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## **Technology and Equipment Committee Recommendations to the NC State Health Coordinating Council October 1, 2025**

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The Technology and Equipment Committee (“Committee”) held its final meeting of the year on September 3, 2025. The following is an overview of the Committee’s recommendations for consideration by the State Health Coordinating Council (SHCC) for Chapter 15 of the *2026 State Medical Facilities Plan (SMFP)*.

### **Cardiac Catheterization**

The Committee received no petitions or comments relating to cardiac catheterization equipment. Since the *Proposed 2026 SMFP*, there have been no significant data updates for this section. Based on the most recently available data, application of the need methodology results in no need determinations for cardiac catheterization equipment.

### **Gamma Knives**

The Committee received no petitions and no comments regarding gamma knife equipment. The SMFP has no need determination methodology for gamma knives. Therefore, there are no draft need determinations for this equipment.

### **Linear Accelerators (LINAC)**

Over the next couple of months, the SHCC will convene a workgroup to review the current concerns around achieving an adequate supply of LINACs in the state, and if necessary, to develop findings and recommendations for revisions to the LINAC need determination methodology and/or related policies. We anticipate holding approximately three meetings between October and December 2025. We plan to share the workgroup’s findings and recommendations with the Technology and Equipment Committee at the April 1, 2026 meeting, at which time they may vote to forward recommendations to the SHCC. Members of our interested parties list and SHCC members can anticipate receiving emails with details regarding the workgroup as we select workgroup members and determine a meeting schedule.

The Committee received five petitions regarding LINACs.

**Raleigh Neurosurgical Clinic (RNC)** petitioned for an adjusted statewide need determination to support a demonstration project involving a self-shielded, stereotactic radiosurgery (SS-SRS)-dedicated LINAC. The Agency did not receive any comments regarding the Petition. While SS-SRS units may offer several advantages over conventional LINACs, the current LINAC need determination

methodology is designed for and based on the utilization of conventional LINACs. As noted in the Petition, SS-SRS LINACs are purpose-built for applications that naturally result in lower utilization rates as compared to standard LINACs. However, Agency staff noted that the Petition does not clearly articulate what RNC intends to demonstrate through the proposed project. Additionally, it appears that RNC is advocating for a new policy or a separate methodology specific to SS-SRS LINACs. A policy exemption for SS-SRS LINACs can be pursued through a Spring petition. As mentioned earlier, a LINAC workgroup is scheduled to convene to review the LINAC methodology this fall. During those sessions, the topic of specialized LINACs may be addressed. Also, a summer petition may be submitted to include a need determination for this type of equipment in the Plan. The Committee concurred with the Agency's recommendation to deny the petition.

**CaroMont Health** ("CaroMont") petitioned to add to the *2026 SMFP* a need determination for one LINAC in Service Area 6 which includes Cleveland, Gaston, Lincoln, and Rutherford counties. The Agency received one comment in support of, and one letter in opposition to, this petition. Service Area 6 has a total of five LINACs. Atrium Health Cleveland and NC Radiation Therapy in Forest City (Rutherford County) operate one LINAC each, and CaroMont Health operates three — two at its hospital in Gaston County and one at the CaroMont Health – Lincoln Cancer Center in Lincoln County. The LINAC need determination methodology evaluates total utilization across the entire service area, rather than by individual provider. This approach can create challenges because even if a LINAC is in high demand, consistently lower usage on other LINACs can prevent the identification of a need for an additional LINAC in the service area. In Service Area 6, Atrium Health Cleveland's LINAC has experienced fluctuating and generally declining utilization over the last ten years. Also, utilization at the Forest City facility has steadily declined during that time. Meanwhile, CaroMont's LINAC utilization has increased by 28.8%. Based on the methodology and CaroMont's 2024 data reports to the Agency, the Petitioner's three LINACs were utilized at a level well above the planning threshold of 6,750 ESTVs per LINAC and equal to the workload of 3.3 LINACs. The Forest City LINAC is unlikely to absorb any overflow from CaroMont's high patient volume. While the Forest City LINAC has capacity, it is located approximately 50 miles from Gaston County, making it an impractical option for most CaroMont patients. In fact, less than 1% of patients treated at the Forest City facility reside in Gaston County. For these reasons, the Committee concurred with the Agency recommendation to approve the Petition.

