
Technology and Equipment Committee Recommendations to the NC State Health Coordinating Council June 4, 2025

The Technology and Equipment Committee has convened twice since the last full SHCC meeting, on April 2nd and May 7th.

The topics reviewed and discussed included:

- an Interested Parties meeting held in February to discuss proposed linear accelerator (LINAC) policy;
- policies and methodologies related to technology and equipment, which were reviewed at the Committee's April meeting;
- an Agency proposal regarding a policy for cardiac catheterization equipment;
- petitions regarding LINACs and positron electronic tomography (PET) scanners; and
- preliminary drafts of need projections for technology and equipment, based on the currently available data, which were posted on the Healthcare Planning website and discussed during the May meeting.

The following is an overview of the Committee's recommendations for the Technology and Equipment chapter for the *Proposed 2026 SMFP*. Please note that before taking the vote to approve Chapter 15 at the May meeting, one Committee member experienced technical difficulties resulting in loss of quorum. However, the remaining members voted unanimously in favor of the motion to approve the data and draft need determinations for Chapter 15 in preparation of the *Proposed 2026 State Medical Facilities Plan (SMFP)*.

The reconfiguration of service areas for cardiac catheterization equipment and MRI scanners is done every three years. The *Proposed 2026 SMFP* will contain the reconfigured service areas, which are the same as those for acute care services. As shared in the report of the Acute Care Services Committee's recommendations, the Committee has approved the following new multi-county service areas.

- Rockingham and Caswell
- Buncombe, Graham, Madison, Yancey and Clay
- Beaufort and Hyde
- Chowan and Tyrrell
- Forsyth and Yadkin

However, Durham, Caswell and Warren will no longer form a multicounty service area for cardiac cath equipment and MRI scanners.

Cardiac Catheterization Equipment

The Committee received no petitions or comments regarding cardiac catheterization equipment, but the Agency presented a policy proposal, presented as follows.

Agency Proposal to Add a Policy for Cardiac Catheterization Equipment for Emergency Coverage. Agency staff proposed a policy that would facilitate the acquisition of an additional cardiac catheterization (“cardiac cath”) lab for hospitals with an accredited Level I or Level II ST-Elevation Myocardial Infarction (STEMI) program or another appropriate cardiac program, but that have only one cardiac cath lab. The proposed policy arose from a 2024 summer petition submitted by a provider that operates an accredited STEMI program and has only one cardiac cath lab. The rationale for this policy is the need to perform time-sensitive STEMI procedures. Policy AC-6 of the *SMFP* similarly allows any hospital with an open-heart surgery program that has only one heart-lung bypass machine to submit a CON for a second machine for the sake of emergency coverage. STEMI programs are jointly accredited by the American Heart Association and The Joint Commission. There are three levels. The Agency has proposed limiting the policy to hospitals with Level I or Level II STEMI programs because they routinely perform primary percutaneous coronary intervention (also known as PCI or angioplasty and stent). Level III STEMI programs may or may not perform PCI procedures. Similar cardiac programs accredited or certified by other organizations may meet the spirit of the proposed policy. These would be considered on a case-by-case basis when CON reviews the application for the additional equipment. The Committee approved the policy on the basis that a second lab would reduce the risk of having to transport STEMI patients when the first lab is in use.

Based on data available at the time of the May meeting, application of the methodology resulted in no need determinations for fixed or shared fixed cardiac cath equipment.

Gamma Knives

The Committee received no petitions or comments regarding gamma knife equipment. The SMFP has no need determination methodology for Gamma Knives.

Linear Accelerators

The Committee received two petitions from the public regarding linear accelerators (LINACs).

Develop Policy TE-5: Plan Exemption for Linear Accelerators. Cone Health requests a new policy to address the disproportionate treatment of facilities with

high LINAC volume whose need for additional capacity is not addressed through the methodology. The Agency received 13 letters of support on this petition. It also received comments from four providers, all of which expressed that a policy approach was not their recommended solution to the issues raised. The Petitioner asserted that patients can experience extended wait times and disrupted treatment. They may also have to receive treatment at alternate facilities, which can compromise continuity of care. According to the methodology, LINAC need determinations are based on the total utilization in the service area. As such, high-volume facilities can be at a disadvantage in acquiring additional equipment because utilization at low-volume facilities offsets the utilization at the high-volume facilities in the methodology calculations. Therefore, some facilities may continually operate near or above capacity. The Agency recognizes that this characteristic of the methodology can suppress need in some service areas, but it does not appear to be a statewide issue. In fact, it appears to affect only two service areas. In such cases, the summer petition process presents an opportunity for the providers to request an adjusted need determination for any service areas that they believe have special attributes that require resources that are not addressed by the standard methodologies in the *SMFP*. The Agency recommended denial of the petition and invited Cone Health to consider submitting a summer petition for an adjusted need determination. The Committee agreed with the Agency's recommendation.

