Technology and Equipment Committee
Recommendations to the NC State Health Coordinating Council
June 3, 2026

The Technology and Equipment Committee convened twice this year, on April 1st and May 6th.

The topics reviewed and discussed included:

- a LINAC Workgroup and staff recommendations for a LINAC policy;
- changes in the CON Law regarding MRI scanners;
- policies and methodologies related to technology and equipment, which were discussed at the April meeting;
- preliminary drafts of need projections for technology and equipment, based on the currently available data, which were posted on the Healthcare Planning website and discussed during the May meeting.

The Agency received no petitions or comments for any of the types of equipment covered in the SMFP. The following is an overview of the Committee's recommendations for the Technology and Equipment chapter for the *Proposed 2027 SMFP*.

Cardiac Catheterization Equipment

Based on data available at the time of the meeting, application of the methodology resulted in need determinations for four units of fixed cardiac catheterization equipment - one each in the Alamance, Cabarrus, Durham and Craven/Jones/Pamlico service areas. There is no need determination for shared fixed cardiac catheterization equipment.

Gamma Knives

The SMFP has no need determination methodology for Gamma Knives.

Linear Accelerators

The next item is a summary of the LINAC Workgroup recommendations. Early in the Spring of 2025, the SHCC convened an Interested Parties meeting to discuss LINAC policy and the need determination methodology. Based on this meeting and further discussions with Agency staff, it became clear that a workgroup was required to carefully and systematically consider possible changes to how LINACs are addressed in the SMFP. Therefore, Dr. Greene convened a workgroup in the fall of 2026 which was charged with reviewing concerns about achieving an adequate supply of LINACs

statewide. This included reviewing the activity from the 2025 LINAC Interested Parties meeting; reviewing comments from providers regarding the issue of LINAC as standard of care; reviewing LINAC petitions and outcomes within the last 10 years; gathering input from stakeholders to understand how the current methodology works and to identify potential problems; and assessing whether new policies or a revised methodology were warranted. The workgroup's charge was to also develop findings and recommendations to present to the Technology and Equipment Committee of the SHCC for consideration in Spring 2026.

The workgroup, consisting of radiation oncologists, medical physicists, radiation technologists and oncology center administrators, met three times between October and December 2025. At the conclusion of their work, they recommended a complete revision of the LINAC need methodology and the establishment of a new policy to the Committee for its consideration. The following recommendations, approved by the Committee in April, aim to ensure that the state has sufficient LINACs going forward and aim to reflect the state's growing population, increases in cancer cases, and the expansion of LINAC treatment beyond oncology:

Recommendation 1 is to use facility-level deficits as the basis for projecting need.

Recommendation 2 is to use the North Carolina Health Service Areas (HSAs) as LINAC service areas.

Recommendation 3 is to use population growth in HSAs to project utilization three years beyond the reporting year.

Recommendation 4 is to retain the 6,750 Equivalent Simple Treatment Visit (ESTV) threshold for projecting needs.

Recommendation 5 is to approve Policy TE-6: Plan Exemption for Linear Accelerators (LINAC). This policy provides a mechanism for a hospital with a cancer or oncology program that does not have an existing or approved LINAC to submit a certificate of need application for one without a need determination in the SMFP.

Recommendation 6 is to adopt the recommended weights for 2026 CPT coding recategorization.

Recommendation 7 is to reconvene the workgroup early in 2027 to review the impact of new CPT code categorization on need determination calculations.

The LINAC section of Chapter 15 in the Proposed 2027 SMFP – including the narrative and data tables - will be revised to align with these recommendations if they are approved by the SHCC.

Based on data available at the time of the May meeting, application of the revised methodology resulted in five need determinations for a total of 14 LINACs across the state. Specifically,

- two in HSA I
- seven in HSA III
- two in HSA IV
- two in HSA V
- one in HSA VI

Lithotripters

Based on data available at the time of the May meeting, application of the lithotripter need determination methodology resulted in no need determinations for additional lithotripters.

Magnetic Resonance Imaging (MRI) Scanners

The General Assembly passed Session Law 2023-7 which fundamentally changes how the MRI scanner methodology is implemented. Beginning on November 21 of this year, providers who want to acquire a fixed or mobile MRI in counties of greater than 125,000 population – which can be referred to as urban counties – may do so without first obtaining a CON. The new law redefines major medical equipment to exclude MRI scanners in urban counties. There are 23 urban counties as of the 2020 census.

Beginning with the Proposed 2027 SMFP, fixed MRI scanners in urban counties and all mobile MRI scanners serving urban sites will be excluded from need determination calculations. Therefore, the methodology will apply only to fixed MRI scanners and mobile MRI scanner sites in rural counties. The methodology for determining need will be based on fixed procedures performed at rural hospitals, fixed procedures performed at rural freestanding facilities, and procedures performed on mobile MRI scanners at rural mobile sites. For single rural counties, a fixed MRI scanner's service area will be the same as an Acute Care Bed Service Area. In multicounty Acute Care Bed Service Areas that contain both urban and rural counties, the MRI scanner's service area will be the Acute Care Bed Service Area exclusive of the urban county(ies). There are no changes to the substance of the policies or the methodology. In the Proposed 2027 SMFP, edits will be incorporated into the MRI section of Chapter 15 and the policies of Chapter 4 where applicable.

Based on data available at the time of the May meeting, application of the methodology resulted in need determinations for one scanner each in seven service areas. However,

the Agency recommended removal of the need determination for one MRI scanner in Mitchell County because it was due to a data anomaly. The Committee agreed to remove the need. Thus, there are now six MRI need determinations for:

- the Beaufort/Hyde service area
- Chatham County
- Cleveland County
- Henderson County
- Scotland County
- Watauga County

Positron Emission Tomography (PET) Scanners

At the time of the May meeting, application of the PET scanner need determination methodology resulted in three need determinations for a total of four fixed PET scanners in the following HSAs:

- one in HSA II
- one in HSA III
- two in HSA V

Recommendation for Chapter 15: Technology & Equipment for the *Proposed 2027 SMFP*

The Committee recommends that the State Health Coordinating Council (SHCC) approve the policies, methodologies, and draft need determinations for all sections of Chapter 15 for the *Proposed 2027 SMFP*. Also, the Committee recommends that the SHCC authorize staff to update chapter narratives, tables, and need determinations as necessary.