**Memorandum**

TO:  Zoning Advisory Panel  
FROM:  Hospital Working Group (Robbie Brewer, Jody Kline, Marty Klauber)  
DATE:  January 11, 2012  
RE:  Recommendations for Hospitals in the New Zoning Code

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I. **Background/ Issues**

Four of the County’s five existing hospitals (Holy Cross, Montgomery General, Washington Adventist and Suburban) are located in mature single-family home neighborhoods\(^1\). These four hospitals serve the urgent medical care needs of the majority of down county residents and will continue to do so for the foreseeable future. These hospitals will need the ability to expand for several reasons:

1. A growing population  
2. An increasingly aging population  
3. A culturally diverse population with different healthcare needs  
4. Greater expectations by patients regarding the accessibility of healthcare treatments and providers  
5. Rapid changes in health care technology and industry trends

However, because of the hospitals’ locations within mature neighborhoods and the existing zoning laws, community friction often arises as these hospitals plan renovations and expansion projects. Such friction makes hospital expansion projects controversial, expensive and time-consuming.

In light of the current issues with hospital zoning in Montgomery County, the goal of this working group was to recommend a way to address hospitals in the Zoning Code Rewrite project. The working group identified two main barriers standing in the way of efficient hospital expansion/renovation projects:

1. The necessity of complying with some residential development standards.  
2. The onerous special exception modification process. Currently, a special exception modification application must go through a hearing by the Planning Board, the Hearing Examiner and the Board of Appeals, which must make findings in both the general special exception requirements and the specific requirements for hospitals. The process can take many years and millions of dollars and is overly burdensome to both the hospitals and the community groups opposed to the projects.

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\(^1\) Current hospital zoning: Holy Cross (Special Exception in R-60), Montgomery General (Special Exception in RE-2, R-60, R-200), Shady Grove (Permitted in LSC), Suburban (Special Exception in R-60), Washington Adventist (Special Exception in R-60). Washington Adventist has a Special Exception approval for an industrial zoned site in White Oak and will probably move there. A new hospital will be built in either Clarksburg or Germantown, but will not be in a residential zone.
II. Proposal

The consensus of the group was that the County needs a mechanism that balances an efficient hospital expansion approval process with meaningful public participation by neighborhoods surrounding the hospitals. Due to the controversy and complexity surrounding the issue, the group decided that comprehensive consideration of hospital zoning was beyond the scope of the Zoning Code Rewrite project. As such, the group recommends the following:

As a temporary measure, for the Zoning Code Rewrite Project, hospital zoning should remain substantively the same, with an update to the definition of a hospital.

*Current* definition: An institution receiving inpatients and rendering care and treatment for medical, surgical, obstetrical, psychological, or chemical dependency disorders including general hospitals and institutions in which service is limited to special fields. A hospice care facility is not a hospital.

*Proposed* definition (included in November 2011 ZAP draft): An institution providing health services primarily for the sick or injured and offering inpatient medical and/ or surgical care. “Hospital” includes related facilities, such as laboratories, medical/dental clinics, helistops, training facilities, classrooms, central service facilities and staff offices integral to the facility.

Sometime in the near future, the group recommends that the Planning Department create a Functional Master Plan for hospitals. The plan would:

1. Address issues common to all hospitals located in residential zones (to be updated every 10 years)
2. Create a new zone for hospitals currently located in residential zones. Hospitals would be permitted uses in the new zone
3. Introduce a new process for hospital expansions or major modifications that may include a more robust form of site plan review
4. Require hospitals to furnish a development plan as part of the process