Develop Policy TE-5: Plan Exemption for Linear Accelerators in Cancer Center Hospitals. WakeMed requested a policy allowing certain oncology programs and centers that do not have an existing or approved LINAC to obtain one without regard to a need determination in the *SMFP* if they meet specific requirements. In support of its request, the Petitioner wrote that LINAC is standard of care for oncology programs, therefore oncology programs require a LINAC to provide comprehensive and coordinated care to cancer patients for whom LINAC is an appropriate treatment. The Agency received two comments in opposition to a policy approach to the issues raised in the petition. The Agency also received one letter in favor but with suggested revisions to the proposed policy. The SHCC has approved two petitions based on the notion of LINAC as standard of care; one was a 2022 summer petition from WakeMed, and the other was a 2023 summer petition from FirstHealth Moore. Data on cancer incidence, improved diagnosis and treatment, and population indicate that the use of LINAC services will likely increase over time. Even so, the Agency does not have the data required to assess the feasibility or appropriateness of all facets of WakeMed's proposed policy – for example, the number of patient encounters, staffing of oncology centers, or certification status of those centers. Therefore, the Agency recommended denial of the petition. The Committee agreed with the Agency's recommendation.

The next item is a summary of the **LINAC Interested Parties Meeting**. The Committee held an Interested Parties meeting on February 18 to discuss policy issues surrounding LINAC. As you may recall, the Agency originally proposed a policy on LINAC as standard

of care in the Spring of last year and received public comments. The comments were virtually unanimous that the proposed policy was too broad and not responsive to the needs of patients or providers. During deliberations at our April meeting last year, the Committee decided that we required additional information to determine the need for and structure of a potential LINAC policy. The SHCC approved the Committee's recommendation to revisit this topic in early 2025. To facilitate this, Dr. Greene and I chaired an Interested Parties meeting to obtain public input, to discuss the concept of LINAC as standard of care, and to consider whether the LINAC methodology and petition processes are adequate to address the needs of patients. Representatives from a wide range of providers attended and discussed these issues, about 50 in total. Note that this meeting occurred before the submission of Spring petitions.

Based on this meeting and further discussions with Agency staff, it became clear that the issue of an adequate supply of LINACs needs careful and systematic consideration. Therefore, Dr. Greene decided to convene a workgroup. We will prepare a charge to define the tasks of the workgroup, and the Agency will send out a call for volunteers to be members of the workgroup. As always, all members of the SHCC are welcome to participate in the discussions of the workgroup. However, unlike Interested Parties meetings, workgroups meetings allow participation only by workgroup members, SHCC members, and Agency staff. We expect the workgroup to begin work in the Fall of this year. If a policy, or any other recommendation, results from this workgroup we will present it to the T & E Committee at the April 2026 meeting. This committee will consider the workgroup's recommendations for inclusion in the 2027 SMFP. The committee's decision then will be forwarded to the SHCC for consideration.

And finally, based on data available at the time of the May meeting, application of the methodology resulted in no need determinations for LINACs.

Lithotripters

The Committee received no petitions or comments regarding lithotripters.

Based on data available at the time of the May meeting, application of the methodology resulted in no need determinations for additional lithotripters.

Magnetic Resonance Imaging Scanners

The Committee received no petitions or comments regarding MRIs.

Based on data available at the time of the May meeting, application of the methodology resulted in need determinations for one scanner each in 12 service areas. However, the Agency recommended removal of the need determination for one MRI scanner in

Watauga County because it was due to a data anomaly. The Committee agreed to remove the need. The remaining 11 counties with MRI need determinations are:

- Cabarrus
- Caldwell
- Dare
- Davidson
- Guilford
- Henderson
- Lincoln
- Mecklenburg
- Moore
- Pitt/Greene/Hyde/Tyrrell multicounty service area
- Union

Positron Emission Tomography (PET) Scanners

The Committee received one petition regarding PET scanners.

Develop Policy TE-5: Plan Exemption for Dedicated Cardiac PET for Open Heart surgery Providers. Mission Hospital requested a policy to allow open-heart surgery providers to acquire a dedicated cardiac PET scanner without regard to a need determination in the *SMFP*. The Agency received one letter of support and one letter in opposition to the petition. The petition described the value of PET services in the diagnosis of cardiac conditions and the growth of PET procedures in the state. The Petitioner also asserted that the demand for PET imaging capacity by oncology patients limits access for cardiac patients. The Agency does not have specific data on PET patients, but a comparison of the number of open-heart surgeries performed to the total number of PET procedures performed supports the Petitioner's claim. The Petitioner identified five hospitals that perform open-heart surgery, but that do not have PET scanner. Given the 2025 need determinations, four of these five hospitals would have an opportunity to submit a CON application for a PET scanner. Mission Hospital would also have an opportunity. The CON-approved applicant will have the ability to develop the scanner in the manner described in its CON application, whether it be for general or specialized use. Thus, the Agency determined that the petition does not address a statewide need that would be applicable to the development of a new policy and recommended denial of the petition. The Committee voted in favor of the Agency recommendation.

At the time of the May meeting, application of the methodology resulted in draft need determinations for two fixed PET scanners in Health Service Area IV.

**Recommendation for Chapter 15: Technology & Equipment for the
*Proposed 2026 SMFP***

The Committee recommends that the State Health Coordinating Council (SHCC) approve the policies, methodologies, and draft need determinations for all sections of Chapter 15 for the *Proposed 2026 SMFP*. Also, the Committee recommends that the SHCC authorize staff to update chapter narratives, tables, and need determinations as necessary.