

**ATRIUM HEALTH COMMENTS ON PETITIONS FROM CARTERET HEALTH
PROPOSING NEW POLICY TE-4 PLAN EXEMPTION FOR DUAL FUNCTION FIXED PET/CT
SCANNERS IN MID-SIZE CANCER CENTERS AND PROPOSED CHANGES
TO THE FIXED PET METHODOLOGY IN THE 2025 STATE MEDICAL FACILITIES PLAN**

COMMENTER

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Atrium Health (Atrium) appreciates the opportunity to comment on the two petitions from Carteret Health proposing policy TE-4 to exempt fixed PET scanners from the need methodology and to propose changes to the fixed PET methodology in the 2025 State Medical Facilities Plan (SMFP). Based on its detailed review of both the proposed policy and the proposed methodology change, Atrium requests the State Health Coordinating Council (SHCC) deny these petitions.

Atrium also has significant concerns with the proposed SMFP adjustments to expand access to PET scanners outside the current SMFP requirements.

1. Potential proliferation of underutilized PET scanners
2. Use of PET/CT for simulation is possible but should not be an excuse to use a lower performance standard threshold,
3. There is a shortage of skilled PET technicians. If the proposed changes result in a proliferation of PET scanners there is the potential for reduced quality at existing PET providers
4. Potential for reduced quality of PET scans from inexperienced staff in a new center that could impact cancer treatment planning.

The better solution for the petitioner is to file a summer petition to demonstrate why the standard methodology is not meeting the needs of their community. Carteret Health did file a summer petition in 2023, but the petition was denied. The petitioner cited the successful petition Southeastern Regional filed in 2019 that resulted in the granting of a PET/CT scanner CON in 2020. Carteret Health could use the Southeastern as an example to strengthen a new summer petition later this year.

Atrium would like to recommend the SHCC deny. There are potential unintended consequences of the proposed policy that could result in a proliferation of underutilized PET scanners and inefficient distribution of medical resources. Atrium appreciates the opportunity to provide these comments.