



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

January 27, 2026

Emily Cromer

[emily.cromer@unchealth.unc.edu](mailto:emily.cromer@unchealth.unc.edu)

**Exempt from Review – Replacement Equipment**

**Record #:** 5051  
**Date of Request:** December 29, 2025  
**Facility Name:** University of North Carolina Medical Center  
**FID #:** 923517  
**Business Name:** University of North Carolina Hospitals at Chapel Hill  
**Business #:** 1900  
**Project Description:** Replace two units of cardiac catheterization equipment  
**County:** Orange

Dear Ms. Cromer

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the two units of cardiac catheterization equipment to replace the Phillips Allura Xper FD20 and the Phillips Allura Xper FD10. This determination is based on your representations that the existing units will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Cynthia Bradford  
Project Analyst

Micheala Mitchell  
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Radiation Protection, DHSR  
Construction Section, DHSR

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1915 Health Services Way, Raleigh, NC 27607  
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



January 26, 2026

VIA ELECTRONIC MAIL

Micheala Mitchell, Chief  
Cynthia Bradford, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

**Re: UNC Hospitals / Dual Head Gamma Camera / Replacement Equipment Exemption / Orange**

Dear Ms. Mitchell and Ms. Bradford:

UNC Hospitals (“UNCH”) intends to acquire a replacement Dual Head Gamma Camera unit on its main campus in Chapel Hill, and requests written confirmation that this project, as described in detail below, is exempt from CON review pursuant to the replacement equipment exemption. UNCH provides this prior written notice of a project exemption from Certificate of Need (“CON”) review.

**A. Proposed Replacement Equipment Exemption**

UNCH currently operates two Siemens Dual Head Gamma Cameras located in two adjacent rooms within the N.C. Children's Hospital on its main campus in Chapel Hill. To better serve its patients, UNCH intends to replace the two Siemens Dual Head Gamma Cameras with one Dual Head Gamma Camera with SPECT/CT, and locate this unit in a renovated, combined room. Due to technological improvements in the new unit, patient volume is expected to be satisfied and expanded with one machine instead of two.

UNCH is requesting a determination that its purchase of the replacement equipment is exempt from CON review under the replacement equipment exemption provision contained in N.C. Gen. Stat. N.C. Gen. Stat. §131E-184(a)(7).

Under the provisions found at N.C. Gen. Stat. §131E-184(a)(7), the CON law provides:

- (a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:
  - (7) To provide replacement equipment

For the purposes of the foregoing Provisions in Section §131E-184(a)(7), as set forth in N.C. Gen. Stat. § G.S. 131E-176(22), “replacement equipment” is defined as the following:

- (22a) Replacement equipment. – Equipment that costs less than three million dollars (\$3,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than three million dollars (\$3,000,000) the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included.

### **B. Cost of the Replacement Equipment**

The purchase price of the equipment is \$1,112,026, including replacement equipment installation and existing equipment removal. The total capital cost, including room renovations, is estimated to be \$1,936,026. Projected capital costs are provided in Exhibit 1. There will be no other capital costs associated with this replacement equipment.

The unit satisfies the replacement equipment exemption test in N.C. Gen. Stat. §131E-184(a)(7) as set forth in N.C. Gen. Stat. § G.S. 131E-176(22), since the unit costs under \$3 million to acquire and install.

### **C. Comparable Equipment**

In addition to the foregoing, to qualify for replacement equipment exemption, the replacement equipment must be comparable to the equipment it replaces and must be sold or otherwise disposed of when replaced. The CON rule codified as 10A N.C.A.C 14C.0303 (the “Regulation”) defines “comparable medical equipment” in subsection (c) as follows:

“Comparable medical equipment” means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.

As described in Section A, UNCH intends to use the replacement equipment for substantially the same services for which the entity currently uses the existing equipment. The replacement equipment unit will perform all procedures currently performed on the existing equipment. Although it possesses some expanded capabilities due to technological improvements, the replacement equipment will perform the same general range of procedures as the existing equipment, see Exhibit 2 Equipment Comparison Chart. The replacement equipment is therefore comparable medical equipment as defined in Subsection (c).

### **E. Disposition of Equipment**

As part of the proposal to acquire the replacement equipment, Siemens will de-install and take possession of the existing equipment. The replacement equipment unit will not be re-sold or re-installed in North Carolina without appropriate CON approval.

In consideration of the above, UNCH understands that this project is exempt from CON review and requests written confirmation that the proposed replacement of the equipment, and related installation and renovation costs as described herein, are exempt from CON review pursuant to N.C. Gen. Stat. §131E-184(a)(7).

