

**NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL
PETITION TO ELIMINATE THE PROPOSED NEED DETERMINATION FOR TWO LITHOTRIPTORS FROM THE
DRAFT 2024 STATE MEDICAL FACILITIES PLAN**

August 8, 2023

Commenters:

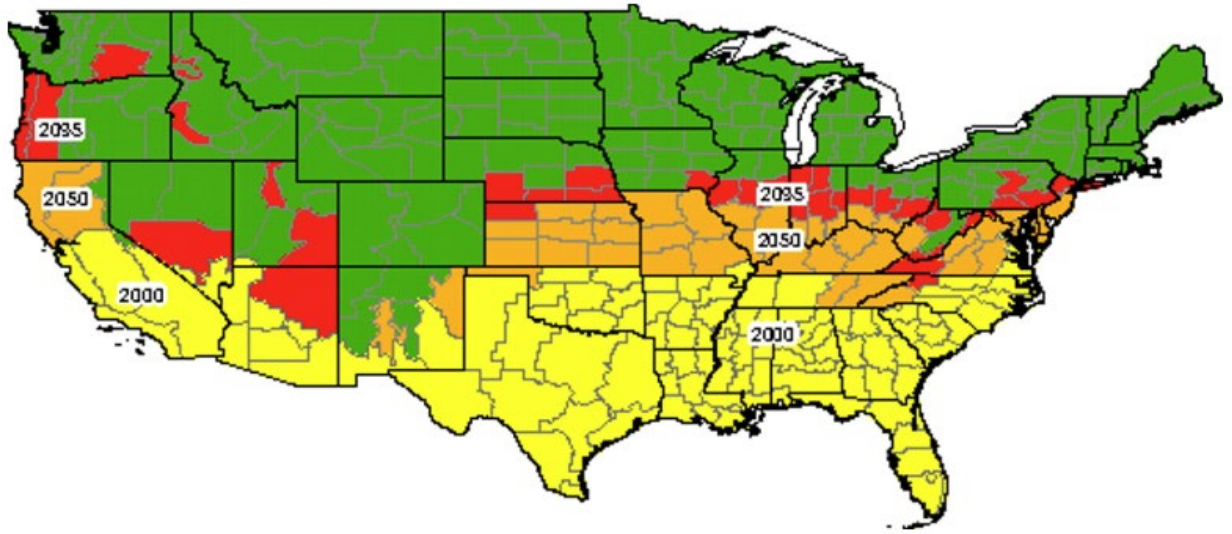
Triangle Lithotripsy Corporation
David Driggs, Sr., President
2601 Oberlin Road, #100
Raleigh, NC 27608
919-755-1317
Ds205@aol.com

Comments:

Thank you for the opportunity to comment on the petition filed by Piedmont Stone Center, PLLC, the Stone Institute of the Carolinas, LLC and Health Tronics, Inc.

The petition asks to eliminate the need for two new lithotripsy units from the Draft 2024 State Medical Facilities Plan (“SMFP”). See Table 15D-3 of the Draft 2024 SMFP, p. 335. We request disapproval of the petition. Our reasons include:

- The petitioners represent only five of the seven mobile lithotripsy providers in the state. They own all but three of the state’s 14 lithotripsy units. This group clearly has a vested economic interest in restricting competitors.
- North Carolina is one of the few states in the country that still regulates lithotripsy by Certificate of Need. Most other states have dropped it, including Michigan, Connecticut and Tennessee, that have Certificate of Need statutes similar to North Carolina.
- One of the petitioners is using its North Carolina equipment to bridge a loophole in Virginia CON rules and provide services to Virginia.
- Eleven (11) of the 14 lithotripters in the state inventory, or 79 percent are in Western and Central North Carolina. One serves primarily Virginia. See Table 17D-1.
- The petitioners may have excess capacity. We do not. Triangle Lithotripsy serves East Central North Carolina, including Nash, Wake, Sampson and Wayne Memorial with one mobile unit. This is a long route for a single mobile unit. Time on the road means time that cannot be providing care.
- Our patients have wait times of 4 to 6 weeks. That is painfully long to wait when you have a kidney stone. Waiting that long makes the more expensive alternative, surgery, seem more attractive.
- North Carolina is part of the Kidney Stone belt.



