

## **WakeMed Comments Regarding Cone Health’s Petition for Proposed Policy TE-5: Plan Exemption for Linear Accelerators, Spring 2025**

### **Summary**

WakeMed respectfully submits the following comments regarding the petition submitted by Cone Health to modify the 2026 SMFP to include a new policy providing an exemption for certain linear accelerators. WakeMed also submitted a petition for a new policy providing an exemption for linear accelerators in the 2026 SMFP, namely for cancer center providers who do not offer a linear accelerator.

WakeMed is not commenting on the need in Linear Accelerator Service Area 12 for one additional linear accelerator. Cone Health’s petition appears to address a specific geographic need rather than a statewide issue.

### **Cone Health Petition**

WakeMed concurs with Cone Health on the following issues:

- The 2026 SMFP should include a policy that narrowly addresses the need for additional linear accelerator capacity in North Carolina.
- The standard need methodology in the SMFP is based primarily on historical use of existing linear accelerators and does not have a method for estimating future equipment need.
- The only mechanisms to generate a need determination in the current LINAC need methodology are:
  - When the average ESTVs for all linear accelerators in a service area exceeds 6,750; or,
  - For a specific county within a multi-county service area when its population exceeds 120,000. When this occurs the multi-county service area splits and a need is generated in the county that is carved out to create a new service area.
- The current methodology has no mechanism for addressing underutilized capacity in existing or approved equipment.
- The applicant should be a licensed North Carolina acute care hospital that has licensed acute care beds and 24/7/365 emergency room coverage. This assures access to organized complimentary services for patients, and services that are available at the time of the CON application.

WakeMed takes issue with the Cone Health petition on the following points:

- The Cone petition addresses only Linear Accelerator Service Area 12.
- Cone’s proposal favors status quo concentration of resources. It effectively provides for one additional linear accelerator in a system that has already consolidated oncology resources. Some research indicates that highly concentrated markets can have higher costs.<sup>1</sup>
- The Cone petition fails to address other critical state issues, such as the need of patients served by an accredited cancer program that has no linear accelerator.
- The Cone petition provided no linear accelerator-specific quality and staffing requirements.

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<sup>1</sup> Levinson, Z., Godwin, J., Hulver, S., & Neuman, T. (2024, May 9). *Ten things to Know about Consolidation in Health Care Provider Markets* | KFF. KFF. <https://www.kff.org/health-costs/issue-brief/ten-things-to-know-about-consolidation-in-health-care-provider-markets/>

- The Cone petition has no requirements or incentives for expanding patient scheduling options at an existing facility. For example, an existing provider with multiple linear accelerators can continue to operate 40 hours a week, Monday through Friday.
- The Cone proposal favors organization of services only in a hospital-based payment structure.
- Cone's issue could be addressed by a Summer petition for an Adjusted Need Determination.

### **WakeMed Petition**

By contrast, the WakeMed petition for Policy TE-5:

- Provides for limited, but systematic growth of linear accelerators statewide.
- Addresses linear accelerator-specific quality issues.
- Opens competition by allowing new entrants to apply for a certificate of need for LINAC.
- Allows for either hospital-based or freestanding billing options.
- Recognizes future need in accredited hospitals that do not have a linear accelerator, while setting reasonably high thresholds for use of existing equipment.
- Addresses unused capacity, because it focuses on cancer programs that show proof of significant historical cancer patient utilization, an established medical oncology practice, and no approved or operational linear accelerator equipment.
- Includes a provision that the hospital be certified by CMS and have a published charity care program at the time of application.
- Provides a five-year window for prior SMFP linear accelerator need determinations in a service area.

Thank you for the opportunity to comment. If you have questions or require additional information, please contact Robbie Roberts, Director, Market Planning at 919-350-8023 or [rroberts@wakemed.org](mailto:rroberts@wakemed.org).