Please do not hesitate to contact me at [Emily.Cromer@unhealth.unc.edu](mailto:Emily.Cromer@unhealth.unc.edu) if you require any additional information.

Sincerely,

*Emily Cromer*

**Emily Cromer**

Director of Regulatory Affairs & Facility Strategy  
UNC Health

**Projected Capital Cost Form**

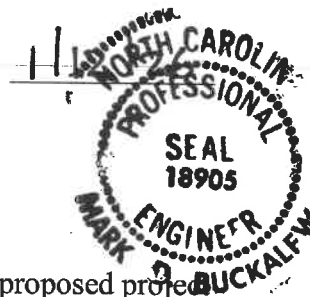
Building Purchase Price	\$
Purchase Price of Land	\$
Closing Costs	\$
Site Preparation	\$
Construction/Renovation Contract(s)	\$684,000.00
Landscaping	\$
Architect / Engineering Fees	\$103,000.00
Medical Equipment	\$1,112,026.00
Non-Medical Equipment	\$
Furniture	\$
Consultant Fees (specify)	\$
Financing Costs	\$
Interest during Construction	\$
Other (Philips XPer Flex Cardio Control Room)	\$
Other (Construction Contingency)	\$37,000.00
<b>Total Capital Cost</b>	<b>\$1,936,026.00</b>

**CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER**

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

Mark D Buckalwa  
Signature of Licensed Architect or Engineer

Date Signed: \_\_\_\_\_



**CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT**

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

\_\_\_\_\_  
Signature of Officer/Agent

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Title of Officer/Agent

## EQUIPMENT COMPARISON

	<b>EXISTING EQUIPMENT</b>	<b>REPLACEMENT EQUIPMENT</b>
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	Dual Head Gamma Camera (Both)	Dual Head Gamma Camera with SPECT/CT
Manufacturer	Siemens (BOTH)	Siemens
Model number	E-Cam (Both)	Pro.Specta
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	NM RM2 (SN01110) and NM RM3 (SN01101)	To be determined
Is the equipment mobile or fixed?	Fixed (Both)	Fixed
Date of acquisition	1999 (Both)	Projected 2026
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New (Both)	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>		
Total cost of the equipment	561,747.50 (combined)	\$1,112,026
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Basement Children's Hospital	Basement Children's Hospital
Document that the existing equipment is currently in use	Rm 2 – yes; Rm 3 no	N/A
Will the replacement equipment result in any increase in the <b>average charge per procedure</b> ?	N/A	No
If so, provide the increase as a percent of the current average charge per procedure	N/A	N/A
Will the replacement equipment result in any increase in the <b>average operating expense per procedure</b> ?	N/A	No
If so, provide the increase as a percent of the current average operating expense per procedure	N/A	N/A
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	Planar and Whole Body Nuclear Medicine imaging (Both)	N/A
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	N/A	Planar, Whole Body and SPECT/CT Nuclear Medicine imaging

**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Cc:** [Bradford, Cynthia L](#)  
**Subject:** FW: [External] Replacement Dual Head Gamma Camera / UNC Hospitals  
**Date:** Monday, January 26, 2026 3:21:54 PM  
**Attachments:** [image001.png](#)  
[2026.01.26 UNCH Childrens SPECT Replacement Exemption Letter.pdf](#)  
[image002.png](#)

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Tiffany,

Would you mind logging this and assigning it to Cindy?

Thanks

Micheala

**Micheala Mitchell, JD**

*(she/her/hers)*

Section Chief, Healthcare Planning and CON Section  
Division of Health Service Regulation  
North Carolina Department of Health and Human Services

Physical Address:

1915 Health Services Way, 2<sup>nd</sup> Floor  
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[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**From:** McVay, Marjorie <Marjorie.McVay@unchealth.unc.edu>

**Sent:** Monday, January 26, 2026 3:18 PM

**To:** Bradford, Cynthia L <cynthia.bradford@dhhs.nc.gov>; Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>

**Cc:** Cromer, Emily <Emily.Cromer@unchealth.unc.edu>

**Subject:** [External] Replacement Dual Head Gamma Camera / UNC Hospitals

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Good afternoon –

Please see attached letter regarding a replacement Dual Head Gamma Camera unit on the UNC Hospitals main campus in Chapel Hill.

Thank you,

Marjorie

**Marjorie McVay** | Consultant  
Regulatory Affairs  
UNC Health  
[Marjorie.McVay@unchealth.unc.edu](mailto:Marjorie.McVay@unchealth.unc.edu)



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