797.3	5	1,312
Iredell	AS0175	Iredell Surgery at Mooresville	0	1	0	0	0	0	0	1,696.9	6	1,312
Iredell	H0164	Iredell Memorial Hospital	1	0	9	-1	0	0	0	9,940.7	4	1,500
Iredell Health System Total			1	6	9	-1	0	0	0			

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Iredell Total			3	8	21	-3	0	0	0			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	0.0		
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	6,173.7	4	1,500
Duke LifePoint Total			1	0	7	-1	0	0	0			
Jackson/Graham/Swain Total			1	0	7	-1	0	0	0			
Johnston	H0151	UNC Health Johnston	2	0	8	-2	0	0	0	7,938.2	4	1,500
Johnston Total			2	0	8	-2	0	0	0			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	2,077.5	4	1,500
Lee Total			1	0	6	-1	0	0	0			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	3,993.4	4	1,500
Lenoir Total			1	0	9	-1	0	0	0			
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	0	0	4,432.9	4	1,500
Lincoln Total			1	1	3	-1	0	0	0			
Macon	H0034	Angel Medical Center	0	0	3	0	0	0	0	1,201.5	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	8.6	4	1,500
Mission Health Total			0	0	5	0	0	0	0			
Macon Total			0	0	5	0	0	0	0			
Martin	H0078	Martin General Hospital (closed)	0	0	2	0	0	0	0	515.5	4	1,500
Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	1,735.9	4	1,500
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	3	0	0	0	0	0	1,580.1	6	1,312
Mecklenburg	AS0187	Huntersville Surgery Center	0	1	0	0	0	0	0	25.1	6	1,312
Mecklenburg	H0042	Atrium Health Pineville	3	0	10	-2	0	2	1	24,107.1	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	44	-4	-1	10	0	135,832.5	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	0	7	-1	0	1	1	7,675.1	4	1,500
Atrium Health Total			13	15	61	-7	-1	13	2			
Mecklenburg		Novant Health Steele Creek Medical Center	0	0	0	0	0	2	1	0.0		

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	8,218.7	5	1,312
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	0	0	1,915.5	6	1,312
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	2,077.6	5	1,312
Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,511.2	6	1,312
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-2	0	57,341.2	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	1	0	10,212.4	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	2	0	7	-2	0	0	0	10,807.8	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	0	0	2,918.9	4	1,500
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	1	0	2	-1	0	0	0	500.8	4	1,500
Novant Health Total			12	18	46	-9	0	1	1			
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	6	0	0	0	0	0	9,439.2	5	1,312
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	0	6	0	0	0	0	0	14,946.0	6	1,312
Surgical Care Affiliates Total			0	12	0	0	0	0	0			
Mecklenburg		Valleygate Dental Surgery Center of South Charlotte	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC	0	2	0	0	0	-1	0	3,627.0	6	1,312
Valleygate Dental Surgery Center of Charlotte Total			0	2	0	0	0	0	0			
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	2	0	0	0	0	0	3,454.5	6	1,312
Mecklenburg	AS0180	Metrolina Vascular Access Care	0	1	0	0	0	0	0	2,358.0	6	1,312
Mecklenburg Total			25	50	107	-16	-1	14	3			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	623.1	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	155.4	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore		Southern Pines Surgery Center	0	0	0	0	0	2	0	0.0		
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	-2	0	8,286.3	6	1,312

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Cone Health Total			0	6	0	0	0	0	0	0		
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	2	0	15	0	0	0	1	23,883.5	3	1,755
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,242.3	5	1,312
Moore Total			2	9	15	0	0	0	1			
Nash		Carolina Vascular Care	0	0	0	0	0	1	0	0.0		
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	15,548.4	3	1,755
Nash Total			1	0	13	-1	0	1	0			
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	5	4	29	-3	-1	4	0	53,351.2	2	1,950
New Hanover		Wilmington ASC	0	0	0	0	0	1	0	0.0		
New Hanover	AS0176	Wilmington Eye Surgery Center	0	2	0	0	0	0	0	1,888.8	5	1,312
New Hanover	AS0045	Wilmington Health	0	1	0	0	0	-1	0	1,801.7	6	1,312
New Hanover	AS0055	Wilmington SurgCare	0	10	0	0	0	0	0	5,434.2	5	1,312
New Hanover Total			5	17	29	-3	-1	4	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	7,267.9	4	1,500
Onslow Total			1	4	5	-1	0	0	0			
Orange		North Chapel Hill Surgery Center	0	0	0	0	0	2	0	0.0		
Orange	H0157	University of North Carolina Hospitals	3	6	37	-3	-2	11	0	73,069.9	1	1,950
UNC Health Total			3	6	37	-3	-2	13	0			
Orange		Duke Health Orange Ambulatory Surgical Center	0	0	0	0	0	2	0	0.0		
Orange Total			3	6	37	-3	-2	15	0			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	6,440.3	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			2	0	8	-2	0	0	0			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	1,057.5	4	1,500
Pender Total			0	0	2	0	0	0	0			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	462.3	4	1,500
Person Total			1	0	4	-1	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Pitt	AS0012	ECU Health SurgiCenter	0	10	0	0	0	0	0	16,813.0	6	1,312
Pitt	H0104	ECU Health Medical Center	7	0	26	-4	-1	3	0	62,790.2	1	1,950
ECU Health Total			7	10	26	-4	-1	3	0			
Pitt		Eastern Nephrology Associates ASC	0	0	0	0	0	1	0	0.0		
Pitt/Greene/Hyde/Tyrrell Total			7	10	26	-4	-1	4	0			
Polk	H0079	St. Luke's Hospital	0	0	3	0	0	0	0	653.7	4	1,500
Polk Total			0	0	3	0	0	0	0			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	4,786.8	4	1,500
Randolph Total			1	2	5	-1	0	0	0			
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	2,385.7	4	1,500
Richmond Total			1	0	3	-1	0	0	0			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	602.5	5	1,312
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	4,401.5	4	1,500
UNC Health Total			2	4	5	-1	0	0	0			
Robeson Total			2	4	5	-1	0	0	0			
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	1,082.4	4	1,500
Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	3,329.4	4	1,500
Rockingham Total			1	0	9	-1	0	0	0			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	15,524.5	3	1,755
Rowan Total			2	3	8	-2	0	0	0			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	2,687.1	4	1,500
Rutherford Total			0	0	5	0	0	0	0			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,175.8	4	1,500
Sampson Total			0	0	8	0	0	0	0			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	6,571.7	4	1,500
Scotland Total			1	0	5	-1	0	0	0			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	2,705.9	4	1,500

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Stanly Total			1	0	5	-1	0	0	0			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	174.8	4	1,500
Stokes Total			0	2	2	0	0	0	0			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	4,630.8	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	3,123.3	4	1,500
Surry Total			2	0	9	-2	0	0	0			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	1,100.3	4	1,500
Transylvania Total			0	0	4	0	0	0	0			
Union	AS0132	Atrium Health Surgery Center Indian Trail	0	2	0	0	0	0	0	1,199.2	5	1,312
Union	H0050	Atrium Health Union	2	0	7	-2	0	0	0	9,333.4	4	1,500
Atrium Health Total			2	2	7	-2	0	0	0			
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	1	0	0	0	0	0	0.0		
Union Total			2	3	7	-2	0	0	0			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	3,492.1	4	1,500
Vance/Warren Total			0	0	5	0	0	0	0			
Wake		Duke Green Level Hospital	0	0	0	0	0	2	0	0.0		
Wake		Duke Health Garner Ambulatory Surgical Center	0	0	0	0	0	1	0	0.0		
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0	0	0	0	1	0	0.0		
Wake		Duke Health Raleigh Ambulatory Surgical Center	0	0	0	0	0	1	0	0.0		
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	-3	0	22,393.3	3	1,755
Duke University Health System Total			0	0	15	0	0	2	0			
Wake		Orthopaedic Surgery Center of Garner	0	0	0	0	0	1	0	0.0		
Wake	AS0129	Rex Surgery Center of Cary	0	4	0	0	0	0	0	3,076.5	6	1,312
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	4	0	0	0	0	0	5,213.8	6	1,312
Wake	AS0160	Rex Surgery Center of Wakefield	0	2	0	0	0	0	0	2,416.0	5	1,312

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary	0	1	0	0	0	0	0	696.8	6	1,312
Wake	H0065	UNC Health Rex	5	0	27	-5	0	1	1	56,251.7	2	1,950
UNC Health Total			5	11	27	-5	0	2	1			
Wake		WakeMed Garner Hospital	0	0	0	0	0	2	0	0.0		
Wake		WakeMed Surgery Center-North Raleigh	0	0	0	0	0	1	0	0.0		
Wake	AS0137	Capital City Surgery Center	0	7	0	0	0	-1	0	6,404.2	6	1,312
Wake	AS0185	WakeMed Surgery Center - Cary	0	1	0	0	0	0	0	14.3	6	1,312
Wake	H0199	WakeMed	8	0	20	-4	-1	0	0	58,799.3	2	1,950
Wake	H0276	WakeMed Cary Hospital	2	0	9	-2	0	1	0	13,402.0	4	1,500
WakeMed Health & Hospitals Total			10	8	29	-6	-1	3	0			
Wake	AS0179	OrthoNC ASC	0	1	0	0	0	0	0	574.1	6	1,312
Wake	AS0174	RAC Surgery Center LLC	0	1	0	0	0	0	0	357.0	6	1,312
Wake	AS0178	Raleigh Neurosurgical and Spine Surgery Center	0	1	0	0	0	0	0	2,190.5	6	1,312
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC	0	2	0	0	0	0	0	2,085.0	6	1,312
Wake	AS0029	Blue Ridge Surgery Center	0	6	0	0	0	0	0	6,134.2	5	1,312
Wake	AS0034	Raleigh Plastic Surgery Center	0	1	0	0	0	0	0	3,541.5	6	1,312
Wake		Valleygate Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	AS0142	Triangle Surgery Center	0	3	0	0	0	0	0	3,616.6	6	1,312
Wake		Wake Endoscopy Center-North	0	0	0	0	0	0	0	0.0		
Wake	AS0155	Holly Springs Surgery Center	0	3	0	0	0	0	0	3,799.4	6	1,312
Wake		2024 Need Determination	0	0	0	0	0	4	0	0.0		
Wake Total			15	37	71	-11	-1	12	1			
Washington	H0006	Washington Regional Medical Center	0	0	2	0	0	0	0	0.0		
Washington Total			0	0	2	0	0	0	0			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	10,646.6	4	1,500
Wayne Total			1	2	11	-1	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	3,204.2	4	1,500
Wilkes Total			1	1	4	-1	0	0	0			
Wilson		Wilson Surgery Center	0	0	0	0	0	4	0	0.0		
Wilson	AS0005	Wilson Medical Center	0	4	0	0	0	-4	0	0.0		
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	4,104.5	4	1,500
Duke LifePoint Total			1	4	9	-1	0	0	0			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	57.8	6	1,312
Wilson Total			1	5	9	-1	0	0	0			
Yadkin	H0155	Yadkin Valley Community Hospital (closed)**	0	0	2	0	0	0	0	0.0		
Yadkin Total			0	0	2	0	0	0	0			
Grand Total			156	322	940	-101	-11	73	6			

* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & 011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.

** Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.

*** CK Vascular Center relinquished CON G-12352-23 for one OR.

**** Iredell Davis Regional Medical Center (previously Davis Regional Medical Center) has converted to a behavioral health facility, and it did not report OR cases or case times during the 2023 reporting year.

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center††	1,788	132.0	7,734	100.0	16,824	5.17	17,693	10.08	12	-1.92	
Alamance Total													0
Alexander	H0274	Alexander Hospital (closed)	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Alexander Total													0
Alleghany	H0108	Alleghany Memorial Hospital	0	0.0	113	89.3	168	0.53	169	0.11	2	-1.89	
Alleghany Total													0
Anson	H0082	Atrium Health Anson^^/†††	0	0.0	20	92.2	31	-0.38	31	0.02	1	-0.98	
Anson Total													0
Ashe	H0099	Ashe Memorial Hospital^/†	159	132.1	716	90.0	1,424	3.08	1,468	0.98	2	-1.02	
Ashe Total													0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	13	86.1	322	62.0	351	4.68	368	0.25	2	-1.75	
Watauga	H0077	Watauga Medical Center	829	93.1	5,200	63.5	6,785	4.68	7,103	4.74	6	-1.26	
Appalachian Regional Healthcare System Total										4.98	8	-3.02	
Avery/Watauga Total													0
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	432	110.0	3,000	81.0	4,842	-1.79	4,842	3.23	5	-1.77	
Beaufort Total													0
Bertie	H0268	ECU Health Bertie Hospital††	0	0.0	394	33.0	217	-2.82	217	0.14	2	-1.86	
Bertie Total													0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital^/†/†††	9	132.1	225	62.1	253	-0.48	253	0.17	2	-1.83	
Bladen Total													0
Brunswick		Novant Health Leland ASC	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Brunswick	H0250	Novant Health Brunswick Medical Center^^/†††	744	117.5	4,251	92.2	7,989	14.28	9,130	6.09	4	2.09	
Novant Health Total										6.09	6	0.09	
Brunswick	AS0170	Brunswick Surgery Center†††	0	0.0	1,089	47.2	856	14.28	979	0.75	1	-0.25	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	132	108.0	2,505	60.0	2,743	14.28	3,134	2.09	2	0.09	
Brunswick Total													0

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Buncombe	AS0038	Outpatient Surgery Center of Asheville†††	0	0.0	6,442	75.2	8,078	4.10	8,409	6.41	5	1.41	
Buncombe		Valleygate Dental Surgery Center-Mountain	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Buncombe	AS0065	Asheville Eye Surgery Center	0	0.0	3,281	25.0	1,367	4.10	1,423	1.08	1	0.08	
Buncombe	H0036	Mission Hospital†††	11,974	155.6	17,539	80.1	54,461	4.10	56,696	29.07	44	-14.93	
Buncombe/Graham/Madison/Yancey Total													0
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,758	30.0	1,379	0.59	1,387	1.06	2	-0.94	
Burke	H0062	UNC Health Blue Ridge†/†††	783	109.5	4,773	65.1	6,606	0.59	6,645	4.43	5	-0.57	
Burke Total													0
Cabarrus	AS0070	Gateway Surgery Center†††	0	0.0	7,473	40.7	5,069	7.49	5,449	4.15	6	-1.85	
Cabarrus	H0031	Atrium Health Cabarrus^/^^/†††	5,292	195.5	6,268	130.6	30,893	7.49	33,207	18.92	17	1.92	
Atrium Health Total										23.07	23	0.07	
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	0.0	3,311	45.0	2,483	7.49	2,669	2.03	2	0.03	
Cabarrus Total													0
Caldwell	AS0168	Prime Surgical Suites††††	0	0.0	1,243	63.2	1,309	0.39	1,314	1.00	3	-2.00	
Caldwell	H0061	Caldwell UNC Health Care	921	72.2	2,985	62.5	4,215	0.39	4,231	2.82	4	-1.18	
UNC Health Total										3.82	7	-3.18	
Caldwell Total													0
Carteret	AS0061	The Surgical Center of Morehead City†††	0	0.0	1,638	59.3	1,619	2.84	1,665	1.27	2	-0.73	
Carteret	H0222	Carteret General Hospital^^	1,136	109.0	2,576	92.2	6,022	2.84	6,193	4.13	5	-0.87	
Carteret Total													0
Catawba	AS0036	Graystone Eye Surgery Center	0	0.0	9,255	33.0	5,090	4.32	5,310	4.05	4	0.05	
Catawba	AS0101	Viewmont Surgery Center^^/†††	0	0.0	3,793	52.6	3,325	4.32	3,469	2.64	3	-0.36	
Catawba	H0053	Frye Regional Medical Center^/^^/†/†††	1,885	132.1	3,315	92.2	9,245	4.32	9,645	6.43	21	-14.57	
Catawba	H0223	Catawba Valley Medical Center†††/^	2,073	137.8	6,973	101.5	16,559	4.32	17,275	9.84	12	-2.16	
Catawba Total													0
Chatham	H0007	Chatham Hospital^/†††	13	120.0	626	92.2	988	6.68	1,054	0.70	2	-1.30	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Chatham Total													0
Cherokee	H0239	Erlanger Murphy Medical Center ^{^/^^/†/†††}	166	132.1	2,003	92.2	3,443	3.07	3,549	2.37	4	-1.63	
Cherokee/Clay Total													0
Chowan	H0063	ECU Health Chowan Hospital ^{†/†††}	325	66.0	626	39.6	771	0.69	776	0.52	3	-2.48	
Chowan Total													0
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	0.0	1,638	44.0	1,201	2.29	1,229	0.94	4	-3.06	
Cleveland	H0024	Atrium Health Cleveland ^{^/^^/†/†††}	1,139	132.1	3,855	92.2	8,432	2.29	8,625	5.75	8	-2.25	
Atrium Health Total										6.69	12	-5.31	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	2,612	30.0	1,306	2.29	1,336	1.02	2	-0.98	
Cleveland Total													0
Columbus	H0045	Columbus Regional Healthcare System	768	99.5	2,657	53.5	3,643	-0.33	3,643	2.43	5	-2.57	
Columbus Total													0
Craven	H0201	CarolinaEast Medical Center	2,569	111.0	12,099	47.4	14,319	1.70	14,562	9.71	17	-7.29	
Craven/Jones/Pamlico Total													0
Cumberland	H0213	Cape Fear Valley Medical Center	5,374	165.0	6,468	116.0	27,283	0.64	27,457	15.65	17	-1.35	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital ^{†††††}	19	96.0	2,027	64.0	2,193	0.64	2,206	1.47	2	-0.53	
Cape Fear Valley Health System Total										17.12	19	-1.88	
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center ^{^/†/†††}	0	0.0	7,942	52.6	6,962	0.64	7,006	5.34	11	-5.66	
Cumberland	AS0159	Valleygate Dental Surgery Center ^{†††††}	0	0.0	1,819	77.1	2,338	0.64	2,353	1.79	1	0.79	
Cumberland		Valleygate Dental Surgery Center Coast	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Cumberland		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Cumberland Total													0
Dare	H0273	The Outer Banks Hospital	127	75.0	1,237	44.0	1,066	0.55	1,072	0.71	3	-2.29	
Dare Total													0
Davidson	H0027	Lexington Medical Center ^{^/†/†††}	568	125.8	4,456	92.2	8,038	3.57	8,325	5.55	4	1.55	
Davidson	H0112	Novant Health Thomasville Medical Center ^{†/†††††}	438	115.5	3,955	58.4	4,693	3.57	4,860	3.24	5	-1.76	
Davidson Total												1.55	2

