



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

September 11, 2008

VIA ELECTRONIC AND CERTIFIED MAIL

Thomas J. Stallings, Esquire
McGuire Woods
One James Center
901 East Cary Street
Richmond, Virginia 23219-4030

**RE: CERTIFICATE OF PUBLIC NEED
NUMBER VA-04174 (Request No. VA-7511)
RESTON HOSPITAL CENTER
Loudoun County
Planning District 8, coterminous with
Health Planning Region II
Establishment of a Specialized Center for
Computed Tomography ("CT") Imaging**

Dear Mr. Stallings:

In accordance with Chapter 4, Article 1.1 of Title 32.1 of the Code of Virginia, I have reviewed the application submitted in relation to the above-referenced proposed project. As required by Subsection B of Virginia Code § 32.1-102.3, I have considered all 21 matters, listed therein, that must be taken into account in making determinations of public need.

I have received, reviewed and adopted the enclosed findings, conclusions and recommendation of Douglas R. Harris, J.D., the adjudication officer who convened the informal fact-finding conference held to discuss this application and who analyzed the administrative record pertaining to the proposed project. **Based on my review of this project and on the recommendation made by Mr. Harris, I am approving the application as a means to meet a public need, subject to a condition requiring charity and indigent care, and with the express expectation that the CT scanner procured will be collocated with and operate in direct concert with a planned freestanding emergency department.**

The reasons for my decision include the following:

- (i) The project would result in a service that provides rapid and determinative diagnoses in emergency medical cases – a clear benefit when a timely medical response is crucial to a patient’s wellbeing and ultimate outcome;
- (ii) A decision to approve the project would be in overall harmony or in general agreement with the State Medical Facilities Plan and the public interest and purposes to which that plan is devoted;
- (iii) The project would improve accessibility and enhance patients’ convenience by placing CT services in an area recognized locally as needing greater access to emergency care services;
- (iv) The project entails modest capital costs; and
- (v) Approval of the project may enhance beneficial competition among providers of health care services in Planning District 8.

I enclose a Certificate signifying approval of the project. The Certificate is valid from today’s date to September 10, 2009. In the event that an extension is needed, a holder of a Certificate should file two copies of an application for extension with this Department and one copy with the appropriate regional health planning agency no later than 30 days before the expiration of a Certificate.

Sincerely,



Karen Remley, M.D., M.B.A., F.A.A.P.
State Health Commissioner

Enclosures

c (via electronic mail):

Dean Montgomery
Director, Health Systems Agency of Northern Virginia
Matthew M. Cobb, Esq.
Assistant Attorney General
David Goodfriend, M.D., M.P.H.
Director, Loudoun Health District
Erik O. Bodin, III, Director
Division of Certificate of Public Need
Douglas R. Harris, J.D.
Adjudication Officer

COPY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED

THIS CERTIFIES THAT Reston Hospital Center, LLC, is authorized to initiate the proposal as described herein.

NAME OF FACILITY: StoneSpring Freestanding Emergency Department.

LOCATION: On U.S. Route 50 in southeastern Loudoun County.

OWNERSHIP AND CONTROL: The facility will be owned by Reston Hospital Center, LLC.

SCOPE OF PROJECT: Establishment of a specialized center for providing computed tomography ("CT") imaging services to be *collocated integrally with a freestanding emergency department*, to be organizationally connected to Reston Hospital Center, all in accordance with specifications noted, representations made and assurances provided in the course of review.* The total authorized capital cost of the project is \$865,813. The project is scheduled to be completed by August 15, 2009. This Certificate is issued with the CONDITIONS that appear on its Reverse.




Pursuant to Chapter 4, Article 1:1 of Title 32.1, Sections 32.1-102.1 through 32.1-102.11, Code of Virginia (1950), as amended and the policies and procedures promulgated thereunder, the Medical Care Facilities Certificate of Public Need is issued contingent upon substantial and continuing progress towards implementation of the proposal within twelve (12) months from the date of issuance. A progress report shall be submitted to the State Health Commissioner within twelve (12) months from the date of issuance along with adequate assurance of completion within a reasonable time period. The Commissioner reserves the right not to renew this Certificate in the event the applicant fails to fulfill these conditions. This Certificate is non-transferable and is limited to the location, ownership, control and scope of the project shown herein.

Certificate Number: VA-04174

Date of Issuance: September 11, 2008

Expiration Date: September 10, 2009


Karen Remley, M.D., M.B.A., F.A.A.P.
State Health Commissioner

*In the event that an adequately resourced freestanding emergency department, to be distinguished from an urgent care center, is not built on the site of the approved project, revocation of this Certificate will be considered and may be pursued pursuant to Virginia Code § 32.1-102.4 (C).

