



North Carolina General Assembly  
House of Representatives

REPRESENTATIVE RAY PICKETT  
93RD DISTRICT

OFFICE: 306A2 LEGISLATIVE OFFICE BUILDING  
300 N. SALISBURY STREET  
RALEIGH, NC 27603-5925  
PHONE: (919) 733-7727  
EMAIL: RAY.PICKETT@NCLEG.GOV  
DISTRICT: PO BOX 265  
BLOWING ROCK, NC 28605

COMMITTEES:

EDUCATION, UNIVERSITIES, CHAIR  
ALCOHOLIC BEVERAGE CONTROL, VICE CHAIR  
APPROPRIATIONS  
APPROPRIATIONS, CAPITAL  
ENVIRONMENT  
LOCAL GOVERNMENT  
TRANSPORTATION  
UNC BOG NOMINATIONS

March 13, 2023

North Carolina State Health Coordinating Council  
809 Ruggles Drive  
Raleigh, NC 27603

Dear North Carolina State Health Coordinating Council:

I am writing to express my support for the petition filed by Appalachian Regional Healthcare System (ARHS) to add a new policy to the *2024 State Medical Facilities Plan (2024 SMFP)*. This policy, Policy TE-4, would allow for facilities with an existing or approved fixed magnetic resonance imaging (MRI) scanner to apply for a Certificate of Need (CON) to convert that fixed MRI scanner to a mobile MRI scanner, provided the applicant meets a series of criteria outlined in ARHS's petition. As a representative of a community poised to directly benefit from this proposal, I can strongly state that such an initiative would significantly impact providers' ability to flexibly provide effective care and increase accessibility for patients in our community.

Under the current *SMFP*, providers have two options for developing MRI services: apply for a fixed MRI scanner once a need is identified in their service area or apply for a statewide mobile MRI scanner when one becomes available via an adjusted need determination. In other words, providers must either serve their patient population with a fixed MRI scanner or create a mobile MRI service and potentially compete with other mobile providers across the state. These are fairly limited options, especially for providers who are focused on serving their patient population effectively and do not want to be a statewide mobile MRI vendor. ARHS's petition proposes a third alternative: allow providers who have demonstrated sufficient volume to support a fixed MRI the flexibility to improve geographic accessibility to the service by developing a mobile MRI instead.

As a community leader and resident of the North Carolina "High Country," a largely rural and mountainous region of the state known for high elevation, difficult terrain, and frequent inclement weather, I am familiar with the challenges that rural healthcare providers face in providing



accessible healthcare options to the in our larger High Country community. Often, our providers are unable to flexibly adapt their existing MRI services to their largely dispersed and geographically diverse patient populations, and applying for additional MRI need may result in duplicative services in their respective service areas. However, having the ability to convert an existing or approved fixed MRI scanner to a mobile MRI scanner will give these providers the ability to improve geographic accessibility for their patients. Rural communities like ours frequently and unfortunately struggle with being granted timely and equitable care; and as the SHCC is certainly aware, North Carolina is a heavily rural state. The addition of Policy TE-4 to allow providers to convert a fixed MRI scanner that has already been approved to a mobile MRI scanner would improve access for patients across the state, health equity, and overall effectiveness of care.

Please note that this letter may resemble the format of those signed by my colleagues; however, that should not detract from the fact that I fully support ARHS's petition.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Pickett", with a long horizontal flourish extending to the right.

Representative Ray Pickett  
District 93