**Cone Health** petitioned to add to the *2026 SMFP* a need determination for one LINAC in Guilford County, which is in Service Area 12. The request included two conditions: 1) that the additional LINAC be approved only for Guilford County and 2) that it be approved for an existing provider whose average number of Equivalent Simple Treatment Visit procedures (ESTVs) per LINAC exceeds the standard threshold of 6,750 by at least 10%—or 7,425 ESTVs. The Agency received eight letters in support of, and one letter in opposition to, this petition. This request

follows Cone Health's Spring petition submitted this year for a new policy that would allow high-volume facilities to apply for a CON for a LINAC, even in the absence of a need determination in the SMFP. The SHCC denied that petition, citing its limited applicability to only two service areas rather than a broader statewide impact.

Service Area 12 consists of Guilford and Rockingham counties. The service area currently has three providers of radiation therapy services: Cone Health, Atrium Health Wake Forest Baptist High Point Regional Medical Center, and UNC Rockingham. In its current petition, Cone Health argues that utilization at other facilities is currently masking the need for additional capacity in the region. According to data reported to the Agency over the past 10 SMFP reporting years, Cone Health has experienced a 23% increase in LINAC utilization, while the other two providers in the area both have seen a decrease of approximately 11%. Although the Agency recommended approval of an adjusted need determination within the service area, the Agency did not recommend limiting this need determination to Guilford County or restricting eligibility to providers exceeding the ESTV planning threshold by 10%. The Committee agreed with the Agency's recommendations.

**UNC Health Wayne** ("UNC Wayne") petitioned for an adjusted need determination for one LINAC in Service Area 23 in the 2026 SMFP. If approved, the Petitioner requested that the SHCC designate this LINAC "for Wayne County, and/or with the stipulation that it can only be approved for an existing multimodality provider of cancer care that does not have a LINAC." The Agency did not receive any comments regarding the Petition. Service Area 23, which consists of Duplin, Lenoir, and Wayne Counties, currently has two LINACs: one at UNC Lenoir in Lenoir County and the other at North Carolina Radiation Therapy Management Services (i.e., GenesisCare) in Goldsboro, Wayne County. The LINAC need determination methodology requires that a service area meet two of three criteria for a need determination to be placed in the SMFP. According to Agency staff's review of Service Area 23's population growth, due to the counties of residence for patients treated on the two LINACs and the LINACs' volumes, the service area is unlikely to have a need determination in the near future. However, in their petition, UNC Wayne highlighted that hospitals of its size that have an oncology program also have a LINAC. Staff verified that all but one hospital within 20% of UNC Wayne's size have an existing or approved LINAC. Also, staff found that between 2019 and 2023, the growth in cancer incidence in Duplin and Wayne counties substantially exceeded the state's growth. Although the Agency recommended approval of an adjusted need determination for one LINAC it did not recommend that the LINAC be designated for Wayne County, "and/or with the stipulation that it can only be approved for an existing multimodality provider of cancer care that does not have" a LINAC. The Committee agreed with Agency recommendations.

**WakeMed** petitioned for an adjusted need determination in the *2026 SMFP* for an additional LINAC in Service Area 20, which includes Wake and Franklin counties. The Agency did not receive any comments regarding this Petition. The petition notes that three CON-approved LINACs in the service area remain uninstalled, leaving only nine of the twelve approved LINACs operational. However, based on Agency staff review, even if those three were excluded from the planning inventory, the standard methodology would not indicate a need for more LINAC capacity. In 2023, the Agency approved WakeMed's certificate of need application for one of the three LINACs that is not yet operational. That decision is currently under appeal. Specifically, the administrative law judge reversed the Agency's decision to approve the 2023 CON for WakeMed but did not award the LINAC to any other party. The case is currently at the NC Court of Appeals. Until a final decision is issued, the Agency cannot confirm whether the LINAC will be added to the planning inventory for Service Area 20. In other words, if the Court of Appeals upholds the original CON and the current petition is also approved, the service area would have 13 existing or approved LINACs. The Committee concurred with the Agency's recommendation to deny the petition given the unresolved legal status of the Agency's decision to approve WakeMed's prior CON application for a LINAC, the uncertain timelines for the development other projects within the service area, and the lack of demonstrated need based on currently available data.

