

and capacity. Wemyss added that the DRC and fire department review storm-ready systems and the point system is designed to encourage such resilience. Fuel type and storage determine operational duration.

Vice Chair Coleman noted they like the multi modal options noted. The types of charging stations are a great differentiation and recognizing options besides car-centric mobility. Vice Chair Coleman asked about where are we going to see the biggest pushback from developers. Ms. Ebenbach noted that pushback might be options you don't see chosen because in their conversations with the building industry – some are just easier to accomplish and meet the standards. There are many options readily available but over time the city may see options not chosen as much as others. Perhaps in the future less chosen options could be awarded more points.

Mr. Dally asked whether the point system would remain static or could be amended over time. He suggested setting timelines to review usage and evaluate potential adjustments. Max Wemyss responded that text amendments could be made as needed and noted that staff had engaged extensively with developers to anticipate typical feedback seen in the DRC process. The system includes ample options and a category for proposing innovative resilient alternatives, which will be monitored to see how it's being used. He expressed enthusiasm for the framework.

Chair Stacer referenced a past project involving a major addition to a yacht air conditioning company in Pompano, highlighting its internal sustainability program that achieved a 97% recycling rate and minimal waste—an example he considered highly innovative. Max Wemyss agreed this would qualify under the innovative resilience category. Chair Stacer also asked whether landscaping and utility undergrounding are required only in overlay districts. Max Wemyss clarified that these requirements apply to all new major site plans, though exceptions are made if undergrounding poses technical challenges or safety concerns. He noted that while infill development can involve high costs, undergrounding is often pursued for the developer's benefit rather than due to FPL incentives. The policy aims to further encourage such practices. Chair Stacer expressed support, aligning with the enthusiasm of Vice Chair Coleman and Mr. Dally.

Chair Stacer opened public comment. No one came forth to speak. Chair Stacer closed public comment.

MOTION by Carla Coleman and seconded by Paul Fisher that the Board finds LN-722 meets review standards for the code amendments and recommends approval of the item to the City Commission. All voted in favor. The motion was approved.

(51:09)

2. [LN-692](#)

HEALTH CARE USES CODE TEXT AMENDMENT

Request:	Create Hospital-Based Off-Campus Emergency Room Use
P&Z#	25-81000001
Owner:	HCA Florida Northwest Hospital
Project Location:	N/A
Folio Number:	N/A
Land Use Designation:	N/A
Zoning District:	N/A
Commission District:	N/A
Agent:	Dennis Mele, Greenspoon Marder LLP
Project Planner:	Jean Dolan, AICP, CFM

Ms. Jean Dolan, Development Services, introduced herself to the Board and noted that this application is a private sector initiated zoning code text amendment to create a new use, Hospital-Based Off-Campus Emergency Department. Mrs. Dolan gave a PowerPoint presentation outlining Definition – Standards – Urgent Care Text Amendment – Urgent Care Facilities in or Near Pompano Beach – Other Text Amendments to 155.4209 Primarily to

“Specialty Medical” – Special Exception Requests for Medical Uses Since 2016 – Criteria for Zoning Code Text Amendments – Recommendations.

Vice Chair Coleman commented that on the directing traffic away from residential neighborhoods, it doesn’t mandate that, it says to the maximum extent practical.

Dennis Mele, 200 E Broward Boulevard #1800 Fort Lauderdale, on behalf of the applicant gave a PowerPoint presentation that outlined Summary of Proposed Text Amendment Part 1 – Summary of Proposed Text Amendment Part 2 – New Standards to Minimize Impacts – Differences Explained.

Kenneth Jones, CEO of HCA Northwest Hospital, 10211 Lonestar Place, Davie. Mr. Jones has been the CEO for 4 years and provided a brief history of HCA and number of locations in the state and restated the difference between Free Standing Emergency Room, Urgent Care, and Specialty Hospital.

Dr. Matthew Lickerman, Medical Director and Chief of Emergency Medicine at HCA Northwest Hospital, clarified that a freestanding ER differs significantly from an urgent care center. Freestanding ERs are staffed by board-certified emergency physicians, whereas urgent care centers typically employ family practitioners, nurse practitioners, or residents. He noted that some cases transferred from urgent care to hospitals could be effectively treated at a freestanding ER, helping to bridge gaps in care and reduce overall emergency wait times.

