NORTH CAROLINA CENTER FOR
PUBLIC POLICY RESEARCH INC.

NEWS RELEASE

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Special Notes to Reporters and Editors: (1) First in a series of four articles; (2) Data for hospitals in your county are in attached tables.

FOR-PROFIT HOSPITALS PROVIDE LESS CARE TO POOR

For-profit hospitals in North Carolina provide 27 percent less health care to indigent patients than not-for-profit hospitals, says the N.C. Center for Public Policy Research in a major report released this week. The Center says this is a problem which cannot be solved locally, but one where the state must take a lead role.

"Many for-profit hospitals just don't do their share when it comes to providing health care for the poor," says Lori Ann Harris, one of three Center staffers who authored the study. "The fact is that not-for-profit hospitals are providing substantially more care for the poor -- and these hospitals desperately need help to pay the tab."

The Center's 214-page report compares the performance of for-profit and not-for-profit hospitals in four areas -- charges, range of services, tax payments, and indigent care. For-profit hospitals are those owned or operated by investor-owned hospital chains.

The Center recommends that the N.C. General Assembly enact one of four policy options to provide health care for indigent patients and to ensure that every hospital in North Carolina does its fair share in providing indigent care. The four options are:

(1) to establish a state-level system of hospital assessments, with the revenue generated to be allocated to hospitals with high levels of uncompensated care;

(2) to require all hospitals to provide a certain amount of indigent care as measured by a percentage of gross patient revenues;

(3) to require each of the 100 counties to enact their own indigent care programs; or

(4) to appropriate state funds for indigent care to hospitals with high levels of uncompensated care.

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The private not-for-profit and public hospitals responding to the Center's survey provided uncompensated care in an amount equal to 8.4 percent of their gross patient revenue in 1984. This compares with 6.6 percent of gross patient revenue going to uncompensated care at investor-owned and investor-managed hospitals -- 27.3 percent less than that provided by not-for-profit hospitals. Uncompensated care is defined in the study as the total of a hospital's indigent care, charity care, and bad debt. For example, just a 1 percent difference in uncompensated care in a hospital with gross patient revenues of $30 million could amount to a $300,000 shift in costs for that care from for-profit to not-for-profit hospitals.

In terms of uncompensated care spent per hospital bed, not-for-profit hospitals spent $8,593 per bed and for-profits spent $7,000, for a difference of 22.8 percent. When considering uncompensated care per inpatient admission, not-for-profits spent $237 per admission and for-profits spent $203, a difference of 16.7 percent. And finally, if outpatient admissions are added to inpatient admissions, not-for-profits spent $53 on uncompensated care per total admission and for-profits spent $44 -- for a difference of 20.5 percent.

Harry Nurkin, president of Charlotte Memorial, a not-for-profit hospital, was not surprised by those findings. "If they are investor-owned, their first obligation is to their investors. Providing services to people who are sick and injured is secondary," he says. But Earl Tyndall, administrator of Medical Park Hospital, which is managed by a for-profit corporation, contends, "The emphases on patient care and business orientation are identical at for-profit and not-for-profit hospitals." Medical Park Hospital was an independent for-profit hospital until it was purchased by Carolina Medicorp, Inc. in 1986. It is now a private not-for-profit hospital managed by for-profit Hospital Corporation of America.

The increasing number of indigent patients is a major issue facing the 1989 N.C. legislature, says Harris. She cites a Duke University study which estimates that nearly 1.2 million individuals in North Carolina's population of six million have no health insurance at some point during the year. According to Chris Conover, one of the Duke researchers, 624,000 persons are always uninsured, and another 532,000 are sometimes uninsured during the course of a year.

Pre-Admission Deposits Required in Half of N.C. Hospitals

The Center also found that for-profit hospitals are more likely to require deposits by patients or proof of insurance before a patient will be admitted to the hospital. Overall, 52 percent of all hospitals responding to the Center's survey required a pre-admission deposit if a patient was not insured. But 67 percent of the investor-owned hospitals responding to the survey required pre-admission deposits, and 60 percent of the investor-managed hospitals required deposits. By contrast, 48 percent of the private not-for-profit and public hospitals reported that they required pre-admission deposits. Most hospitals require pre-admission deposits only for elective (non-emergency) procedures.