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Davie	H0171	Davie Medical Center^	96	132.1	3,086	68.0	3,709	4.28	3,868	2.58	3	-0.42	
Davie Total													0
Duplin	H0166	ECU Health Duplin Hospital†/†††	378	71.2	1,452	52.7	1,723	3.88	1,790	1.19	3	-1.81	
Duplin Total													0
Durham	AS0041	James E. Davis Ambulatory Surgical Center†††	0	0.0	3,222	60.9	3,270	4.53	3,418	2.61	4	-1.39	
Durham	AS0172	Duke Ambulatory Surgery Center Arrington^^	0	0.0	3,852	90.8	5,828	4.53	6,092	4.64	6	-1.36	
Durham	H0015	Duke University Hospital*	16,120	273.9	22,103	141.5	125,699	4.53	131,398	67.38	66	1.38	
Durham	H0233	Duke Regional Hospital^/^^/†††	2,976	195.5	4,542	130.6	19,587	4.53	20,475	11.67	13	-1.33	
Duke University Health System Total										86.30	89	-2.70	
Durham	AS0184	Southpoint Surgery Center	0	0.0	619	90.0	929	4.53	971	0.74	2	-1.26	
Durham	H0075	North Carolina Specialty Hospital^/^^/†/†††	501	132.1	4,160	92.2	7,495	4.53	7,835	5.22	4	1.22	
NC Specialty Hospital Total										5.96	6	-0.04	
Durham		Triangle Vascular Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Durham		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham Total													0
Edgecombe	H0258	ECU Health Edgecombe Hospital†	548	107.8	1,426	56.0	2,316	-2.61	2,316	1.54	5	-3.46	
Edgecombe Total													0
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	0	0.0	3,166	72.0	3,799	3.31	3,925	2.99	3	-0.01	
Forsyth	H0011	Atrium Health Wake Forest Baptist*	13,843	237.0	16,118	137.0	91,483	3.31	94,508	48.47	49	-0.53	
Atrium Health Total										51.46	52	-0.54	
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	0	0.0	1,936	50.0	1,613	3.31	1,667	1.27	2	-0.73	
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	0.0	2,202	67.0	2,459	3.31	2,540	1.94	2	-0.06	
Forsyth	H0209	Novant Health Forsyth Medical Center†/†††	8,376	172.6	19,497	93.1	54,339	3.31	56,136	28.79	33	-4.21	
Forsyth	H0229	Novant Health Medical Park Hospital^	516	195.5	9,407	108.0	18,614	3.31	19,230	10.96	10	0.96	
Novant Health Total										42.95	47	-4.05	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Forsyth	AS0173	Kimel Park Surgery Center	0	0.0	2,516	62.0	2,600	3.31	2,686	2.05	2	0.05	
Forsyth	AS0134	Piedmont Outpatient Surgery Center^^/†††	0	0.0	2,635	52.6	2,310	3.31	2,386	1.82	2	-0.18	
Forsyth		Triad Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth Total													0
Franklin	H0267-B	Maria Parham-Franklin	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin Total													0
Gaston		CaroMont ASC-Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston	AS0037	CaroMont Specialty Surgery	0	0.0	4,232	24.0	1,693	2.46	1,734	1.32	3	-1.68	
Gaston	H0105	CaroMont Regional Medical Center	4,618	104.0	11,096	80.0	22,799	2.46	23,360	13.31	19	-5.69	
CaroMont Health Total										14.63	24	-9.37	
Gaston Total													0
Granville	H0098	Granville Health System†/†††	425	65.9	2,217	31.6	1,635	4.22	1,704	1.14	3	-1.86	
Granville Total													0
Guilford		Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Guilford	AS0047	High Point Surgery Center†††	0	0.0	4,538	66.0	4,992	2.25	5,104	3.89	4	-0.11	
Guilford	AS0152	Premier Surgery Center	0	0.0	1,387	52.0	1,202	2.25	1,229	0.94	1	-0.06	
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center^^/†††	2,188	119.0	4,648	92.2	11,481	2.25	11,740	7.83	8	-0.17	
Atrium Health Total										12.65	18	-5.35	
Guilford		North Elam Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Guilford	H0159	Cone Health††/†††	8,469	145.2	18,779	138.8	63,943	2.25	65,383	33.53	40	-6.47	
Moses H. Cone Memorial Hospital System Total										33.53	45	-11.47	
Guilford	AS0009	Greensboro Specialty Surgical Center	0	0.0	1,149	52.0	996	2.25	1,018	0.78	3	-2.22	
Guilford	AS0018	Surgical Center of Greensboro	0	0.0	15,558	52.0	13,484	2.25	13,787	10.51	13	-2.49	
Surgical Care Affiliates Total										11.28	16	-4.72	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Guilford		CK Vascular Center	0	0.0	0	0.0	0		0	0.00	0	0.00	
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad^^/†††	0	0.0	1,638	90.8	2,478	2.25	2,534	1.93	1	0.93	
Guilford	AS0033	Surgical Eye Center	0	0.0	4,210	19.0	1,333	2.25	1,363	1.04	4	-2.96	
Guilford	AS0063	Piedmont Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Guilford	H0073	Kindred Hospital - Greensboro†††	149	59.0	11	62.1	158	2.25	161	0.11	1	-0.89	
Guilford/Caswell Total													0
Halifax	H0230	ECU Health North Hospital†††	693	78.0	1,996	51.0	2,598	-4.15	2,598	1.73	6	-4.27	
Halifax/Northampton Total													0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	844	99.0	2,210	74.0	4,118	8.51	4,469	2.98	7	-4.02	
Harnett Total													0
Haywood	H0025	Haywood Regional Medical Center	975	120.8	3,987	81.2	7,359	2.61	7,551	5.03	7	-1.97	
Haywood Total													0
Henderson	AS0177	Western Carolina Surgery Center††††	0	0.0	591	64.8	638	4.60	668	0.51	1	-0.49	
Henderson	H0019	AdventHealth Hendersonville	669	100.0	5,214	76.0	7,719	4.60	8,074	5.38	5	0.38	
Adventist Health Total										5.89	6	-0.11	
Henderson	AS0186	The Surgery Center at Mills River	0	0.0	137	29.0	66	4.60	69	0.05	2	-1.95	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	1,915	114.0	5,942	86.0	12,155	4.60	12,714	8.48	8	0.48	
UNC Health Total										8.53	10	-1.47	
Henderson Total													0
Hertford	H0001	ECU Health Roanoke-Chowan Hospital††/††††	450	46.1	1,009	29.4	841	-3.34	841	0.56	5	-4.44	
Hertford Total													0
Hoke	H0288	Cape Fear Valley Hoke Hospital^^	44	95.0	1,024	88.0	1,572	6.31	1,671	1.11	2	-0.89	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0.0	726	43.0	520	6.31	553	0.37	2	-1.63	
Hoke Total													0
Iredell		Statesville Orthopedic Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Iredell	H0248	Iredell Davis Regional Medical Center††/††††	0	0.0	0	0.0	0		0	0.00	4	-4.00	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Iredell	H0259	Lake Norman Regional Medical Center†/†††	1,162	92.0	5,298	44.0	5,666	9.66	6,214	4.14	9	-4.86	
Community Health Systems Total										4.14	14	-9.86	
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	0.0	570	43.0	409	9.66	448	0.34	1	-0.66	
Iredell	AS0050	Iredell Surgical Center†††	0	0.0	1,063	29.7	526	9.66	577	0.44	4	-3.56	
Iredell	AS0175	Iredell Surgery at Mooresville	0	0.0	1,157	88.0	1,697	9.66	1,861	1.42	1	0.42	
Iredell	H0164	Iredell Memorial Hospital	1,262	130.6	4,786	90.2	9,941	9.66	10,901	7.27	9	-1.73	
Iredell Health System Total										9.47	15	-5.53	
Iredell Total													0
Swain	H0069	Swain Community Hospital	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	783	103.6	4,444	65.1	6,174	0.71	6,217	4.14	6	-1.86	
Duke LifePoint Total										4.14	7	-2.86	
Jackson/Graham/Swain Total													0
Johnston	H0151	UNC Health Johnston	1,395	92.6	5,727	60.6	7,938	12.49	8,930	5.95	8	-2.05	
Johnston Total													0
Lee	H0243	Central Carolina Hospital	298	100.2	1,473	64.4	2,077	5.14	2,184	1.46	6	-4.54	
Lee Total													0
Lenoir	H0043	UNC Lenoir Health Care†/††††	727	122.9	3,311	45.4	3,993	-2.21	3,993	2.66	9	-6.34	
Lenoir Total													0
Lincoln	H0225	Atrium Health Lincoln^^/†††	448	128.2	2,054	92.2	4,113	9.90	4,521	3.01	4	-0.99	
Lincoln Total													0
Macon	H0034	Angel Medical Center†/†††	217	128.1	736	60.2	1,202	4.79	1,259	0.84	3	-2.16	
Macon	H0193	Highlands-Cashiers Hospital	0	0.0	8	64.3	9	4.79	9	0.01	2	-1.99	
Mission Health Total										0.85	5	-4.15	
Macon Total													0
Martin	H0078	Martin General Hospital (closed)†††††	52	105.3	427	59.6	515	-3.57	515	0.34	2	-1.66	
Martin Total													0
McDowell	H0097	Mission Hospital McDowell†/†††	194	115.2	998	82.0	1,736	0.41	1,743	1.16	3	-1.84	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
McDowell Total													0
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	0.0	1,693	56.0	1,580	7.20	1,694	1.29	3	-1.71	
Mecklenburg	AS0187	Huntersville Surgery Center	0	0.0	29	52.0	25	7.20	27	0.02	1	-0.98	
Mecklenburg	H0042	Atrium Health Pineville^	3,365	195.5	5,805	130.6	23,605	7.20	25,305	14.42	13	1.42	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	19,620	237.0	23,490	149.0	135,833	7.20	145,616	74.67	69	5.67	
Mecklenburg	H0255	Atrium Health University City^/†	1,030	132.1	4,292	71.8	7,406	7.20	7,939	5.29	8	-2.71	
Atrium Health Total										95.70	94	1.70	
Mecklenburg		Novant Health Steele Creek Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	AS0068	SouthPark Surgery Center	0	0.0	10,492	47.0	8,219	7.20	8,811	6.72	6	0.72	
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	0.0	1,321	87.0	1,915	7.20	2,053	1.57	2	-0.43	
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	0.0	2,544	49.0	2,078	7.20	2,227	1.70	2	-0.30	
Mecklenburg	AS0136	Matthews Surgery Center†††	0	0.0	1,586	88.0	2,326	7.20	2,494	1.90	2	-0.10	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	7,102	178.0	24,453	89.0	57,341	7.20	61,471	31.52	35	-3.48	
Mecklenburg	H0270	Novant Health Matthews Medical Center^^/†††/^	1,291	126.0	4,433	92.2	9,523	7.20	10,209	6.81	7	-0.19	
Mecklenburg	H0282	Novant Health Huntersville Medical Center^^	1,172	108.2	5,389	92.2	10,394	7.20	11,143	7.43	7	0.43	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center^^/†††	158	131.7	1,520	92.2	2,682	7.20	2,876	1.92	3	-1.08	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center^^	12	62.0	222	92.2	354	7.20	379	0.25	2	-1.75	
Novant Health Total										59.81	68	-8.19	
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	0.0	11,327	50.0	9,439	7.20	10,119	7.71	6	1.71	
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus^^/†††	0	0.0	4,982	90.8	7,537	7.20	8,080	6.16	6	0.16	
Surgical Care Affiliates Total										13.87	12	1.87	
Mecklenburg		Valleygate Dental Surgery Center of South Charlotte†††	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC^^/†††	0	0.0	2,015	90.8	3,049	7.20	3,268	2.49	1	1.49	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Valleygate Dental Surgery Center of Charlotte Total										2.49	2	0.49	
Mecklenburg	AS0148	Mallard Creek Surgery Center†††	0	0.0	2,205	66.0	2,426	7.20	2,600	1.98	2	-0.02	
Mecklenburg	AS0180	Metrolina Vascular Access Care	0	0.0	2,358	60.0	2,358	7.20	2,528	1.93	1	0.93	
Mecklenburg Total												4.99	5
Mitchell	H0169	Blue Ridge Regional Hospital††††	23	86.0	606	58.4	623	-0.98	623	0.42	3	-2.58	
Mitchell Total													0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	179	52.1	155	0.05	156	0.10	2	-1.90	
Montgomery Total													0
Moore		Southern Pines Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Moore	AS0069	Surgery Center of Pinehurst††††	0	0.0	6,629	72.6	8,021	9.90	8,815	6.72	4	2.72	
Cone Health Total										6.72	6	0.72	
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	4,948	132.5	8,279	93.9	23,883	9.90	26,249	14.96	17	-2.04	
Moore	AS0022	The Eye Surgery Center of the Carolinas†††	0	0.0	6,727	17.6	1,973	9.90	2,169	1.65	3	-1.35	
Moore Total													0
Nash		Carolina Vascular Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Nash	H0228	Nash General Hospital†/†††/^	1,732	147.8	7,265	93.2	15,548	1.55	15,789	9.00	13	-4.00	
Nash Total													0
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	9,313	142.0	21,348	88.0	53,351	5.53	56,303	28.87	38	-9.13	
New Hanover		Wilmington ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
New Hanover	AS0176	Wilmington Eye Surgery Center^^/†††	0	0.0	1,574	52.6	1,380	5.53	1,456	1.11	2	-0.89	
New Hanover	AS0045	Wilmington Health^^/†††	0	0.0	1,081	90.8	1,635	5.53	1,726	1.32	0	1.32	
New Hanover	AS0055	Wilmington SurgCare	0	0.0	7,155	45.6	5,434	5.53	5,735	4.37	10	-5.63	
New Hanover Total													0
Onslow	H0048	Onslow Memorial Hospital†	668	99.0	5,824	63.5	7,268	4.67	7,607	5.07	9	-3.93	
Onslow Total													0
Orange		North Chapel Hill Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange	H0157	University of North Carolina Hospitals††	17,408	161.6	15,253	103.0	73,070	3.90	75,918	38.93	52	-13.07	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
UNC Health Total										38.93	54	-15.07	
Orange		Duke Health Orange Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange Total													0
Pasquotank	H0054	Sentara Albemarle Medical Center^†/†††	784	132.1	3,632	76.0	6,327	6.13	6,715	4.48	8	-3.52	
Pasq-Cam-Cur-Gates-Perq Total													0
Pender	H0115	Pender Memorial Hospital††	0	0.0	2,115	30.0	1,058	8.10	1,143	0.76	2	-1.24	
Pender Total													0
Person	H0066	Person Memorial Hospital^†/†††	56	132.0	544	37.4	462	0.39	464	0.31	4	-3.69	
Person Total													0
Pitt	AS0012	ECU Health SurgiCenter	0	0.0	11,868	85.0	16,813	2.48	17,230	13.13	10	3.13	
Pitt	H0104	ECU Health Medical Center	11,052	187.0	12,884	132.0	62,790	2.48	64,348	33.00	31	2.00	
ECU Health Total										46.13	41	5.13	
Pitt		Eastern Nephrology Associates ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Pitt/Greene/Hyde/Tyrrell Total												5.13	5
Polk	H0079	St. Luke's Hospital†/†††	80	88.6	488	65.9	654	0.62	658	0.44	3	-2.56	
Polk Total													0
Randolph	H0013	Randolph Hospital	541	120.5	2,902	76.5	4,787	1.75	4,871	3.25	7	-3.75	
Randolph Total													0
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	137	75.0	2,109	63.0	2,386	-1.84	2,386	1.59	3	-1.41	
Richmond Total													0
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	0.0	977	37.0	602	3.87	626	0.48	4	-3.52	
Robeson	H0064	Southeastern Regional Medical Center††/††††/^^	1,023	83.8	2,415	73.8	4,401	3.87	4,572	3.05	6	-2.95	
UNC Health Total										3.52	10	-6.48	
Robeson Total													0
Rockingham	H0072	UNC Rockingham Hospital††/†††	347	67.2	533	78.1	1,082	0.00	1,082	0.72	5	-4.28	
Rockingham	H0023	Annie Penn Hospital	381	131.0	1,850	81.0	3,329	0.00	3,329	2.22	4	-1.78	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Rockingham Total													0
Rowan	H0040	Novant Health Rowan Medical Center	1,750	144.0	7,810	87.0	15,525	1.48	15,754	8.98	11	-2.02	
Rowan Total													0
Rutherford	H0039	Rutherford Regional Medical Center	777	95.0	1,345	65.0	2,687	1.94	2,739	1.83	5	-3.17	
Rutherford Total													0
Sampson	H0067	Sampson Regional Medical Center	366	92.0	1,242	78.0	2,176	1.63	2,211	1.47	8	-6.53	
Sampson Total													0
Scotland	H0107	Scotland Memorial Hospital†/†††	1,601	94.8	3,331	72.8	6,572	-2.70	6,572	4.38	5	-0.62	
Scotland Total													0
Stanly	H0008	Atrium Health Stanly^	309	132.1	1,503	80.8	2,705	1.01	2,732	1.82	5	-3.18	
Stanly Total													0
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	0.0	230	45.6	175	2.58	179	0.12	4	-3.88	
Stokes Total													0
Surry	H0049	Hugh Chatham Memorial Hospital	747	115.0	2,742	70.0	4,631	0.00	4,631	3.09	5	-1.91	
Surry	H0184	Northern Regional Hospital†††	479	73.0	2,651	57.5	3,123	0.00	3,123	2.08	4	-1.92	
Surry Total													0
Transylvania	H0111	Transylvania Regional Hospital†††	160	98.6	1,088	46.2	1,100	2.06	1,123	0.75	4	-3.25	
Transylvania Total													0
Union	AS0132	Atrium Health Surgery Center Indian Trail†††	0	0.0	1,439	39.9	958	9.81	1,052	0.80	2	-1.20	
Union	H0050	Atrium Health Union^/^^/†/†††	1,232	132.1	3,722	92.2	8,432	9.81	9,260	6.17	7	-0.83	
Atrium Health Total										6.97	9	-2.03	
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Union Total													0
Vance	H0267-A	Maria Parham Health	542	120.0	2,035	71.0	3,492	-0.87	3,492	2.33	5	-2.67	
Vance/Warren Total													0
Wake		Duke Green Level Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Wake		Duke Health Garner Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		Duke Health Raleigh Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	H0238	Duke Raleigh Hospital ^{^/^^}	2,709	179.0	7,599	113.0	22,393	8.30	24,253	13.82	12	1.82	
Duke University Health System Total										13.82	17	-3.18	
Wake		Orthopaedic Surgery Center of Garner	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0129	Rex Surgery Center of Cary	0	0.0	4,102	45.0	3,077	8.30	3,332	2.54	4	-1.46	
Wake	AS0143	Raleigh Orthopaedic Surgery Center ^{†††}	0	0.0	3,815	74.8	4,756	8.30	5,151	3.93	4	-0.07	
Wake	AS0160	Rex Surgery Center of Wakefield	0	0.0	3,624	40.0	2,416	8.30	2,617	1.99	2	-0.01	
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary ^{†††}	0	0.0	402	89.1	597	8.30	647	0.49	1	-0.51	
Wake	H0065	UNC Health Rex	6,884	218.3	14,596	128.3	56,252	8.30	60,923	31.24	28	3.24	
UNC Health Total										40.20	40	0.20	
Wake		WakeMed Garner Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake		WakeMed Surgery Center-North Raleigh	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0137	Capital City Surgery Center	0	0.0	7,250	53.0	6,404	8.30	6,936	5.29	7	-1.71	
Wake	AS0185	WakeMed Surgery Center - Cary	0	0.0	19	45.0	14	8.30	15	0.01	1	-0.99	
Wake	H0199	WakeMed	9,148	176.6	14,251	134.2	58,799	8.30	63,682	32.66	23	9.66	
Wake	H0276	WakeMed Cary Hospital ^{^/†/††}	2,667	132.1	5,032	81.5	12,705	8.30	13,760	9.17	10	-0.83	
WakeMed Health & Hospitals Total										47.13	44	3.13	
Wake	AS0179	OrthoNC ASC	0	0.0	436	79.0	574	8.30	622	0.47	1	-0.53	
Wake	AS0174	RAC Surgery Center LLC ^{†††}	0	0.0	238	36.3	144	8.30	156	0.12	1	-0.88	
Wake	AS0178	Raleigh Neurosurgical and Spine Surgery Center ^{^^/†††}	0	0.0	1,011	90.8	1,530	8.30	1,657	1.26	1	0.26	
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC	0	0.0	2,085	60.0	2,085	8.30	2,258	1.72	2	-0.28	
Wake	AS0029	Blue Ridge Surgery Center	0	0.0	7,361	50.0	6,134	8.30	6,644	5.06	6	-0.94	

