



AdventHealth Comments to the SHCC Linear Accelerator Workgroup

November 7, 2025

Submitted via email to:

Healthcare Planning Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Dear Members of the Linear Accelerator Workgroup:

AdventHealth appreciates the opportunity to provide comments to the Healthcare Planning Section and the State Health Coordinating Council's Linear Accelerator (LINAC) Workgroup as it begins its review of the current planning methodology and proposed policies governing linear accelerator development in North Carolina.

AdventHealth operates nine LINACs across the state (see Attachment A). With our organization's experience operating radiation oncology programs nationwide, AdventHealth is well positioned to offer insight into how the statewide framework for linear accelerator planning can continue to promote quality, efficiency, and appropriate access while avoiding unnecessary proliferation.

AdventHealth appreciates the workgroup's efforts to evaluate whether the current LINAC methodology continues to meet these objectives and respectfully offers the following observations and recommendations for the workgroup's consideration.

1. Avoid Broad Plan Exemptions That Could Lead to Uncontrolled Proliferation

AdventHealth does not support a Plan Exemption, such as that proposed in Policy TE-4, that would allow any cancer program without a LINAC to develop one regardless of demonstrated need. Such a policy would create a pathway for uncontrolled growth and undermine the principles of the CON law by allowing LINACs to be developed without regard to utilization or system-wide efficiency. The petition process has proven capable of addressing true access barriers on a case-by-case basis without risking duplication or dilution of existing services.

2. Re-Evaluate the Basis of the Current Need Methodology

The current LINAC methodology incorporates three weighted factors, population, in-migration, and existing capacity, with equal emphasis on each. The rationale for this structure is not clearly supported by utilization data and differs from most other equipment and service methodologies, which focus primarily on actual demand relative to capacity.

Given that linear accelerator use is driven by clinical need and patient volume, the methodology should be simplified to focus on utilization-based measures (e.g., ESTVs per LINAC) to ensure a more accurate and transparent reflection of need.

3. Consider a System-Level Approach to Measuring Need

Radiation therapy services, like acute care beds, operating rooms, and cardiac catheterization services, are best evaluated on a health system or provider basis. Because utilization is measured strictly by service area rather than by health system, the current methodology may overlook situations where one facility's underuse offsets another's use above "capacity" as defined in the SMFP, even though patients are not easily transferable between those sites. Evaluating need at the system level within each service area would enable providers to align LINAC capacity more effectively with patient demand and referral patterns, and better reflect how modern oncology programs coordinate care across multiple campuses within a service area.

4. Maintain Focus on Quality, Safety, and Efficiency

Radiation therapy is among the most complex and resource-intensive modalities in medicine, requiring highly specialized staff and rigorous safety protocols. National research has demonstrated a strong correlation between higher treatment volumes and improved patient outcomes. Excess, low-volume LINAC capacity risks undermining safety, quality, and workforce sustainability. AdventHealth supports retention of utilization standards and performance expectations to prevent fragmentation and preserve high-quality care statewide.

Conclusion

AdventHealth encourages the workgroup to modernize the LINAC methodology to reflect utilization and patient demand and avoid policies that could lead to unnecessary proliferation of linear accelerators. We appreciate the opportunity to provide input and would welcome the opportunity to provide additional data or insights from our organizational experience operating a diverse network of radiation oncology programs.

Sincerely,

Daniel Tryon

Daniel Tryon
President & CEO
AdventHealth Hendersonville
AdventHealth Polk

Attachment A
AdventHealth North Carolina Linear Accelerator Locations

County	Address	City	State	Zip
Buncombe	20 Medical Park Drive	Asheville	NC	28803
Buncombe	179 N Buncombe School Road	Weaverville	NC	28787
Rutherford	171 Daniel Road	Forest City	NC	28043
McDowell	63 S Medical Court	Marion	NC	28752
Henderson	95 Doctors Drive	Hendersonville	NC	28792
Transylvania	70 Neely Road	Brevard	NC	28712
Haywood	600 Hospital Drive, Suite 10	Clyde	NC	28721
Wayne	2802 McLamb Place	Goldsboro	NC	27534
Sampson	215 Beaman Street	Clinton	NC	28328