

MARSHALL C. MURREY M.D.

ANITA HENDERSON, M.D.

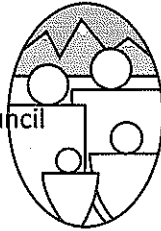
SUSAN C. SWEETING, R.N., FNP.

DIPLOMATE, AMERICAN BOARD
OF FAMILY PRACTICE

950 STATE FARM RD., SUITE 300
BOONE, NC 28607

March 13, 2023

North Carolina State Health Coordinating Council
809 Ruggles Drive
Raleigh, NC 27603



Dear North Carolina State Health Coordinating Council:

I am writing to express my support for the petition filed by Appalachian Regional Healthcare System (ARHS) to add a new policy to the *2024 State Medical Facilities Plan (2024 SMFP)*. This policy, Policy TE-4, would allow for facilities with an existing or approved fixed magnetic resonance imaging (MRI) scanner to apply for a Certificate of Need (CON) to convert that fixed MRI scanner to a mobile MRI scanner, provided the applicant meets a series of criteria outlined in ARHS's petition. As a medical provider who primarily treats rural patients, I can strongly state that such an initiative would significantly impact providers' ability to flexibly provide effective care and increase accessibility for patients in our community.

Under the current *SMFP*, providers have two options for developing MRI services: apply for a fixed MRI scanner once a need is identified in their service area or apply for a statewide mobile MRI scanner when one becomes available via an adjusted need determination. These are fairly limited options, especially considering physicians like myself are focused on serving their patient population as effectively as possible. ARHS's petition proposes a third alternative: allow providers who have demonstrated sufficient volume to support a fixed MRI the flexibility to improve geographic accessibility to the service by developing a mobile MRI instead.

As a provider located in the North Carolina "High Country," a largely rural and mountainous region of the state known for high elevation, difficult terrain, and frequent inclement weather, I am familiar with the challenges my patients face in seeking accessible care. Often, and at no fault of their own, providers are unable to flexibly adapt their existing MRI services to their largely dispersed and geographically diverse patient populations. However, having the ability to convert an existing or approved fixed MRI scanner to a mobile MRI scanner will allow providers like me and my fellow physicians the ability to improve geographic accessibility for my patients. Rural communities like ours frequently and unfortunately struggle with being granted timely and equitable care; and as the SHCC is certainly aware, North Carolina is a heavily rural state. The addition of Policy TE-4 to allow providers to convert a fixed MRI scanner that has already been approved to a mobile MRI scanner would improve access for patients across the state, health equity, and overall effectiveness of care.

Please note that this letter may resemble the format of those signed by my colleagues; however, that should not detract from the fact that I fully support ARHS's petition.

Sincerely,

Marshall C. Murrey, MD

PHONE: 828-264-0550 • FAX 828-262-3529