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Wake	AS0034	Raleigh Plastic Surgery Center^^/†††	0	0.0	787	90.8	1,191	8.30	1,290	0.98	1	-0.02	
Wake		Valleygate Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0142	Triangle Surgery Center	0	0.0	2,782	78.0	3,617	8.30	3,917	2.99	3	-0.01	
Wake		Wake Endoscopy Center-North	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wake	AS0155	Holly Springs Surgery Center†††	0	0.0	3,454	57.2	3,293	8.30	3,566	2.72	3	-0.28	
Wake		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wake Total													0
Washington	H0006	Washington Regional Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Washington Total													0
Wayne	H0257	Wayne UNC Health Care†††	1,546	91.8	7,179	69.2	10,647	0.42	10,691	7.13	13	-5.87	
Wayne Total													0
Wilkes	H0153	Wilkes Medical Center	494	83.0	2,750	55.0	3,204	1.93	3,266	2.18	5	-2.82	
Wilkes Total													0
Wilson		Wilson Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	AS0005	Wilson Medical Center	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wilson	H0210	Wilson Medical Center	623	90.0	3,170	60.0	4,105	0.34	4,119	2.75	9	-6.25	
Duke LifePoint Total										2.75	13	-10.25	
Wilson	AS0007	Wilson OB-GYN†††	0	0.0	77	33.0	42	0.34	42	0.03	1	-0.97	
Wilson Total													0
Yadkin	H0155	Yadkin Valley Community Hospital (closed)**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Yadkin Total													0

Table 6B: Projected Operating Room Need for 2027

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Grand Total			225,284		745,053								12

* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.

** Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.

*** CK Vascular Center relinquished CON G-12352-23 for one OR.

**** Iredell Davis Regional Medical Center (previously Davis Regional Medical Center) has converted to a behavioral health facility, and it did not report OR cases or case times during the 2023 reporting year.

^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).

^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).

† Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).

†† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).

††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).

†††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).

Table 6C: Operating Room Need Determination*

Service Area	Operating Room Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Davidson	2	April 15, 2025	May 1, 2025
Mecklenburg	5	June 16, 2025	July 1, 2025
Pitt/Greene/Hyde/Tyrrell	5	October 15, 2025	November 1, 2025
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Inventory of Endoscopy Rooms in Licensed Facilities

Endoscopy procedure rooms are not ORs. For information purposes only, Table 6D provides a listing of licensed endoscopy procedure rooms and their associated procedures for the current reporting year.

EXHIBIT F

2026

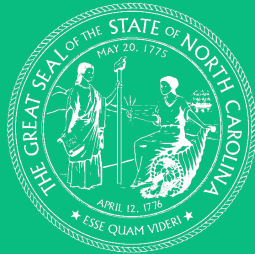
STATE HEALTH COORDINATING COUNCIL

EXHIBIT

F

exhibitstick.com

PROPOSED STATE MEDICAL FACILITIES PLAN



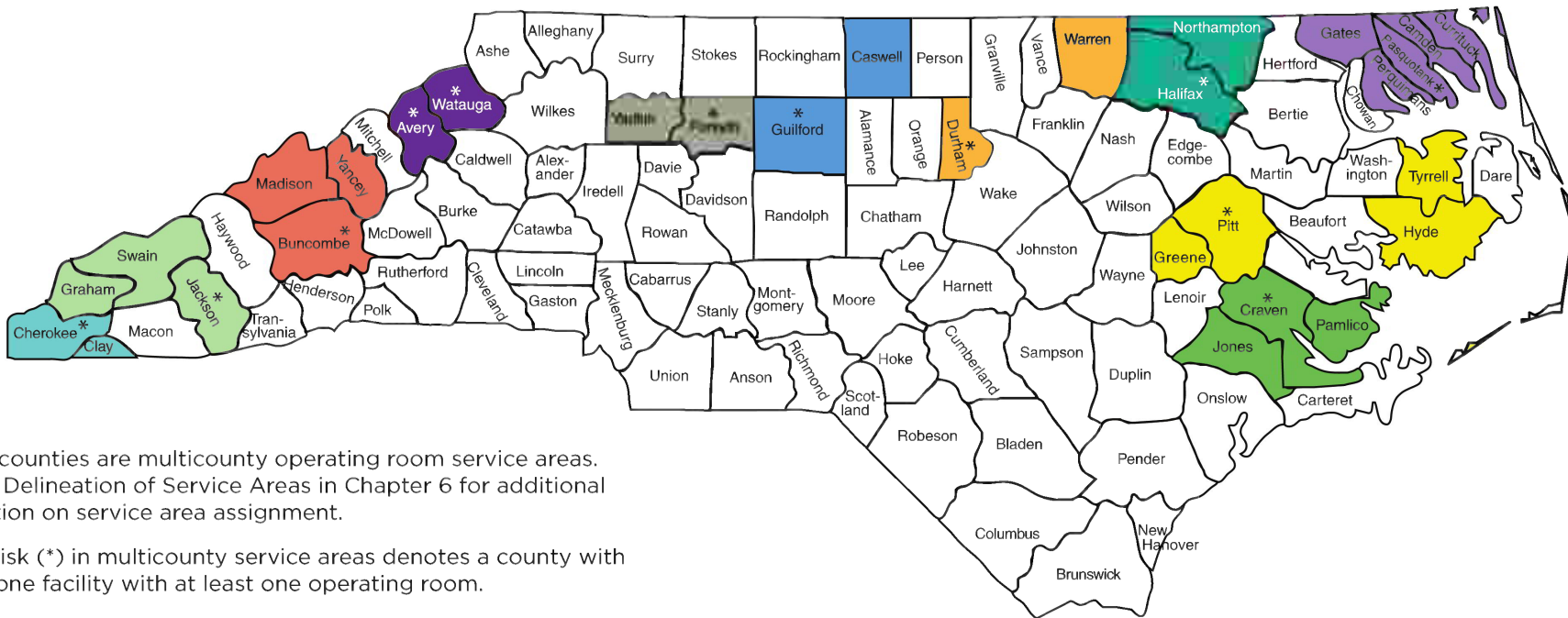
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Service Regulation

Chapter 6:

Operating Rooms

Figure 6.1
Operating Room Service Areas



Shaded counties are multicounty operating room service areas. Refer to Delineation of Service Areas in Chapter 6 for additional information on service area assignment.

An asterisk (*) in multicounty service areas denotes a county with at least one facility with at least one operating room.

Hospitals	Multicounty Service Area	Color Code
Atrium Health Wake Forest Baptist, Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital	Forsyth, Yadkin	
Atrium Health Wake Forest Baptist Greensboro Medical Center, Atrium Health Wake Forest Baptist - High Point Medical Center, Cone Health	Guilford, Caswell	
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Charles A. Cannon Jr. Memorial Hospital, Watauga Medical Center	Avery, Watauga	
Duke Regional Hospital, Duke University Hospital, NC Specialty Hospital	Durham, Warren	
ECU Health Medical Center	Pitt, Greene, Hyde, Tyrrell	
ECU Health North Hospital	Halifax, Northampton	
Erlanger Murphy Medical Center	Cherokee, Clay	
Harris Regional Hospital	Jackson, Graham, Swain	
Mission Hospital	Buncombe, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	

Proposed 2026 SMFP

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2023 through 9/30/2024 as reported on the 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	16,265.6	3	1,755
Alamance Total			2	3	9	-2	0	0	0			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	0.0		
Alexander Total			0	0	2	0	0	0	0			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	129.4	4	1,500
Alleghany Total			0	0	2	0	0	0	0			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	47.3	4	1,500
Anson Total			0	0	1	0	0	0	0			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,473.5	4	1,500
Ashe Total			0	0	2	0	0	0	0			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	544.0	4	1,500
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	5,150.7	4	1,500
Appalachian Regional Healthcare System Total			1	0	8	-1	0	0	0			
Avery/Watauga Total			1	0	8	-1	0	0	0			
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	1	0	5	-1	0	0	0	5,909.4	4	1,500
Beaufort Total			1	0	5	-1	0	0	0			
Bertie	H0268	ECU Health Bertie Hospital	0	0	2	0	0	0	0	314.4	4	1,500
Bertie Total			0	0	2	0	0	0	0			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	281.2	4	1,500
Bladen Total			0	0	2	0	0	0	0			
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	9,042.7	4	1,500
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	2,427.0	4	1,500
Brunswick Total			1	0	6	-1	0	0	0			
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	52,952.8	2	1,950
Buncombe/Madison/Yancey Total			8	9	30	-2	-1	0	0			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,281.0	5	1,312

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2023 through 9/30/2024 as reported on the 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Burke	H0062	UNC Health Blue Ridge	1	0	9	-1	0	-4	0	8,148.4	4	1,500
Burke Total			1	2	9	-1	0	0	0			
Cabarrus	H0031	Atrium Health Cabarrus	4	0	15	-2	0	0	0	31,867.0	3	1,755
Cabarrus Total			4	0	15	-2	0	0	0			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	2,359.1	6	1,312
Caldwell	H0061	Caldwell UNC Health Care	1	0	4	-1	0	0	0	4,220.9	4	1,500
UNC Health Total			1	3	4	-1	0	0	0			
Caldwell Total			1	3	4	-1	0	0	0			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,777.8	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	6,285.2	4	1,500
Carteret Total			1	2	5	-1	0	0	0			
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	12,238.9	4	1,500
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	17,370.7	3	1,755
Catawba Total			3	4	27	-1	0	0	0			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	1,354.1	4	1,500
Chatham Total			0	0	2	0	0	0	0			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	3,969.4	4	1,500
Cherokee/Clay Total			0	0	4	0	0	0	0			
Chowan	H0063	ECU Health Chowan Hospital	0	0	3	0	0	0	0	888.0	4	1,500
Chowan Total			0	0	3	0	0	0	0			
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	4	0	0	0	0	0	688.3	5	1,312
Cleveland	H0024	Atrium Health Cleveland	1	0	8	-1	0	0	0	9,046.3	4	1,500
Atrium Health Total			1	4	8	-1	0	0	0			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,360.9	5	1,312
Cleveland Total			1	6	8	-1	0	0	0			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	3,848.4	4	1,500
Columbus Total			1	0	5	-1	0	0	0			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	14,703.2	4	1,500

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Craven/Jones/Pamlico Total			3	6	9	-1	0	0	0			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	1	0	27,703.1	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	0	0	2,410.8	4	1,500
Cape Fear Valley Health System Total			5	0	17	-3	0	1	0			
Cumberland Total			5	0	17	-3	0	1	0			
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	1,197.5	4	1,500
Dare Total			1	0	3	-1	0	0	0			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	5,601.9	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	4,124.3	4	1,500
Davidson		2025 Need Determination	0	0	0	0	0	2	0	0.0		
Davidson Total			1	0	9	-1	0	2	0			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	4,410.1	4	1,500
Davie Total			0	0	3	0	0	0	0			
Duplin	H0166	ECU Health Duplin Hospital	0	0	3	0	0	0	0	1,813.9	4	1,500
Duplin Total			0	0	3	0	0	0	0			
Durham	H0015	Duke University Hospital*	6	9	50	0	-1	2	0	135,755.7	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	19,999.6	3	1,755
Duke University Health System Total			8	9	63	-2	-1	2	0			
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	9,724.2	4	1,500
Durham		2021 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Durham/Warren Total			8	9	67	-2	-1	4	0			
Edgecombe	H0258	ECU Health Edgecombe Hospital	1	0	5	-1	0	0	0	2,193.3	4	1,500
Edgecombe Total			1	0	5	-1	0	0	0			
Forsyth	H0209	Novant Health Forsyth Medical Center	6	4	26	-3	0	0	0	58,270.1	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	15,823.4	3	1,755
Novant Health Total			6	4	36	-3	0	0	0			
Forsyth	H0011	Atrium Health Wake Forest Baptist*	4	8	35	0	-2	11	0	89,991.4	1	1,950
Forsyth/Yadkin Total			10	12	71	-3	-2	11	0			