"The pre-admission deposit varies, however," says Harris. "Many hospitals reported that they request either a flat rate (i.e., $500 if the patient is uninsured) or a percentage of the patient's total estimated bill. Other hospitals require payment up front of 80 percent of the estimated bill. For the medically indigent, these pre-admission deposits can be a significant barrier to receiving proper medical care."

Federal Requirements on Providing Indigent Care Still Exist at One-Fourth of Hospitals

In a third research finding with regard to indigent care, the Center found that 54 of North Carolina's 127 acute care hospitals are still obligated under federal law to provide care to indigent patients. This is because 80 hospitals in the state were built with $500 million in federal funds under the Hill-Burton program, or the Hospital Survey and Construction Act, between 1946 and 1974.

Under the Hill-Burton Act, health care facilities were required to assure that indigent patients would have access to a "reasonable volume" of uncompensated care, a provision known as the "uncompensated care obligation." A second provision known as the "community service obligation" required facilities receiving Hill-Burton funds to provide patient services to all persons living in the general service area of the facility, without discrimination on the basis of race, color, or creed. The health facilities were required to abide by the reasonable volume regulation for a period of 20 years.

In 1986, the Department of Health and Human Services issued a regulation requiring that hospitals which had received federal construction funds under the Hill-Burton Act continue to provide free care to indigent patients. According to statistics of the U.S. Department of Health and Human Services, by the end of 1990, 37 of the 127 general acute-care hospitals in North Carolina will still be obligated to provide uncompensated services under the Hill-Burton Act.

Variations in Hospital Performance

The Center's study found wide variations among N.C. hospitals in the provision of indigent care. An examination of for-profit hospitals responding to the Center's survey (investor-owned and investor-managed) reveals that there is a wide variation of uncompensated care provided when measured as a percentage of gross patient revenue. Johnston Memorial Hospital, an HCA-managed hospital in Smithfield, provided 14.2 percent of gross patient revenue in uncompensated care. Johnston Memorial is the only acute-care hospital in Johnston County. Medical Park Hospital, formerly an investor-owned hospital in Winston-Salem but now managed by HCA, provided the least uncompensated care (1.2 percent). All of the investor-managed hospitals, except for HCA's Ashe Memorial Hospital, provided more uncompensated care as a percentage of gross patient revenue than the investor-owned hospitals.

Martin General Hospital, a county-owned facility, provided the most uncompensated care as a percentage of gross patient revenue (15.6 percent) in 1984 of any not-for-profit, indeed, of any hospital in the data base. During the same year, the private not-for-profit Sea Level Hospital in Carteret County apparently provided the least uncompensated care (2.2 percent) among not-for-profit hospitals. However, this figure may have been underestimated since Sea Level only supplied a figure for the amount of bad debt.

One key factor in determining how much uncompensated care was provided was whether it was for-profit or not-for-profit. A second factor was whether there were other hospitals in the community.

The Center concluded that any hospital (whether for-profit or not-for-profit) which is the sole provider of hospital services in the community tends to provide a higher level of uncompensated care than would be provided if there were other hospitals in the community. For example, of the 20 not-for-profit hospitals that rank high in terms of providing uncompensated care, six hospitals -- Chatham, Duplin General, Lenoir Memorial, Montgomery Memorial, Scotland Memorial, and Wilkes General -- are the sole provider of hospital services in the community.

The Center's findings on indigent care are based on a survey sent to all general, acute care hospitals in North Carolina. Sixty-three percent of the 127 hospitals replied, including both for-profits and not-for-profits. The Center asked for data on indigent care provided in 1984, and Center researchers later verified the data in telephone interviews. "These findings are consistent with studies in California, Florida, Tennessee, Texas, and Virginia," says Harris.

Variations in Number of Uninsured Patients by County

Not only is there variation in how much indigent care is provided by hospitals, there is also wide variation in the burden of poor patients from county to county, says the Center. Statewide distribution of the uninsured poor ranged from 1.1 percent in Alexander County in western North Carolina to 9.2 percent in Warren County in the northern Piedmont, according to a 1986 report by the University of North Carolina at Chapel Hill's Health Services Research Center. The report also revealed that nearly one-fourth (23) of the 100 counties in North Carolina had more than 6 percent uninsured poor. The estimate was based on an analysis of data from the annual N.C. Citizens Survey conducted by the N.C. Office of State Budget and Management.