Mr. Mele continued their PowerPoint presentation and outlined Difference Explained – Traffic Generation / Ambulance Trips – Support from City’s Economic Development Council – City Zoning Buffer Exhibit (East of I-95).

Chair Stacer opened public comment.

Mike Wier, 2200 NE 25th Avenue, lives within 500 feet of the proposed site, expressed concerns about the project’s impact on his neighborhood, which consists of high-value homes on deep-water canals and residents with quality health insurance. He argued that the new facility could shift the patient mix from existing ERs, reducing their revenue and potentially leading to higher taxes to sustain them. He noted the area is already well served and that the proposed facility was not part of the neighborhood character he expected when purchasing his home. He urged the committee to revisit its October 2022 decision under case 22-11000016, in which a similar proposal was denied.

Michael Bell, 110 NE 27th Street, expressed support for the project, emphasizing the benefits of improved access to medical care, enhanced health infrastructure, and convenience for residents. He noted the importance of high-quality medical services and economic opportunities, adding that HCA, like other facilities, contributes positively to the community.

Matthew Garner, CEO of Broward Health North, 201 E Sample Rd, Deerfield Beach, provided an overview of the hospital's locations and services. He recommended maintaining the use as a special exception rather than a by-right designation and noted that the proposed facility is located in Pompano Beach, unlike similar facilities typically placed in more densely populated areas. He urged consideration of dispersal requirements.

Evan Boyar, Broward Health North, 201 E Sample Rd, Deerfield Beach, is an ER physician emphasized their understanding of emergency medicine, noting that ERs treat all patients under EMTALA requirements, with reduced wait times often used as a selling point—166 minutes at Broward Health and 131 at Broward Health Imperial, though these figures lack context regarding care levels. Common issues like fevers and sports injuries are better suited for urgent care, while maternity and neonatal care are not core ER functions. Ambulance traffic is unavoidable. Although HCA states the facility won’t serve homeless or Baker Act patients, these are often the most vulnerable. With two acute care hospitals nearby and two additional freestanding facilities planned, local need is questionable. The Greater Pompano Chamber has since rescinded its endorsement. In emergencies, every minute matters, and patients may be transferred to more distant HCA hospitals, bypassing closer options.

Denise Gasperino, 107 Royal Park Drive, Oakland Park, here on behalf of her in-laws that are residents of Pompano Beach and their address is 3850 Oaks Clubhouse Dr, having another facility resulting in lower wait times makes family members of the elderly less anxious about their care.

Corey Thompson, 2160 NW 4th Street, we have a large geriatric population and convenience is needed because going to Sample Rd or Andrews you might not make it, traffic is inevitable, but how can we can someone somewhere quick enough in life saving events. This needs to be reviewed by Commission and a game plan is needed. If there are enough locations around it could save someone's life.

Melissa Weekly, 2680 NE 23rd Street, expressed strong opposition was expressed to the amendment, citing concerns that it prioritizes private interests over the public good. The amendment would weaken regulations for 24-hour urgent care facilities, remove the 500-foot residential buffer that mitigates light, noise, and reduces landscaping, and permit continuous operations in areas not suited for such intensity. These changes could lead to increased traffic near homes and small businesses, disrupting quiet neighborhoods. Additionally, the amendment would bypass public input by allowing approvals without notice or hearings. A similar proposal was previously denied in 2022.

Wayne Vereen, 2420 NW 7th St, HCA is offering an opportunity that aligns with Pompano Beach's growth, providing local access to care while alleviating pressure on other hospitals—ultimately benefiting residents. The speaker expressed support for the project, emphasizing its focus on serving the community and helping people.

Ramon Feliciano, 6141 NW 44th Terrace, Coconut Creek, but also owns property in Pompano Beach, 101 Briny Ave Unit 2219, HCA is a well-established name with a role in the community, offering loyal patients an option they trust. Mr. Feliciano noted that having such a choice would provide peace of mind for his parents, who live in Pompano Beach. He emphasized that having options is beneficial.