Conditions Placed upon Issuance of this Certificate:

Reston Hospital Center, LLC (“Reston”), will provide CT services to all patients without regard to their ability to pay for those services. Reston will provide free CT services to indigent patients and will facilitate the development and operation of primary care for the indigent equating to a level that is at least 3.0 percent of Reston’s gross patient service revenue derived from CT services. Reston will provide the Division of Certificate of Public Need and the Health Systems Agency of Northern Virginia with annual audited or otherwise appropriately certified financial statements documenting compliance with this requirement.



COMMONWEALTH OF VIRGINIA
Department of Health

KAREN REMLEY, M.D., M.B.A., F.A.A.P.
STATE HEALTH COMMISSIONER

DOUGLAS R. HARRIS, J.D.
ADJUDICATION OFFICER

**RECOMMENDATION TO THE
STATE HEALTH COMMISSIONER REGARDING
CERTIFICATE OF PUBLIC NEED ("COPN")
REQUEST NUMBER:**

**VA-7511
RESTON HOSPITAL CENTER
Loudoun County
Planning District ("PD") 8, coterminous with
Health Planning Region ("HPR") II
Establishment of a Specialized Center for
Computed Tomography ("CT") Imaging**

Introduction

This is a recommendation to the State Health Commissioner ("Commissioner"), prepared following an informal fact-finding conference ("IFFC") conducted by the undersigning adjudication officer and regarding the application for a COPN captioned above.

This recommendation is an effort to provide the Commissioner means to inform the applicant "briefly and generally in writing of the factual or procedural basis" for a decision on the application and the project proposed therein, as called for in Virginia Code § 2.2-4019 (A), and in accordance with the 21 considerations set forth in Code § 32.1-102.3 (B) and the administrative procedures contained in Code § 32.1-102.6. The Commissioner's adjudication officer, in writing this recommendation, seeks to heed the law by concisely discussing the applications and referring to sufficient supporting information contained in the record.

Authority

Article 1 of Chapter 4 of Title 32.1 (§ 32.1-102.1 *et seq.*) of the Virginia Code¹ addresses medical care facilities and provides that “[n]o person shall commence any project without first obtaining a [COPN] issued by the Commissioner.” *See* Code § 32.1-102.3 (A). Virginia Code § 32.1-102.1 defines “project” to include the establishment of “a medical care facility,” such as a specialized center for providing CT services.

Procedural Background

This recommendation follows an IFFC conducted on April 24, 2008, pursuant to the Administrative Process Act (“APA,” specifically, Code § 2.2-4019) and Code § 32.1-102.6. The proposed project was discussed in detail at the IFFC, at which the applicant was represented by counsel, was afforded opportunity to present the merits of its project, and did so with evidence (including written exhibits and the testimony of witnesses) and argument of its devising. The associate director of the Health Systems Agency of Northern Virginia (“HSANV”) attended the IFFC, and a health facilities planning analyst from this Department’s Division of Certificate of Public Need (“DCOPN”) also attended. A certified transcript of the IFFC was created and made available to the applicant and others for their review and for assisting in the submittal of written evidence and argument subsequent to the IFFC and before the close of the record, which occurred on June 6, 2008.

For the purpose of brevity, the present document relies on “administrative record,” *i.e.*, past decisions of the Commissioner (incorporating adjudication officer’s recommendations prepared for review) in approving or denying applications for a COPN, to a degree consistent with Code § 2.2-4019 (B).²

Findings of Fact and Conclusions of Law

The factual basis underlying the recommendation made herein consists of evidence in the administrative record, including the application giving rise to this review, the transcript of the IFFC, documents prepared by the applicant’s counsel and two governmental analyses, *i.e.*, staff reports discussing the proposed projects – one prepared by HSANV and the other prepared by DCOPN.

I have closely reviewed the staff reports and the exhibits and submissions proffered by the applicant. I hereby incorporate the DCOPN staff report into the present document by reference. To the extent that it is consistent with and forms an evidentiary and analytical basis for the recommendation made herein, I specifically adopt it. Both staff reports, which discuss the proposed project in relation to the 21 statutory considerations of public need, were made available to the Commissioner when the present document was presented for her review and consideration.

¹ This article is commonly referred to as the “COPN Law.”