Some counties responded to the need for health care for the poor, and some did not, says the Center. Twenty-three counties appropriated a total of almost $21 million to local hospitals in fiscal year 1986-87. For example, Mecklenburg County appropriated $9.3 million that year, and Wake County more than $5 million.

Policy Options For the Legislature To Consider

"Because of these variations among counties' efforts to deal with indigent care and because of the wide variations in indigent care provided by for-profit and not-for-profit hospitals, the state needs to take a lead role," says Harris. "We recommend that the legislature enact any one of four policy options."

1. Under Option 1, all North Carolina hospitals would be assessed an amount based on each hospital's gross patient revenues. The proceeds from these annual assessments would be earmarked for a State Equalization Fund for indigent care. The advantage of the assessment option is that it could be adjusted to hospital size, level of patient revenue, and financial health, and it is flexible from year to year. A 1.5 percent assessment on hospitals in Florida was levied in 1984 to expand the state Medicaid program, and South Carolina has a program in which hospitals are assessed a tax to fund the state indigent health care program. The program is intended to distribute equitably the burden of indigent care. The program is funded jointly by assessments on hospitals and county governments.

2. Under Option 2, the legislature could require every hospital in the state to provide a certain minimum amount of indigent care. According to the N.C. Hospital Association, "North Carolina hospitals write off 7.6 percent of their gross revenue to charity and bad debt care. The national average is 6.5 percent." At least 20 states now require hospitals to deliver a minimum amount of care to the medically indigent.

3. Under Option 3, the N.C. General Assembly could mandate that the 100 counties take a larger role in the provision of health care to indigent patients. Under this proposal, counties would be required to develop and fund their own indigent care programs. As Dorothy Kearns, Guilford County Commissioner, puts it: "Local governments are closest to the people being served. Therefore, they [the counties] are in the best position to know the needs of the population. They can target resources effectively and spot problems before it's too late." This option would have to be funded by additional property or sales tax assessments. Thus, this option has the disadvantage of relying on a regressive tax and perhaps burdening the poorest counties with the greatest indigent care problems. It also is probably the most difficult to administer and to monitor at the state level.

4. Under Option 4, the General Assembly would appropriate state funds for indigent care to hospitals with high levels of uncompensated care. According to the Federation of American Health Systems, approximately 20 states have developed programs to fund indigent health care. However, under this option, nothing is done to ensure that every hospital does its fair share of the burden of indigent care. A statement by the N.C. Hospital Association says it "believes the only realistic solution to the indigent health care problem is to put more money in the health care system for indigent care."

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Next: Comparing Prices and Profits Among For-Profit and Not-For-Profit Hospitals

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The N.C. Center for Public Policy Research is an independent, nonpartisan, nonprofit organization created to examine state government programs and important issues of public policy in North Carolina. The Center is supported in part by grants from the Z. Smith Reynolds and Mary Reynolds Babcock Foundations, both in Winston-Salem. This study was also supported by the Kate B. Reynolds Health Care Trust of Winston-Salem and the Henry J. Kaiser Family Foundation of Menlo Park, California. Other funding comes from 111 corporate contributors and 730 individual members. In addition to its quarterly magazine, North Carolina Insight, the Center also publishes rankings of the effectiveness of all state legislators and book-length research reports. Recent studies have been issued on the need for a State Environmental Index, poverty in North Carolina, and the rise of the two-party system in North Carolina.

Copies of the 214-page report Comparing the Performance of For-Profit and Not-for-Profit Hospitals in North Carolina are available for $40.00 (plus $2.00 tax and $2.50 postage and handling) from the N.C. Center for Public Policy Research, P.O. Box 430, Raleigh, NC 27602, or call (919) 832-2839.

For more information, call Lori Ann Harris or Ran Coble at the N.C. Center for Public Policy Research at (919) 832-2839.

