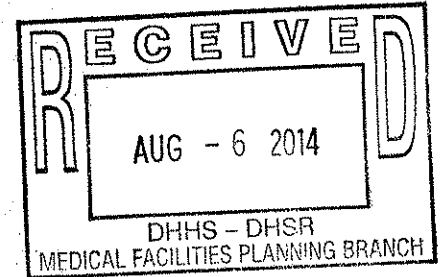




July 28, 2014



Dr. Christopher Ullrich, Chair
State Health Coordinating Council
C/O Division of Health Service Regulation, Medical Facilities Planning Branch
809 Ruggles Dr.
Raleigh, NC 27603

Dear Dr. Ullrich:

I am the President and CEO of Iredell Memorial Hospital (IMH) in Statesville, NC (Iredell County). Our hospital offers cancer services, surgical services, inpatient hospitalization, emergency services, cardiac services, GI endoscopy services, maternity services, peripheral vascular lab, pulmonary services, and imaging services including a fixed Positron Emission Tomography (PET)/Computerized Tomography (CT) scanner. During spring 2014, we submitted a comment letter in support of expanded mobile PET services in North Carolina.

Iredell Memorial offers Iredell County's first permanently fixed PET/CT system, the gold standard for advanced cancer diagnosis and other disorders. PET scanners detect disease more quickly and accurately by identifying biochemical changes in the body. The PET/CT scanner has a variety of oncology applications from early detection, determining the stage of cancer, checking for recurrence and assessing the effectiveness of chemotherapy. Additional PET applications include detection and monitoring of neurological disease and cardiovascular disease. During FY 2013 our PET/CT scanner performed 379 PET/CT scans. Changes in the reimbursement system along with delayed expansion of covered uses for PET/CT scans for non-cancer uses have resulted in lower than expected utilization of our fixed PET/CT scanner.

Cancer services offered at IMH include radiation therapy, chemotherapy, and surgery. Our state-of-the-art treatment options represent the best medical care available for patients facing cancer. We even offer targeted cancer treatments using advanced technology to limit radiation exposure for healthy tissue. At our J. Allen Knox Radiation Therapy Center, oncologists can spot cancerous growths while they're small, and monitor recovery to ensure the patient remains cancer free after treatment. We have compassionate nurses and physicians who understand the emotional and psychological impact that coping with a cancer diagnosis, and treatment, has on the patient, as well as their family and friends. We have about 245 medical staff members including: medical oncologists, cancer surgeons, radiation oncologists, radiologists, and pathologists. Our Hospital has been accredited with Commendation as a Community Hospital

Cancer Program by the American College of Surgeons Commission on Cancer, and our Women's Health Center is accredited by the American College of Radiology.

As noted in our March 21, 2014 comment letter to the DHSR Planning Section, Iredell Memorial Hospital supports having a future option to convert our existing fixed PET/CT scanner to a mobile unit when we replace it. We would support this approach for any hospital that has an under-utilized fixed PET/CT scanner.

The current CON and health planning framework does not provide a pathway by which a fixed PET/CT scanner can be converted to a mobile unit. We support having the opportunity to expand access to mobile PET/CT scanners in North Carolina. Currently the sole, CON-approved, mobile PET vendor is operating above capacity on its two existing mobile PET/CT scanners and cannot accommodate more mobile PET time for any additional host sites.

We believe a change in the state health planning and CON processes that would allow the expansion of the number of mobile PET vendors in North Carolina would be beneficial for community hospitals such as Iredell Memorial Hospital, as we could serve IMH with a mobile PET as well as other hospitals who lack local access to mobile PET services today. We are not aware of any other CON-regulated service in North Carolina where a sole vendor has been the only option for over a decade. Alliance Imaging has had the opportunity since 2003 to be the only CON-approved mobile PET scanner provider in North Carolina. While Alliance Imaging has sought to do a reasonable job to serve all 29 mobile PET host sites where they have contracts in North Carolina, sometimes many of their clients get less frequent and less predictable mobile PET service than they desire due to Alliance's capacity constraints and the sheer size of North Carolina. One mobile PET vendor operating only two mobile PET scanners, covering the 39,000 square miles of North Carolina, which is home to almost 10 million residents, is not sustainable from a provider, physician, and patient perspective.

We encourage the state to permit the conversion of existing fixed PET scanners to mobile PET scanners, by updating the annual State Medical Facilities Plan PET Scanner chapter to allow the development of additional mobile PET scanner options in North Carolina. We believe this is a reasonable request whose time has come.

Sincerely,



Edward A. Rush, President and CEO
Iredell Memorial Hospital