Growth of the U.S. "kidney stone belt" in response to projected climate change. Risk increases with time from red > orange > yellow.

Source: PNAS Vol 105 (28) **July 15, 2008** 105 (28) 9449-9450 <https://doi.org/10.1073/iti2808105>

- The petitioners represent locations with fewer kidney stones.
- Contrary to what the petition suggests, lithotripsy or shock wave lithotripsy ("SWL") is not a dying service. In fact, the industry projects 6.1 percent compound annual growth between now and 2028. For reference, see **Attachment A** from Modor Intelligence.
- Ureterscopy and percutaneous nephrolithotomy are surgical procedures. They involve anesthesia; they are invasive. Patients must take time off to recover. For some, this is the best choice. It is not the best choice for all patients.
- Medical schools may not train urologists for lithotripsy. That is not a reason to stop the procedures. There are a lot of things you do not learn until you leave the academic setting.
- Indeed, there is a shortage of urologists. Please do not make life more complicated for those of us who still practice by putting extra strain while we hunt for a spare hour, or ask us to give up our practices in the rural communities and concentrate the lithotripters in larger communities.
- North Carolina population is increasing. Our weather is getting warmer, not cooler. Kidney stones associate with warm weather climates.
- The Proposed 2024 State Medial Facilities Plan appropriately uses a rate of 16 kidney stones per 10,000 residents and an assumption that 90 percent can be treated by SWL. See petition page 9. Petitioners do not challenge this standard methodology assumption.
- Residents and visitors throughout North Carolina deserve to have access options and the options should be distributed evenly throughout the state. Catawba Valley gave up one of its two lithotripsy units – but most hospitals in the state depend on mobile units. Catawba was the outlier.

- Mobile units cannot be as productive as fixed units because they lose time with travel, set up and take down.
- When supply is restricted utilization cannot grow. Calculations on page 5 of the petition do not acknowledge the restricted distribution.
- Please support the standard methodology and leave the need for two additional mobile lithotripsy units in the 2024 SMFP.
- Please do not be distracted by this self-interested petition.

Thank you for your thoughtful work on this petition and the entire staff and volunteer effort that goes into development of the State Medical Facilities Plan. Please do not hesitate to reach out should you have any questions.

Sincerely,

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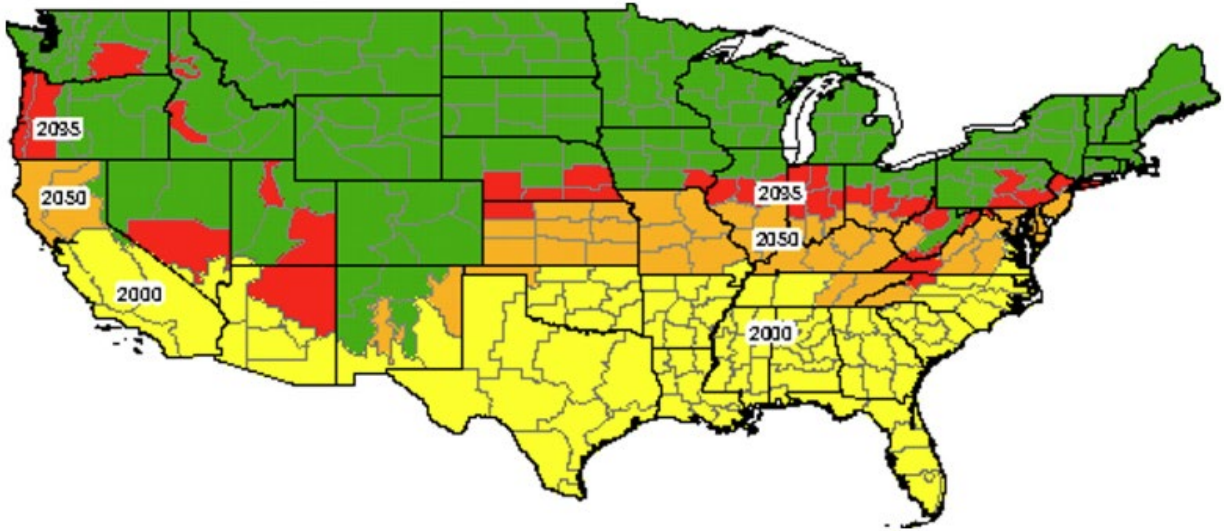
Kevin Khoudary, MD
Cary Urology, PA, member of Associated Urologists of NC, PA
110 Kildaire Park Drive
Suite 500
Cary, N.C. 27518
919-467-3203