North Carolina Counties: Estimated Distribution of Uninsured Poor

County	Percentage of Uninsured Poor	Number of Uninsured Poor
Alamance	2.0%	1965
Alexander	1.1	278
Alleghany	5.9	561
Anson	4.6	1170
Ashe	6.9	1530
Avery	5.4	735
Beaufort	6.0	2410
Bertie	6.3	1333
Bladen	7.7	2326
Brunswick	5.7	2009
Buncombe	2.5	3936
Burke	1.6	1090
Cabarrus	1.6	1361
Caldwell	1.6	1084
Camden	4.9	283
Carteret	3.3	1330
Caswell	5.9	1192
Catawba	1.5	1559
Chatham	1.2	388
Cherokee	6.7	1260
Chowan	7.2	897
Clay	5.4	358
Cleveland	2.5	2009
Columbus	6.2	3140
Craven	3.5	2300
Cumberland	4.3	9482
Currituck	4.3	473
Dare	2.7	355
Davidson	1.9	2171
Davie	1.4	339
Duplin	5.4	2202
Durham	2.3	3299
Edgecombe	4.4	2411
Forsyth	1.2	2881
Franklin	6.1	1776
Gaston	1.9	3083
Gates	4.3	372
Graham	5.9	427
Granville	5.0	1549
Greene	7.6	1212
Guilford	2.0	6205
Halifax	6.9	3742
Harnett	4.5	2587
Haywood	4.5	2048
Henderson	2.9	1691
Hertford	7.0	1550
Hoke	6.3	1243
Hyde	8.6	501
Iredell	1.6	1289
Jackson	5.5	1256
Johnston	3.3	2343
Jones	4.7	454
Lee	3.9	1402
Lenoir	5.7	3289
Lincoln	2.0	835
McDowell	1.5	523
Macon	4.1	821
Madison	5.5	883
Martin	6.9	1766
Mecklenburg	2.2	8616
Mitchell	5.1	733
Montgomery	1.8	403
Moore	3.2	1607
Nash	3.7	2466
New Hanover	2.9	2890
Northampton	6.0	1298
Onslow	4.2	3781
Orange	2.5	1654
Pamlico	4.4	461
Pasquotank	5.1	1494
Pender	6.4	1405
Perquimans	7.4	688
Person	4.7	1369
Pitt	4.4	3692
Polk	3.2	415
Randolph	1.6	1494
Richmond	4.3	1942
Robeson	5.9	5849
Rockingham	2.2	1838
Rowan	1.8	1716
Rutherford	3.9	2077
Sampson	6.1	2978
Scotland	4.9	1541
Stanly	2.2	1032
Stokes	1.6	531
Surry	2.8	1656
Swain	7.8	788
Transylvania	1.7	375
Tyrrell	5.4	216
Union	1.8	1225
Vance	6.0	2163
Wake	1.4	3878
Warren	9.2	1473
Washington	6.5	956
Watauga	2.9	801
Wayne	3.4	3133
Wilkes	2.8	1650
Wilson	5.7	3493
Yadkin	1.8	513
Yancey	7.1	1039

Presentation by Kit N. Simpson and Thomas C. Ricketts, UNC-CH Health Services Research Center, to the Indigent Health Care Study Commission, April 22, 1986.

GENERAL ACUTE-CARE HOSPITALS IN NORTH CAROLINA STILL OBLIGATED TO PROVIDE UNCOMPENSATED SERVICES UNDER THE FEDERAL HILL-BURTON ACT