There were no significant updates to the tables in this chapter since the publication of the *Proposed 2026 SMFP*, which showed a need determination for one LINAC in Service Area 7 (Anson, Mecklenburg and Union counties). Application of the methodology based on data available at the time of the meeting resulted in no additional LINAC need determinations. However, if the SHCC approves the Agency recommendations regarding the summer petitions, there will be a total of 4 need determinations for one LINAC each in Service Area 6 (Cleveland, Gaston, Lincoln and Rutherford counties), Service Area 7 (Anson, Mecklenburg and Union counties), Service Area 12 (Guilford and Rockingham counties), and Service Area 23 (Duplin, Lenoir and Wayne counties).

### **Lithotripters**

The Committee received no petitions or comments relating to lithotripters. Since the *Proposed SMFP*, there have been no significant data updates for this section. Based on the most recently available data, application of the need methodology resulted in no need determinations for lithotripters.

### **Magnetic Resonance Imaging (MRI)**

The SHCC will hold an Interested Parties meeting regarding the CON statutory exemption for MRI scanners in counties with populations greater than 125,000 that will take effect in November of 2026. The meeting will be an open forum to discuss the law, its potential

ramifications for the *SMFP*, and suggestions for how to address the changes going forward. The first meeting will be held in October, and at that time, we will decide whether additional meetings are called for. Staff will send information regarding the meeting to the SHCC and to individuals subscribed to our Interested Parties list.

The Committee received one petition relating to MRIs.

**Raleigh Radiology** presented a petition to request a targeted adjustment to the 2026 *SMFP* to address the impending loss of a high-use MRI scanner at its Raleigh Radiology - Blue Ridge facility. The Agency received no comments regarding this petition. The scanner, a legacy fixed unit owned by Akumin, is the only fixed scanner at the facility. It will be removed when Akumin's contract expires in November 2025. Raleigh Radiology is seeking to replace it promptly to avoid service disruption. To address this, the petitioner proposes two alternatives. The first is a temporary policy adjustment that would impact only Wake County providers of MRI services that operate legacy fixed MRI scanners owned by a separate entity. The proposed policy would allow the service provider to acquire a fixed MRI scanner without regard to a need determination if the legacy scanner exceeds the utilization threshold for a new scanner and if the service agreement with the equipment owner is terminated during the 2025 fiscal year. The second alternative presented in the petition is a revised need determination for Wake County. The Agency found that while both alternatives presented in the petition focus on Wake County, the underlying issue may affect other counties as well - though the Agency cannot definitively identify them. Additionally, any policy change would be temporary and offer only limited relief. Moreover, Wake County already has MRI capacity at several facilities with fixed or mobile scanners, including two operated by Raleigh Radiology.

In its petition, Raleigh Radiology also requested that the Agency consider moving up the Certificate of Need (CON) application deadline to January 15, 2026, to expedite the process. However, even with an accelerated timeline, the earliest a CON for an MRI scanner could be issued would be August 2026—just three months before the new law takes effect that will eliminate the CON requirement for MRI scanners in counties with populations over 125,000. Furthermore, this timeline does not consider the possibility of appeals of the CON, if it were awarded to Raleigh Radiology. The Committee agreed with the Agency's recommendation to deny the petition.

The *Proposed 2026 SMFP* showed need determinations for one fixed MRI scanner each in the following service areas: Cabarrus, Dare, Davidson, Durham, Forsyth/Yadkin, Guilford, Henderson, Lincoln, Mecklenburg, Moore, Pitt/Greene/Hyde/Tyrrell, Union and Wake. However, due to data updates since the Proposed Plan, the need determination for Moore County has been removed.

## **Positron Emission Tomography (PET) Scanners**

The Committee received no petitions or comments relating to PET scanners.

The *Proposed 2026 SMFP*, showed need determinations for one fixed PET scanner each in health service areas (HSAs) III, IV and V. The need determination in HSA III is based on Part 2 of the need determination methodology. Part 2 places a need determination for a fixed PET scanner in the *SMFP* when a facility without a dedicated fixed PET scanner is a major cancer center that has two LINACs and over 12,500 ESTV procedures. However, because HSA III already had a need determination in the *2025 SMFP* based on this part of the methodology, another need determination was not needed in the *2026 SMFP*. As a result, there are now two need determinations for fixed PET scanners: one each for HSAs IV and V. There is no need determination for mobile PET scanners.

### **Committee Recommendation Regarding Technology for the 2026 SMFP**

The Committee recommends that the SHCC approve Chapter 15 for the *2026 SMFP* with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations.