



March 19, 2014

Mr. Jerry Parks  
Chairman, State Health Coordinating Council  
c/o Department of Health Service Regulation  
Medical Facilities Planning Branch  
2714 Mail Services Center  
Raleigh, NC 27699-2714

Dear Mr. Parks:

On behalf of Randolph Hospital, I am providing the following comments relating to the various petitions filed related to mobile PET scanners. Let me first reiterate that I appreciate the SHCC's efforts on this matter thus far, including the convening of the discussion group earlier this year. Given our comments in previous years, I am glad that there seems to be some general consensus that change is needed. My hope is that an effective solution can be reached that ultimately is best for the residents of our state.

In reviewing the three mobile PET petitions submitted, it is clear that there is some common ground among the constituents, most notably the need to remove the geographic limitation on the existing (and future) mobile PET scanners. We would also agree that allowing providers with multiple existing fixed PET scanners to convert those to mobile PET scanners likely offers much-needed flexibility, given the historical decrease in PET utilization statewide. Such conversions would also decrease the total number of PET scanners in the state and increase the per-scanner utilization, both of which are noteworthy health planning goals. As noted in our petition, however, we believe that there must be some consideration given to hospitals that are not in a system with multiple fixed PET scanners, as they may not benefit from the conversion of fixed to mobile PET scanners.

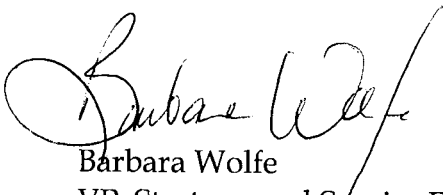
The primary area of divergence among the petitions is the need for additional mobile PET capacity. Both our petition and the Novant/MedQuest petition demonstrate that the two existing mobile PET scanners are operating at their effective capacity. The Alliance petition presents its concern that the allocation of additional mobile PET scanners might cause further volume erosion at existing fixed PET sites, most of which

are currently underutilized. We believe, however, that if the SHCC were to allow the conversion of multiple fixed PET scanners to a mobile PET scanner, some of the underutilization of fixed sites could be eliminated. Moreover, neither the conversion of fixed to mobile, nor the addition of IDTFs as permitted host sites would definitively expand capacity at existing mobile PET sites, many of whom, like Randolph Hospital, have been requesting additional capacity for years. While we understand that non-hospitals may desire access to mobile PET service, we cannot imagine how the addition of as many as 20 new potential host sites (based on the providers listed in Table 9G in the 2014 SMFP) can remedy the clear capacity constraints of the existing mobile PET scanners. In fact, we are concerned that allowing non-hospitals to be served by mobile PET scanners, without additional capacity, would merely shift capacity from rural hospital sites to urban or suburban non-hospital sites, exacerbating the barriers to access that currently exist.

In conclusion, Randolph Hospital believes that there is consensus among the petitioners that the current geographic constraints on mobile PET scanners should be eliminated. Regardless of whether fixed scanners are allowed to be converted to mobile, we urge the SHCC to ensure that independent hospitals like Randolph have sufficient access to mobile PET service for their patients. If the SHCC is concerned with the potential allocation of two additional mobile scanners in the state, as our proposed methodology would allow, we would suggest that the SMFP could limit the need determination to only one additional mobile PET scanner in a single year, excluding any mobile scanners created from the conversion of fixed scanners. If the geographic constraints are not eliminated, however, one additional mobile scanner will not be sufficient to ensure access across the state.

I appreciate the opportunity to submit this comment letter. Please do not hesitate to contact me if you have questions regarding this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara Wolfe". The signature is fluid and cursive, with a large initial "B" and "W".

Barbara Wolfe  
VP, Strategy and Service Development  
Randolph Hospital