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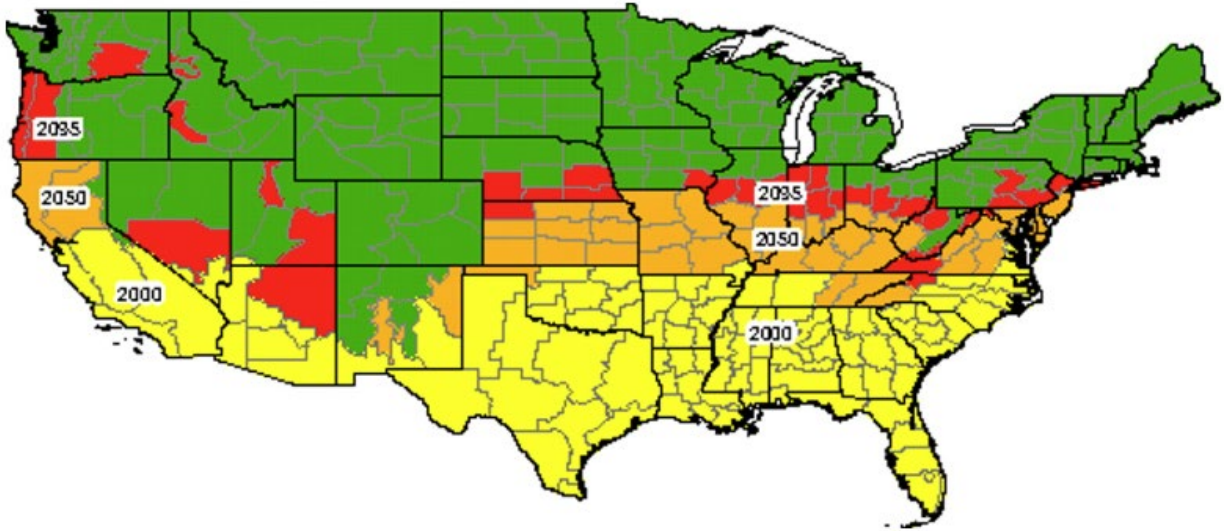
William Kizer, MD
Cary Urology, PA, member of Associated Urologists of NC, PA
110 Kildaire Park Drive
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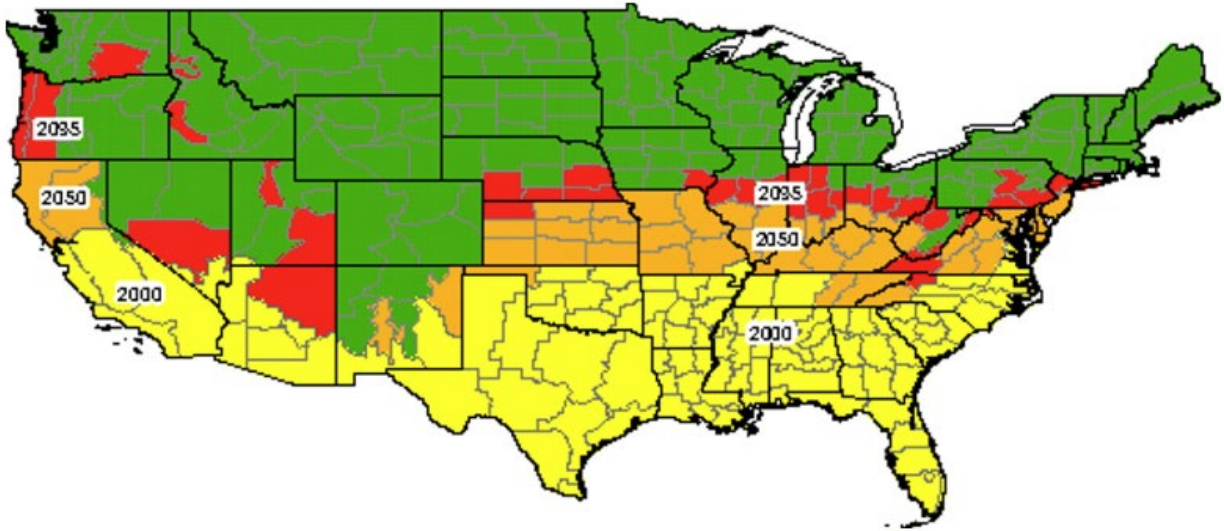
Kevin Perry, MD
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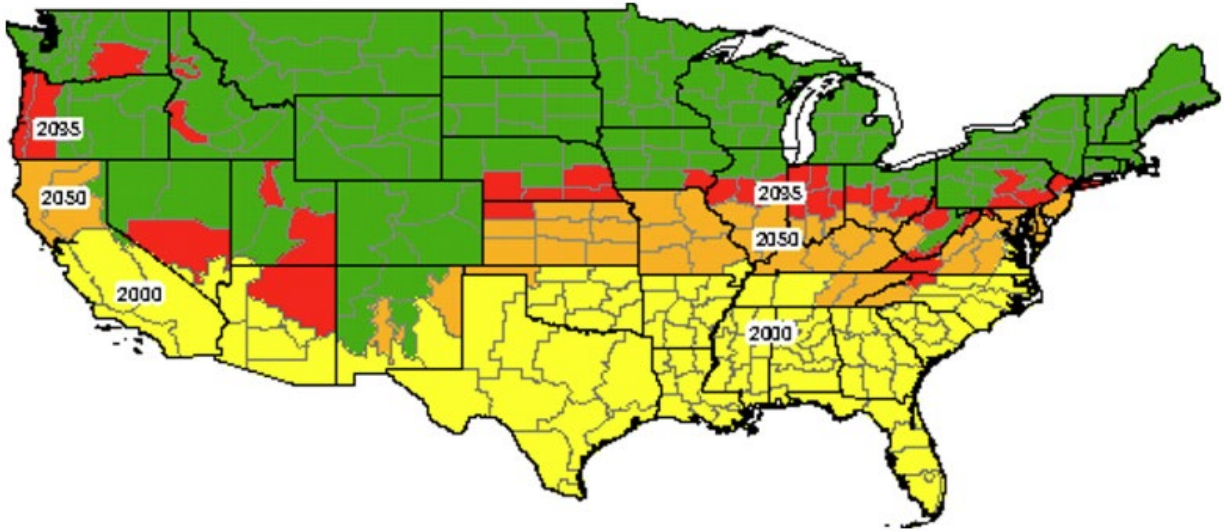
Frank Tortora, MD
Cary Urology, PA, member of Associated Urologists of NC, PA
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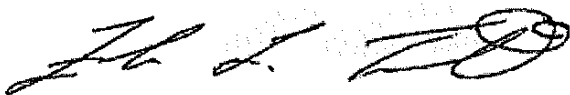
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