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Case data for 10/1/2023 through 9/30/2024 as reported on the 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Franklin	H0267-B	Maria Parham-Franklin**	0	0	3	0	0	-1	0	0.0		
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		
Franklin Total			0	0	3	0	0	1	0			
Gaston	H0105	CaroMont Regional Medical Center	5	0	18	-4	0	0	0	22,915.6	3	1,755
Gaston Total			5	0	18	-4	0	0	0			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,714.0	4	1,500
Granville Total			0	0	3	0	0	0	0			
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0	0	0	0	2	0	0.0		
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	3	0	8	-1	0	-2	0	11,147.3	4	1,500
Atrium Health Total			3	0	8	-1	0	0	0			
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	61,936.7	2	1,950
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	145.0	4	1,500
Guilford/Caswell Total			7	13	38	-1	-1	-5	0			
Halifax	H0230	ECU Health North Hospital	0	0	6	0	0	0	0	2,791.3	4	1,500
Halifax/Northampton Total			0	0	6	0	0	0	0			
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	0	0	7	0	0	0	0	4,631.8	4	1,500
Harnett Total			0	0	7	0	0	0	0			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	7,277.2	4	1,500
Haywood Total			0	0	7	0	0	0	0			
Henderson	AS0177	Western Carolina Surgery Center	0	1	0	0	0	0	0	661.5	6	1,312
Henderson	H0019	AdventHealth Hendersonville	1	0	5	-1	0	0	0	8,176.5	4	1,500
Adventist Health Total			1	1	5	-1	0	0	0			
Henderson	AS0186	The Surgery Center at Mills River	0	1	0	0	0	1	0	915.0	6	1,312
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	9	0	0	-1	1	14,702.3	4	1,500
UNC Health Total			0	1	9	0	0	0	1			
Henderson Total			1	2	14	-1	0	0	1			
Hertford	H0001	ECU Health Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	916.9	4	1,500

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Hertford Total			1	0	5	-1	0	0	0			
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	1,879.5	4	1,500
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	2	0	0	0	0	490.6	4	1,500
Hoke Total			1	0	4	-1	0	0	0			
Iredell	H0248	Iredell Davis Regional Medical Center**	1	0	5	-1	0	-1	0	0.0		
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	6,693.3	4	1,500
Community Health Systems Total			2	2	12	-2	0	-1	0			
Iredell	H0164	Iredell Memorial Hospital	1	0	9	-1	0	0	0	11,375.7	4	1,500
Iredell Total			3	2	21	-3	0	-1	0			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	0.0		
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	6,173.7	4	1,500
Duke LifePoint Total			1	0	7	-1	0	0	0			
Jackson/Graham/Swain Total			1	0	7	-1	0	0	0			
Johnston	H0151	UNC Health Johnston	2	0	8	-2	0	0	0	8,126.6	4	1,500
Johnston Total			2	0	8	-2	0	0	0			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	2,311.0	4	1,500
Lee Total			1	0	6	-1	0	0	0			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	4,298.5	4	1,500
Lenoir Total			1	0	9	-1	0	0	0			
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	0	0	5,033.7	4	1,500
Lincoln Total			1	1	3	-1	0	0	0			
Macon	H0034	Angel Medical Center	0	0	3	0	0	0	0	1,230.6	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	36.3	4	1,500
Mission Health Total			0	0	5	0	0	0	0			
Macon Total			0	0	5	0	0	0	0			
Martin	H0078	Martin General Hospital (closed)	0	0	2	0	0	0	0	430.6	4	1,500
Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	1,215.3	4	1,500

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg	H0042	Atrium Health Pineville	3	0	12	-2	0	0	1	26,194.1	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	44	-4	-1	9	0	134,356.3	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	0	7	-1	0	1	1	7,794.5	4	1,500
Atrium Health Total			13	11	63	-7	-1	10	2			
Mecklenburg		Novant Health Steele Creek Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-2	0	62,011.5	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	1	0	10,421.3	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	2	0	7	-2	0	0	0	9,701.6	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	0	0	2,696.8	4	1,500
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	1	0	2	-1	0	0	0	2,613.6	4	1,500
Novant Health Total			12	6	46	-9	0	1	1			
Mecklenburg		2025 Need Determination	0	0	0	0	0	5	0	0.0		
Mecklenburg Total			25	17	109	-16	-1	16	3			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	609.1	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	134.3	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	2	0	15	0	0	0	1	23,829.1	3	1,755
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,208.3	5	1,312
Moore		Southern Pines Surgery Center	0	0	0	0	0	2	0	0.0		
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	-2	0	6,659.0	6	1,312
Surgery Center of Pinehurst Health Total			0	6	0	0	0	0	0			
Moore Total			2	9	15	0	0	0	1			
Nash		Carolina Vascular Care	0	0	0	0	0	1	0	0.0		
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	17,661.1	3	1,755
Nash Total			1	0	13	-1	0	1	0			

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New Hanover	H0221	Novant Health New Hanover Regional Medical Center	5	4	33	-3	-1	0	0	56,208.7	2	1,950
New Hanover Total			5	4	33	-3	-1	0	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	8,321.6	4	1,500
Onslow Total			1	4	5	-1	0	0	0			
Orange	H0157	University of North Carolina Hospitals	3	6	37	-3	-2	11	0	70,596.8	1	1,950
Orange Total			3	6	37	-3	-2	11	0			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	9,085.2	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			2	0	8	-2	0	0	0			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	876.5	4	1,500
Pender Total			0	0	2	0	0	0	0			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	605.6	4	1,500
Person Total			1	0	4	-1	0	0	0			
Pitt	H0104	ECU Health Medical Center	7	0	26	-4	-1	3	0	72,349.5	1	1,950
Pitt		2025 Need Determination	0	0	0	0	0	5	0	0.0		
Pitt/Greene/Hyde/Tyrrell Total			7	0	26	-4	-1	8	0			
Polk	H0079	AdventHealth Polk	0	0	3	0	0	0	0	710.3	4	1,500
Polk Total			0	0	3	0	0	0	0			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	4,571.0	4	1,500
Randolph Total			1	2	5	-1	0	0	0			
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	2,461.9	4	1,500
Richmond Total			1	0	3	-1	0	0	0			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	70.5	5	1,312
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	5,397.5	4	1,500
UNC Health Total			2	4	5	-1	0	0	0			
Robeson Total			2	4	5	-1	0	0	0			
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	802.1	4	1,500

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Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	2,787.1	4	1,500
Rockingham Total			1	0	9	-1	0	0	0			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	16,236.0	3	1,755
Rowan Total			2	3	8	-2	0	0	0			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	3,018.7	4	1,500
Rutherford Total			0	0	5	0	0	0	0			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,117.5	4	1,500
Sampson Total			0	0	8	0	0	0	0			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	5,596.4	4	1,500
Scotland Total			1	0	5	-1	0	0	0			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	2,771.4	4	1,500
Stanly Total			1	0	5	-1	0	0	0			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	216.4	4	1,500
Stokes Total			0	2	2	0	0	0	0			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	5,061.2	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	3,488.3	4	1,500
Surry Total			2	0	9	-2	0	0	0			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	1,015.2	4	1,500
Transylvania Total			0	0	4	0	0	0	0			
Union	H0050	Atrium Health Union	2	0	7	-2	0	0	0	10,964.9	4	1,500
Union Total			2	0	7	-2	0	0	0			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	3,896.7	4	1,500
Vance Total			0	0	5	0	0	0	0			
Wake		Duke Green Level Hospital	0	0	0	0	0	2	0	0.0		
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	-3	0	25,694.7	3	1,755
Duke University Health System Total			0	0	15	0	0	-1	0			
Wake		WakeMed Garner Hospital	0	0	0	0	0	2	0	0.0		
Wake	H0199	WakeMed	8	0	19	-4	-1	0	0	49,463.6	2	1,950

Proposed 2026 SMFP

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2023 through 9/30/2024 as reported on the 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wake	H0276	WakeMed Cary Hospital	2	0	10	-2	0	1	0	14,204.8	4	1,500
WakeMed Health & Hospitals Total			10	0	29	-6	-1	3	0			
Wake	H0065	UNC Health Rex	5	0	27	-5	0	1	1	59,141.4	2	1,950
Wake		2024 Need Determination	0	0	0	0	0	4	0	0.0		
Wake Total			15	0	71	-11	-1	7	1			
Washington	H0006	Washington Regional Medical Center	0	0	2	0	0	0	0	0.0		
Washington Total			0	0	2	0	0	0	0			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	11,264.7	4	1,500
Wayne Total			1	2	11	-1	0	0	0			
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	3,367.8	4	1,500
Wilkes Total			1	1	4	-1	0	0	0			
Wilson		Wilson Surgery Center	0	0	0	0	0	4	0	0.0		
Wilson	AS0005	Wilson Medical Center***	0	4	0	0	0	-4	0	0.0		
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	3,965.5	4	1,500
Duke LifePoint Total			1	4	9	-1	0	0	0			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	48.0	6	1,312
Wilson Total			1	5	9	-1	0	0	0			
Grand Total			157	133	944	-102	-11	56	6			

* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). Atrium Health Wake Forest Baptist has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.