as of March 1, 1988

	HOSPITAL	CITY	COUNTY	TYPE OF OWNER	EXPIRATION DATE OF UNCOMPENSATED SERVICES OBLIGATION: MONTH/YEAR
1.	Albemarle Hospital	Elizabeth City	Pasquotank	County	10/1998
2.	Alleghany County Memorial Hospital	Sparta	Alleghany	PNFP	3/1999
3.	Angel Community Hospital	Franklin	Macon	PNFP	11/1999
4.	Anson County Hospital	Wadesboro	Anson	County	7/1989
5.	Ashe Memorial Hospital	Jefferson	Ashe	PNFP	6/1992
6.	Beaufort County Hospital	Washington	Beaufort	County	1/1989
7.	Blowing Rock Hospital	Blowing Rock	Watauga	PNFP	1/1988
8.	Blue Ridge Hospital System Spruce Pine	Spruce Pine	Mitchell	PNFP	8/1999
9.	C. J. Harris Community Hospital	Sylva	Jackson	PNFP	8/1992
10.	Caldwell Memorial Hospital	Lenoir	Caldwell	PNFP	9/2002
11.	Carteret General Hospital	Morehead City	Carteret	County	7/1987
12.	Chatham Hospital	Siler City	Chatham	PNFP	7/1989
13.	Chowan Hospital, Inc.	Edenton	Chowan	County	1/1991
14.	Columbus County Hospital	Whiteville	Columbus	County	11/1998
15.	Community General Hospital	Thomasville	Davidson	PNFP	5/1992
16.	District Memorial Hospital [a]	Andrews	Cherokee	PNFP	8/1990
17.	Duplin General Hospital	Kenansville	Duplin	County	8/1992
18.	Durham County General Hospital	Durham	Durham	County	7/1999
19.	Fletcher Hospital Medical Center	Fletcher	Henderson	PNFP	8/1990
20.	Forsyth Memorial Hospital	Winston-Salem	Forsyth	PNFP	4/1993
21.	Gaston Memorial Hospital	Gastonia	Gaston	PNFP	8/1994
22.	Grace Hospital	Morganton	Burke	PNFP	6/1993
23.	Halifax Memorial Hospital	Roanoke Rapids	Halifax	Special District	7/1993
24.	Highlands Cashiers Hospital	Highlands	Macon	PNFP	8/1986
25.	High Point Memorial Hospital	High Point	Guilford	PNFP	11/1992
26.	Hugh Chatham Memorial Hospital	Elkin	Surry	PNFP	11/1993
27.	Iredell Memorial Hospital	Statesville	Iredell	County	11/1994
28.	Johnston Memorial Hospital	Smithfield	Johnston	County	1/1986
29.	Lenoir Memorial Hospital	Kinston	Lenoir	County	10/1993
30.	Lincoln County Hospital	Lincolnton	Lincoln	County	11/1989
31.	Margaret R. Pardee Memorial	Hendersonville	Henderson	County	4/1993
32.	Martin County Hospital	Williamston	Martin	County	7/1993
33.	Montgomery Memorial Hospital	Troy	Montgomery	PNFP	6/1992
34.	Moore Regional Hospital, Inc.	Pinehurst	Moore	PNFP	12/1999
35.	Moses H. Cone Memorial Hospital	Greensboro	Guilford	PNFP	3/2001
36.	Northern Hospital	Mount Airy	Surry	County	10/1994
37.	Onslow Memorial Hospital	Jacksonville	Onslow	County	8/1994
38.	Pender Memorial Hospital	Burgaw	Pender	County	6/1986
39.	Pitt County Memorial Hospital	Greenville	Pitt	County	7/1998
40.	Randolph Hospital	Asheboro	Randolph	PNFP	8/1996
41.	Roanoke Chowan Hospital	Ahoskie	Hertford	PNFP	11/1999
42.	Rowan Memorial Hospital	Salisbury	Rowan	PNFP	2/1989
43.	Sampson County Memorial Hospital	Clinton	Sampson	County	1/1989
44.	St. Joseph's Hospital	Asheville	Buncombe	PNFP	11/1999
45.	St. Luke's Hospital [b]	Columbus	Polk	PNFP	8/1992
46.	Swain County Hospital	Bryson City	Swain	PNFP	6/1989
47.	Transylvania Community Hospital	Brevard	Transylvania	PNFP	10/1993
48.	Union Memorial Hospital	Monroe	Union	County	6/1985
49.	Washington County Hospital	Plymouth	Washington	County	1/1994
50.	Watauga County Hospital	Boone	Watauga	County	12/2001
51.	Wayne County Memorial Hospital	Goldsboro	Wayne	County	2/1990
52.	Wesley Long Community Hospital	Greensboro	Guilford	PNFP	6/1999
53.	Wilkes General Hospital	North Wilkesboro	Wilkes	City	6/1989
54.	Wilson Memorial Hospital	Wilson	Wilson	County	2/1992

PNFP = Private, not-for-profit

[a] formerly Mountain Park Medical Center.

[b] A private not-for -profit corporation leases the hospital from the county.