Alex Bordwin, 2600 NE 19th St, lives near the site, supports the freestanding ER, noting the location is a long-vacant bowling alley on a commercial corridor. While personally preferring Broward General, they believe more medical options are beneficial. They noted improvements to the area, such as reduced traffic and noise because of the Chick-fil-A renovation, and expect a healthcare facility to be less disruptive than Chick-fil-A. They inquired about the level of Code calls that would apply to the proposed ER.

Efraim Silva, 1500 NW 115th Terrace, Plantation, but owns the Chick-fil-a at 2250 N Federal Highway, been a business here since 2016 and currently have a staff of 76 of which most are residents, bringing in HCA will add to the value proposition. The leadership and care that goes into their business is beneficial to the city.

Patricia Dale, 15 SE 19th Ave, they are a registered Nurse and when it comes to geriatric care they are generally transferred to hospitals. Ms. Dale is opposed to this facility and personally prefers non-profit organizations.

Mr. Mele responded to public comments, emphasizing that as a for-profit emergency facility, HCA treats all patients regardless of insurance and has absorbed \$40 million in unpaid care. He clarified that this item was reviewed by the Zoning Board of Appeals, not the P&Z Board. He provided historical context, noting previous cases where Broward Health and Memorial attempted to negotiate land deals over competitors. Mr. Mele argued it is unfair for competitors to request restrictions not applied to others, such as Broward Health and Holy Cross, which are not subject to special exceptions. He also clarified that the Chamber of Commerce did not rescind its endorsement but removed it from their website at Broward Health's request. He noted that for-profit hospitals pay taxes, unlike non-profits that collect taxes. On ambulance traffic, he suggested consulting the police chief regarding call types and confirmed that patient transfers are not restricted to HCA Margate. Lastly, he stated that, from staff's perspective, the criteria for the proposed code amendment have been met.

Chair Stacer closed public comment and asked the Board if there were any questions.

James Saunders, Assistant City Attorney reminds the Board to review only the item before them, this is a code amendment which is not specific to any brand of healthcare. Regardless of the outcome at this meeting, this will still go before City Commission for its consideration for approval or denial.

Ms. Worley and Mr. Fisher disclosed that they previously viewed the presentation at the EDC. Vice Chair Coleman noted a prior conversation with Mr. Mele, stating it did not influence her position and that her decision would be based solely on the testimony presented. Ms. Coleman echoed Attorney Saunders' point that the board may propose amendments as long as they meet the criteria. Chair Stacer also confirmed speaking with Mr. Mele and affirmed that his evaluation would be based on the code amendment criteria.

Vice Chair Coleman inquired of Ms. Dolan if any of the urgent care centers in town including Lighthouse Point are 24-hour facilities. Ms. Dolan replied Holy Cross is 24 hours and MD Now in Lighthouse Point is 24 hours. Vice Chair Coleman noted she wasn't sure if MD Now was and would need to look into it and noted that many urgent care centers have expanded hours but are not typically 24-hours. Ms. Dolan noted they don't have to be but they can be by this code.

Mr. Fisher asked a question of HCA, what is the highest level of service at this type of facility? Is there an operating room? Dr. Lickerman noted that the highest level of care is usually what can occur in the emergency room itself, operations, admissions, cath lab suites are directed outside of the emergency room won't be provided there.

Mr. Dally inquired if the code amendment include those additional usages or would those be reviewed on a case by case basis for special exceptions. Ms. Dolan noted that this amendment only creates the new use off campus emergency room and doesn't mention anything about ancillary uses and those would be considered separate uses. Most specialty medical uses are special exception.

Mr. Fisher noted that this would allow any medical entity to be in the City of Pompano Beach. Ms. Dolan responded affirmatively.

Chair Stacer inquired if all these emergency rooms would have major site plans. Ms. Dolan responded it would depend on if they built a building and depending on the size it may be a major site plan. If they moved into an existing building there would not be a site plan submittal, it would just be a BTR. If the building exceeds 5,000 square feet it would be a major site plan and anything smaller would be a minor site plan and this is not use-based. Chair Stacer inquired of the EMS Chief to explain when lights and sirens are utilized. Matt Whitten, EMS Chief of Pompano Beach Fire and Rescue, 120 SW 3rd Street, responded that generally do not transfer patients to freestanding ERs but with patient request of a low acuity patient the request can be accommodated. Low acuity means Code I where lights and sirens would not be used. A Code III patient with lights and sirens would not be directed to a free-standing ER. Chair Stacer asked what the ratio is for those Code I versus Code III patients. He responded no, because it is at the discretion of the paramedic but running lights and sirens is highly discouraged if it's not time sensitive.