** The facility's licensed ORs were not operational during the reporting year.

*** Facility ORs were under development during the reporting year.

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center	1,679	138.6	7,750	95.9	16,266	4.43	16,986	9.68	12	-2.32	
Alamance Total****													0
Alexander	H0274	Alexander Hospital (closed)**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Alexander Total													0
Alleghany	H0108	Alleghany Memorial Hospital^^/†††	0	0.0	79	92.2	121	0.88	122	0.08	2	-1.92	
Alleghany Total													0
Anson	H0082	Atrium Health Anson^^/†††	0	0.0	28	92.2	43	-1.19	43	0.03	1	-0.97	
Anson Total													0
Ashe	H0099	Ashe Memorial Hospital^/†	155	134.4	732	90.0	1,445	-0.83	1,445	0.96	2	-1.04	
Ashe Total													0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital††/†††††	17	68.8	635	49.6	544	0.15	545	0.36	2	-1.64	
Watauga	H0077	Watauga Medical Center††/†††††	718	74.5	5,035	50.8	5,151	0.15	5,159	3.44	6	-2.56	
Appalachian Regional Healthcare System Total										3.80	8	-4.20	
Avery/Watauga Total													0
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center†/†††	515	121.0	3,280	89.1	5,909	-0.23	5,909	3.94	5	-1.06	
Beaufort Total													0
Bertie	H0268	ECU Health Bertie Hospital	0	0.0	524	36.0	314	-2.87	314	0.21	2	-1.79	
Bertie Total													0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital††/†††	2	105.7	244	68.3	281	4.68	294	0.20	2	-1.80	
Bladen Total													0
Brunswick	H0250	Novant Health Brunswick Medical Center^^/†††	848	119.0	4,355	92.2	8,373	14.22	9,564	6.38	4	2.38	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	133	108.0	2,188	60.0	2,427	14.22	2,772	1.85	2	-0.15	
Brunswick Total****												2.38	3
Buncombe	H0036	Mission Hospital†††	11,802	138.4	17,532	88.1	52,953	4.10	55,125	28.27	44	-15.73	
Buncombe/Madison/Yancey Total****													0

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,562	30.0	1,281	1.21	1,296	0.99	2	-1.01	
Burke	H0062	UNC Health Blue Ridge	1,269	110.2	5,008	69.7	8,148	1.21	8,247	5.50	5	0.50	
Burke Total													0
Cabarrus	H0031	Atrium Health Cabarrus^/^^	5,391	194.4	6,547	130.4	31,697	7.40	34,044	19.40	17	2.40	
Cabarrus Total****												2.40	2
Caldwell	AS0168	Prime Surgical Suites	0	0.0	2,722	52.0	2,359	0.84	2,379	1.81	3	-1.19	
Caldwell	H0061	Caldwell UNC Health Care†	914	79.4	3,276	55.2	4,221	0.84	4,256	2.84	4	-1.16	
UNC Health Total										4.65	7	-2.35	
Caldwell Total													0
Carteret	AS0061	The Surgical Center of Morehead City^^	0	0.0	1,641	65.0	1,778	2.75	1,827	1.39	2	-0.61	
Carteret	H0222	Carteret General Hospital^^	982	109.0	2,728	92.2	5,976	2.75	6,140	4.09	5	-0.91	
Carteret Total													0
Catawba	H0053	Frye Regional Medical Center^/^^/†/†††	2,114	134.4	4,211	92.2	11,205	4.43	11,701	7.80	21	-13.20	
Catawba	H0223	Catawba Valley Medical Center	2,063	141.5	7,072	106.1	17,371	4.43	18,140	10.34	12	-1.66	
Catawba Total****													0
Chatham	H0007	Chatham Hospital^/†/††	17	120.0	781	92.2	1,234	6.59	1,315	0.88	2	-1.12	
Chatham Total													0
Cherokee	H0239	Erlanger Murphy Medical Center^/^^/†/†††	158	134.4	2,122	92.2	3,614	3.70	3,748	2.50	4	-1.50	
Cherokee/Clay Total													0
Chowan	H0063	ECU Health Chowan Hospital†††	359	67.0	671	43.6	888	-0.18	888	0.59	3	-2.41	
Chowan Total													0
Cleveland	AS0062	Atrium Health Surgery Center Shelby††††	0	0.0	1,475	35.2	865	2.53	887	0.68	4	-3.32	
Cleveland	H0024	Atrium Health Cleveland^/†/††	1,098	129.6	3,949	92.2	8,439	2.53	8,653	5.77	8	-2.23	
Atrium Health Total										6.44	12	-5.56	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	2,634	31.0	1,361	2.53	1,395	1.06	2	-0.94	
Cleveland Total													0
Columbus	H0045	Columbus Regional Healthcare System	732	95.7	2,893	55.6	3,848	4.57	4,024	2.68	5	-2.32	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Columbus Total													0
Craven	H0201	CarolinaEast Medical Center	2,608	111.0	12,478	47.5	14,703	0.20	14,732	9.82	17	-7.18	
Craven/Jones/Pamlico Total													0
Cumberland	H0213	Cape Fear Valley Medical Center	4,893	162.3	6,848	126.8	27,703	0.00	27,703	15.79	17	-1.21	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital†††	41	92.1	2,001	70.4	2,411	0.00	2,411	1.61	3	-1.39	
Cape Fear Valley Health System Total										17.39	20	-2.61	
Cumberland Total****													0
Dare	H0273	The Outer Banks Hospital‡/†††	144	82.5	1,239	48.4	1,197	2.27	1,225	0.82	3	-2.18	
Dare Total													0
Davidson	H0027	Lexington Medical Center^/^^/‡/†††	467	134.4	2,677	92.2	5,159	3.79	5,355	3.57	4	-0.43	
Davidson	H0112	Novant Health Thomasville Medical Center‡/††††	447	127.1	4,081	46.7	4,124	3.79	4,281	2.85	5	-2.15	
Davidson		2025 Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Davidson Total****													0
Davie	H0171	Davie Medical Center^/‡/†††	79	134.4	3,384	74.8	4,396	5.01	4,616	3.08	3	0.08	
Davie Total													0
Duplin	H0166	ECU Health Duplin Hospital	335	66.1	1,548	56.0	1,814	4.73	1,900	1.27	3	-1.73	
Duplin Total													0
Durham	H0015	Duke University Hospital*	17,374	272.0	23,984	142.6	135,756	4.51	141,875	72.76	66	6.76	
Durham	H0233	Duke Regional Hospital^^/†††	2,980	187.0	4,473	130.4	19,011	4.51	19,868	11.32	13	-1.68	
Duke University Health System Total										84.08	79	5.08	
Durham	H0075	North Carolina Specialty Hospital^/^^/‡/†††	559	134.4	4,952	92.2	8,861	4.51	9,260	6.17	4	2.17	
Durham		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham/Warren Total												5.25	5
Edgecombe	H0258	ECU Health Edgecombe Hospital	445	112.0	1,460	56.0	2,193	0.34	2,201	1.47	5	-3.53	
Edgecombe Total													0
Forsyth	H0209	Novant Health Forsyth Medical Center	9,403	153.4	21,724	94.5	58,270	2.87	59,942	30.74	33	-2.26	
Forsyth	H0229	Novant Health Medical Park Hospital	478	193.1	9,357	91.6	15,823	2.87	16,277	9.27	10	-0.73	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Novant Health Total										40.01	43	-2.99	
Forsyth	H0011	Atrium Health Wake Forest Baptist*	14,107	230.0	15,729	137.0	89,991	2.87	92,573	47.47	56	-8.53	
Forsyth/Yadkin Total****													0
Franklin	H0267-B	Maria Parham-Franklin**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin Total													0
Gaston	H0105	CaroMont Regional Medical Center	4,639	102.0	11,272	80.0	22,916	4.49	23,945	13.64	19	-5.36	
Gaston Total****													0
Granville	H0098	Granville Health System†/†††	436	72.5	2,048	34.8	1,714	4.09	1,784	1.19	3	-1.81	
Granville Total													0
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center^^/†/†††	2,109	130.9	3,873	92.2	10,552	4.57	11,035	7.36	8	-0.64	
Atrium Health Total										7.36	10	-2.64	
Guilford	H0159	Cone Health†	8,583	159.7	18,546	126.5	61,937	4.57	64,769	33.21	40	-6.79	
Guilford	H0073	Kindred Hospital - Greensboro	129	59.0	17	64.0	145	4.57	152	0.10	1	-0.90	
Guilford/Caswell Total****													0
Halifax	H0230	ECU Health North Hospital	717	82.0	1,937	56.1	2,791	-3.06	2,791	1.86	6	-4.14	
Halifax/Northampton Total													0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital†/†††	755	108.9	2,404	81.4	4,632	7.13	4,962	3.31	7	-3.69	
Harnett Total****													0
Haywood	H0025	Haywood Regional Medical Center	1,099	115.5	3,814	81.2	7,277	2.66	7,470	4.98	7	-2.02	
Haywood Total													0
Henderson	AS0177	Western Carolina Surgery Center^^	0	0.0	567	68.5	647	4.66	677	0.52	1	-0.48	
Henderson	H0019	AdventHealth Hendersonville	1,020	100.0	5,113	76.0	8,176	4.66	8,557	5.70	5	0.70	
Adventist Health Total										6.22	6	0.22	
Henderson	AS0186	The Surgery Center at Mills River†††	0	0.0	915	31.9	486	4.66	509	0.39	2	-1.61	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Henderson	H0161	Margaret R. Pardee Memorial Hospital	2,251	115.0	8,538	73.0	14,702	4.66	15,387	10.26	8	2.26	
UNC Health Total										10.65	10	0.65	
Henderson Total													0
Hertford	H0001	ECU Health Roanoke-Chowan Hospital†/†††	442	50.7	1,007	32.4	917	-3.74	917	0.61	5	-4.39	
Hertford Total													0
Hoke	H0288	Cape Fear Valley Hoke Hospital^/†††	53	89.4	1,116	92.2	1,794	5.20	1,887	1.26	2	-0.74	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0.0	669	44.0	491	5.20	516	0.34	2	-1.66	
Hoke Total													0
Iredell	H0248	Iredell Davis Regional Medical Center**	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Iredell	H0259	Lake Norman Regional Medical Center†/†††	1,350	101.2	5,476	48.4	6,693	7.31	7,183	4.79	9	-4.21	
Community Health Systems Total										4.79	13	-8.21	
Iredell	H0164	Iredell Memorial Hospital^/††/†††	1,111	104.5	5,710	92.2	10,708	7.31	11,491	7.66	9	-1.34	
Iredell Total****													0
Swain	H0069	Swain Community Hospital**	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	783	103.6	4,444	65.1	6,174	0.71	6,217	4.14	6	-1.86	
Duke LifePoint Total										4.14	7	-2.86	
Jackson/Graham/Swain Total													0
Johnston	H0151	UNC Health Johnston	1,398	95.4	5,709	62.1	8,127	11.43	9,056	6.04	8	-1.96	
Johnston Total****													0
Lee	H0243	Central Carolina Hospital†/†††	235	110.2	1,593	70.8	2,311	6.54	2,462	1.64	6	-4.36	
Lee Total													0
Lenoir	H0043	UNC Lenoir Health Care	916	104.8	3,543	45.7	4,299	0.06	4,301	2.87	9	-6.13	
Lenoir Total													0
Lincoln	H0225	Atrium Health Lincoln^^	524	115.9	2,389	92.2	4,683	7.95	5,055	3.37	4	-0.63	
Lincoln Total													0
Macon	H0034	Angel Medical Center†††	167	130.9	785	66.2	1,231	3.76	1,277	0.85	3	-2.15	
Macon	H0193	Highlands-Cashiers Hospital^/†††	5	134.4	20	70.7	35	3.76	36	0.02	2	-1.98	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Mission Health Total										0.88	5	-4.12	
Macon Total													0
McDowell	H0097	Mission Hospital McDowell†††††	185	92.2	852	65.6	1,215	0.32	1,219	0.81	3	-2.19	
McDowell Total													0
Mecklenburg	H0042	Atrium Health Pineville^/^^	3,534	194.4	6,649	130.4	25,903	6.38	27,555	15.70	13	2.70	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	19,565	235.0	24,221	143.0	134,356	6.38	142,929	73.30	68	5.30	
Mecklenburg	H0255	Atrium Health University City^/††††	1,020	134.4	4,043	79.0	7,608	6.38	8,093	5.40	8	-2.60	
Atrium Health Total										94.39	89	5.39	
Mecklenburg		Novant Health Steele Creek Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center†††	7,413	175.0	24,754	97.9	62,012	6.38	65,968	33.83	35	-1.17	
Mecklenburg	H0270	Novant Health Matthews Medical Center^^/†††	1,428	119.0	4,490	92.2	9,731	6.38	10,352	6.90	7	-0.10	
Mecklenburg	H0282	Novant Health Huntersville Medical Center^^	1,181	107.3	4,829	92.2	9,532	6.38	10,140	6.76	7	-0.24	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center^/^^/†††	133	134.4	1,408	92.2	2,461	6.38	2,618	1.75	3	-1.25	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center^^/†††	112	68.2	1,471	92.2	2,388	6.38	2,540	1.69	2	-0.31	
Novant Health Total										50.93	56	-5.07	
Mecklenburg		2025 Need Determination	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Mecklenburg Total****													0
Mitchell	H0169	Blue Ridge Regional Hospital	46	75.0	591	56.0	609	-1.10	609	0.41	3	-2.59	
Mitchell Total													0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	155	52.0	134	0.66	135	0.09	2	-1.91	
Montgomery Total													0
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	5,089	131.1	8,253	92.4	23,829	8.62	25,882	14.75	17	-2.25	
Moore	AS0022	The Eye Surgery Center of the Carolinas†††	0	0.0	6,625	19.4	2,138	8.62	2,322	1.77	3	-1.23	
Moore		Southern Pines Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Moore	AS0069	Surgery Center of Pinehurst	0	0.0	6,659	60.0	6,659	8.62	7,233	5.51	4	1.51	
Surgery Center of Pinehurst Health Total										5.51	6	-0.49	
Moore Total													0
Nash		Carolina Vascular Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Nash	H0228	Nash General Hospital††††	1,895	162.6	7,333	102.5	17,661	2.14	18,039	10.28	13	-2.72	
Nash Total													0
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	10,656	142.4	20,709	89.6	56,209	5.43	59,261	30.39	38	-7.61	
New Hanover Total****													0
Onslow	H0048	Onslow Memorial Hospital†	824	108.9	5,893	69.5	8,322	4.62	8,706	5.80	9	-3.20	
Onslow Total****													0
Orange	H0157	University of North Carolina Hospitals††††	12,688	156.0	19,916	113.3	70,597	3.86	73,320	37.60	52	-14.40	
Orange Total****													0
Pasquotank	H0054	Sentara Albemarle Medical Center^††††	853	134.4	5,041	83.6	8,934	3.26	9,225	6.15	8	-1.85	
Pasq-Cam-Cur-Gates-Perq Total													0
Pender	H0115	Pender Memorial Hospital	0	0.0	1,753	30.0	877	4.86	919	0.61	2	-1.39	
Pender Total													0
Person	H0066	Person Memorial Hospital^†/††††	74	134.4	622	41.1	592	1.70	602	0.40	4	-3.60	
Person Total													0
Pitt	H0104	ECU Health Medical Center†/††††	11,490	205.7	13,619	145.2	72,350	1.97	73,777	37.83	31	6.83	
Pitt		2025 Need Determination	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Pitt/Greene/Hyde/Tyrrell Total****												1.83	2
Polk	H0079	AdventHealth Polk††††	52	91.0	523	72.4	710	-0.01	710	0.47	3	-2.53	
Polk Total													0
Randolph	H0013	Randolph Hospital	478	119.2	2,885	75.3	4,571	2.31	4,677	3.12	7	-3.88	
Randolph Total****													0
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	112	76.0	2,175	64.0	2,462	-2.34	2,462	1.64	3	-1.36	
Richmond Total													0