Source: 1988 Directory of Facilities Obligated to Provide Uncompensated Services By State and City, *U. S. Department of Health and Human Services.*

County Appropriations to Hospitals, 1986-87 Fiscal Year

	County	County Appropriations to a County-Owned Hospital	County Appropriations to a Privately-Owned Hospital	Total County Appropriations to Local Hospital(s)
1.	Bertie	$ 151,069	$ 0	$ 51,069
2.	Buncombe	0	772,850	772,850
3.	Cabarrus	229,167	0	229,167
4.	Carteret	25,000	0	25,000
5.	Davie	25,004	0	25,004
6.	Duplin	150,000	0	150,000
7.	Durham	2,862,213	0	2,862,213
8.	Granville	0	229,401	229,401
9.	Henderson	100,900	24,270	125,170
10.	Jackson	0	15,000	15,000
11.	Lincoln	1,800	0	1,800
12.	Martin	368,038	0	368,038
13.	Mecklenburg	0	9,269,199	9,269,199
14.	Nash	150,000	0	150,000
15.	Pender	152,774	0	152,774
16.	Person	0	788,308	788,308
17.	Sampson	70,000	0	70,000
18.	Stokes	298,075	0	298,075
19.	Wake	5,059,421	0	5,059,421
20.	Warren	47,664	0	47,664
21.	Washington	12,000	0	12,000
22.	Yadkin	46,000	0	46,000
23.	Yancey	104,708	0	104,708
	TOTAL	$9,807,833	$11,099,028	$20,906,861

Source: N.C. Local Government Commission in the N.C. Department of the State Treasurer.

Rankings of *For-Profit* Hospitals in Terms of Providing Uncompensated Care: Most to Least (1984)

	For-Profit Hospital	Uncompensated Care as % of Gross Patient Revenue
1.	Johnston Memorial Hospital (IM)	14.2%
2.	Cape Fear Valley Medical Center (IM)	10.3
	Not-For-Profit Hospital Average	*8.4*
3.	Spruce Pine Community Hospital (IM)	8.2
4.	The McDowell Hospital (IM)	7.7
5.	Central Carolina Hospital (IO)	6.7
	For-Profit Hospital Average	*6.6*
6.	Frye Regional Medical Center (IO)	6.0
7.	Davis Community Hospital (IO)	5.4
8.	Highsmith-Rainey Memorial (IO)	4.6
	Ashe Memorial Hospital (IM)	4.6
10.	Raleigh Community Hospital (IO)	4.1
11.	Medical Park Hospital (IO)	1.2

IO = *owned* by investor owned corporation
IM = *managed* by investor-owned corporation

Rankings of Twenty Highest *Not-For-Profit* Hospitals in Terms of Providing Uncompensated Care (1984)

	Not-For-Profit Hospital	Uncompensated Care as % of Gross Patient Revenue
1.	Martin General	15.6%
2.	Lincoln County	13.0
3.	Wilkes General	12.9
4.	Duplin General	12.0
5.	Montgomery Memorial	11.9
6.	J. Arthur Dosher Memorial	11.7
(tie)	Carteret General	11.7
8.	Charles A. Cannon Memorial	11.6
(tie)	Lexington Memorial	11.6
10.	Good Hope	11.3
11.	Annie Penn Memorial	10.7
(tie)	High Point Regional	10.7
(tie)	Sloop Memorial	10.7
14.	Cleveland Memorial	10.6
15.	Chatham	10.5
16.	Catawba Memorial	10.3
(tie)	Lenoir Memorial	10.3
(tie)	Richmond Memorial	10.3
19.	Caldwell Memorial	10.2
20.	Scotland Memorial	9.8
	Not-For-Profit Hospital Average	*8.4*
	For-Profit Hospital Average	*6.6*

Rankings of Twenty Lowest *Not-For-Profit* Hospitals in Terms of Providing Uncompensated Care (1984)

	Not-For-Profit Hospital	Uncompensated Care as % of Gross Patient Revenue
1.	Sea Level	2.2%
2.	Charlotte Memorial	2.4
(tie)	Presbyterian	2.4
4.	Cape Fear Memorial	3.8
5.	Rex Hospital	4.0
6.	Surry County	4.8
7.	Valdese General	5.2
8.	N.C. Baptist	5.4
(tie)	St. Luke's	5.4
10.	Durham County Gen.	5.7
(tie)	Forsyth Memorial	5.7
(tie)	Iredell Memorial	5.7
13.	Stokes-Reynolds	5.8
14.	Alleghany County	6.1
15.	Memorial Hospital of Alamance	6.2
16.	Community General of Thomasville	6.4
17.	C. J. Harris	7.0
18.	Davie County	7.3
(tie)	Stanly Memorial	7.3
20.	Haywood County	7.4
(tie)	Rowan Memorial	7.4
	Not-For-Profit Hospital Average	*8.4%*
	For-Profit Hospital Average	*6.6%*