Mr. Dally noted that Chief Whitton stated its discouraged to go to a free-standing ER and there is discussion at the county level that they will not transport to a free-standing ER. The medical director has not gone that far and leaves it as an option for those low acuity patients that request it.

Ms. Worley asked if they were transporting someone from the free-standing ER to a hospital if lights and sirens might be used at that point. Chief Whitton noted that was more likely, especially if a patient went there themselves but the injury was more severe than anticipated.

Chair Stacer asked about vehicle access about how they would get into the facility. Is there a restriction on where the ambulance enters? Ms. Dolan responded that is a site-specific question but the proposed use specific standards require that vehicular access and circulation systems and exterior signage should be designed to provide safe and separate emergency vehicle access to the emergency facility with minimal conflicts with other vehicular or pedestrian traffic in the area. Mr. Mele provided a rendering of their possible layout with a main entrance on Federal Highway. This is

similar to a school with separate car traffic from bus traffic. A site plan submittal would follow separate from this code amendment.

Chair Coleman opened the Board for discussion.

Vice Chair Coleman expressed openness to HCA's presence but questioned its necessity, noting that such decisions rest with the company. She emphasized the importance of directing primary and secondary access away from residential neighborhoods to the greatest extent practical, suggesting the sentence end after "neighborhoods" to avoid ambiguity. She noted that "practical" is a subjective term. While acknowledging the evolving role of free-standing emergency facilities in healthcare, she stated opposition to any 24-hour centers located within 500 feet of residential areas and indicated difficulty supporting such proximity.

Dr. Dally agrees with Vice Chair Coleman, this Board has a duty to the community in that respect.

Ms. Worley also agrees that 500 feet needs to be recognized and would not want to live that close to one.

Ms. Doubek would not be happy to live within 500 feet of a hospital and that aspect of the code should be upheld.

Mr. Fisher would also agree and inquired if this was already a special exception under the current code. Ms. Dolan noted that this use does not exist in the current code. Mr. Fisher further inquired where the 500-foot rule comes from. Ms. Dolan noted that the 500-foot rule applied to the specialty medical uses.

Vice Chair Coleman noted that one of the other issues was the three-acre minimum requirement that these types of facilities do not require. Would suggest that that Board make a recommendation to remove to the greatest extent possible language and place the 500-foot rule back in.

Mr. Dally asked if this would be a situation where staff took the Board's thoughts into consideration, rewrote it, and brought it back before this Board. Vice Chair Coleman responded that this is simple enough that shouldn't be necessary. Chair Stacer confirmed.

Attorney Saunders clarified that Vice Chair Coleman supports retaining the 500-foot rule, noting that urgent care or free-standing ER facilities could shift to 24-hour operations at any time, as permitted by code. Ms. Dolan explained that the proposed amendment was submitted by the applicant, with staff making minor adjustments for internal consistency. While staff can revise their own initiated changes per the Board's direction, they will not alter the applicant's submission; however, the Board may recommend modifications

MOTION by Carla Coleman and seconded by Richard Dally that the Board recommend for approval application LN-692 health care use code text amendment creating a hospital based off campus emergency room use having met review standards for code amendments to the City Commission for approval. All voted in opposition, except Chair Stacer. The Board recommends denial for this proposed text amendment.

(2:36:47)

G. AUDIENCE TO BE HEARD

Mike Wier, 2200 NE 25th Avenue, stated the city does not have an effective way of communicating to the community. They had only heard about this meeting six hours prior. Chair Stacer noted that text amendment are not advertised. Attorney Saunders clarified that once it reaches City Commission as Ordinance it would be noticed in the newspaper. Vice Chair Coleman noted that text amendments are more city wide.

(2:40:18)

H. OTHER BUSINESS

1. REPORTS BY STAFF