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Robeson	AS0150	The Surgery Center at Southeastern Health Park†††	0	0.0	94	39.1	61	-0.19	61	0.05	4	-3.95	
Robeson	H0064	Southeastern Regional Medical Center†/†††	880	92.2	2,988	81.2	5,398	-0.19	5,398	3.60	6	-2.40	
UNC Health Total										3.65	10	-6.35	
Robeson Total													0
Rockingham	H0072	UNC Rockingham Hospital††††	194	60.0	584	62.5	802	0.00	802	0.53	5	-4.47	
Rockingham	H0023	Annie Penn Hospital^†/††††	347	134.4	1,809	64.8	2,731	0.00	2,731	1.82	4	-2.18	
Rockingham Total													0
Rowan	H0040	Novant Health Rowan Medical Center	1,629	144.0	8,701	85.0	16,236	1.40	16,463	9.38	11	-1.62	
Rowan Total****													0
Rutherford	H0039	Rutherford Regional Medical Center	931	95.0	1,426	65.0	3,019	1.12	3,053	2.04	5	-2.96	
Rutherford Total													0
Sampson	H0067	Sampson Regional Medical Center	441	90.0	1,120	78.0	2,118	2.36	2,167	1.44	8	-6.56	
Sampson Total													0
Scotland	H0107	Scotland Memorial Hospital††	1,335	75.8	3,503	67.0	5,596	-2.47	5,596	3.73	5	-1.27	
Scotland Total													0
Stanly	H0008	Atrium Health Stanly	311	130.3	1,572	80.0	2,771	1.81	2,821	1.88	5	-3.12	
Stanly Total													0
Stokes	H0165	LifeBrite Community Hospital of Stokes††††	0	0.0	356	36.5	216	1.08	219	0.15	4	-3.85	
Stokes Total													0
Surry	H0049	Hugh Chatham Memorial Hospital	717	120.0	3,109	70.0	5,061	0.00	5,061	3.37	5	-1.63	
Surry	H0184	Northern Regional Hospital	530	78.0	2,666	63.0	3,488	0.00	3,488	2.33	4	-1.67	
Surry Total													0
Transylvania	H0111	Transylvania Regional Hospital†††	217	98.6	778	50.8	1,015	1.56	1,031	0.69	4	-3.31	
Transylvania Total													0
Union	H0050	Atrium Health Union^/^^†/†††	1,376	134.4	4,515	92.2	10,019	10.79	11,100	7.40	7	0.40	
Union Total****													0
Vance	H0267-A	Maria Parham Health	652	120.0	2,191	71.0	3,897	-0.04	3,897	2.60	5	-2.40	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Vance Total													0
Wake		Duke Green Level Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake	H0238	Duke Raleigh Hospital^/†/†††	3,032	194.4	7,600	124.3	25,567	7.70	27,536	15.69	12	3.69	
Duke University Health System Total										15.69	14	1.69	
Wake		WakeMed Garner Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake	H0199	WakeMed	9,264	170.5	10,862	127.8	49,464	7.70	53,272	27.32	22	5.32	
Wake	H0276	WakeMed Cary Hospital^/†/†††	2,674	134.4	5,174	89.6	13,715	7.70	14,771	9.85	11	-1.15	
WakeMed Health & Hospitals Total										37.17	35	2.17	
Wake	H0065	UNC Health Rex^/†	7,011	234.6	14,638	127.4	58,505	7.70	63,010	32.31	28	4.31	
Wake		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wake Total****												4.17	4
Washington	H0006	Washington Regional Medical Center**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Washington Total													0
Wayne	H0257	Wayne UNC Health Care†††	1,528	94.8	6,975	76.1	11,265	1.25	11,406	7.60	13	-5.40	
Wayne Total													0
Wilkes	H0153	Wilkes Medical Center†/†††	495	91.3	2,593	60.5	3,368	1.00	3,402	2.27	5	-2.73	
Wilkes Total													0
Wilson		Wilson Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	AS0005	Wilson Medical Center***	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wilson	H0210	Wilson Medical Center	565	90.0	3,118	60.0	3,966	0.37	3,980	2.65	9	-6.35	
Duke LifePoint Total										2.65	13	-10.35	
Wilson	AS0007	Wilson OB-GYN	0	0.0	96	30.0	48	0.37	48	0.04	1	-0.96	
Wilson Total													0

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Grand Total			227,005		562,051								16

- * Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.
- ** The facility's licensed ORs were not operational during the reporting year.
- *** Facility ORs were under development during the reporting year.
- **** Pursuant to SL 2023-7, licensed ambulatory surgical facilities within this service area are QUASFs and have been removed from the service area's inventory. Any need determination generated in this service area is for informational purposes only.
- ^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).
- ^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).
- † Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).
- †† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).
- ††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).
- †††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).