² *See also* 12 VAC 5-220 *et seq.*

Specific findings and conclusions include:

1. On October 1, 2007, Reston Hospital Center (“Reston”) submitted an application proposing a project to establish a medical care facility, or a specialized center, for providing CT services in southeastern Loudoun County. The proposed center would exist within and provide diagnostic imaging to an establishment to be known as the StoneSpring Freestanding Emergency Department. Total capital costs for the project are \$865,813. The project falls within the statutory definition referenced above.
2. HSANV, a “regional health planning agency,” as defined in Code § 32.1-102.1, serves HPR II by reviewing projects proposed for location within the boundaries of that HPR. As stated below, HSANV recommends that the project proposed by Reston be denied.
3. DCOPN – the work unit of the Department of Health that comprises the Commonwealth’s professional health facilities planning staff – recommends that the Commissioner approve the project proposed by Reston.
4. Facts and conclusions regarding the proposed project and relating directly to the 21 statutory considerations of public need, set forth as enumerated in Virginia Code § 32.1-102.3 and appearing in bold type below, include:

1. The recommendation and the reasons therefor of the appropriate regional health planning agency.

The board of directors of HSANV voted to recommend that the project proposed by Reston be denied for the reasons listed on pages 2 and 3 of the DCOPN staff report.

2. The relationship of the project to the applicable health plans of the regional health planning agency, the Virginia Health Planning Board and the Board of Health.

The State Medical Facilities Plan (“SMFP”), contained in the Virginia Administrative Code (“VAC”) at 12 VAC 5-230-10 *et seq.*, is the only applicable health plan. Virginia Code § 32.1-102.3 requires that “[a]ny decision to issue . . . a certificate shall be consistent with the most recent applicable provisions of the [SMFP]” The SMFP contains several provisions applicable to the proposed project.

Proposed projects are routinely analyzed to determine their consistency with provisions of the SMFP that contain specific standards and considerations. Most of these standards and considerations were devised to promote the systematic review of projects in terms of six general qualities: Acceptability; accessibility; availability, continuity and coordination (of services); cost; and quality.

Regarding locational accessibility, 43 or more existing and approved CT scanners in PD 8, coterminous with HPR II, allow general compliance with the SMFP's driving time standard.³ Regarding financial accessibility, Reston has stated that the service resulting from any approval of the project will be accessible to all persons needing it regardless of their ability to pay.⁴

The SMFP contains provisions setting forth standards relating to availability. A straightforward review of the project in relation to these particular standards indicates that the project would not be needed. Specifically, the proposed service would be located within 30 minutes' driving time of at least one approved, though not yet operational, CT scanner and at least one underutilized CT scanner.⁵ It also would constitute the addition of a new CT service despite inability to determine whether CT services in PD 8 exceed the applicable 4,500 annual-scan standard.⁶ But the exigencies of providing reliable diagnostic imaging in an emergency care setting (as Reston envisions the project to do), along with other benefits presented by this project, counsel against allowing these provisions⁷ of the SMFP having full sway.

Regarding costs, the project is reasonable, comparing favorably to routinely-reviewed projects for CT services.

No issue reasonably arising from deployment of the SMFP's provisions relating to acceptability, continuity and quality counsel against approval of the Reston project.

Notwithstanding the availability-centered issues (discussed above), I believe a decision to approve the Reston project would display a sufficient level of consistency with applicable provisions of the SMFP, as they are currently administered. Upon review of the record, including the transcript of the IFFC, the staff reports and the IFFC-related submissions of the applicant, I believe that sufficient data and information substantiate the recommendation made below. Reference to the record is made and reliance on administrative precedent is asserted.

3. The relationship of the project to the long-range development plan, if any, of the person applying for a certificate.

The project would likely bear an appropriate relationship to any such plan the applicant may have. Reference to the record is made and reliance on administrative precedent is asserted.

4. The need that the population served or to be served by the project has for the project, including, but not limited to, the needs of rural populations in areas having distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care.

³ 12 VAC 5-320-30 (A). See DCOPN Staff Report at 4.

⁴ *Id.* While the average level of charity care among the 10 hospitals in HPR II was equivalent to 3 percent of their gross patient revenue, Reston provided a level of 1.5 percent in 2005. See Table 2, DCOPN Staff Report at 5.

⁵ DCOPN Staff Report at 6, Table 3.

⁶ The operators of 17 outpatient CT facilities – 39 percent of the CT scanners in PD 8 – have no obligation to report utilization data. DCOPN Staff Report at 7.

⁷ 12 VAC 5-320-50 (B) and (D).

Reston intends the project to provide exacting diagnostic imaging in a planned freestanding emergency department, or center, that it will built in the southeastern portion of Loudoun County, specifically, along the U.S. Route 50 corridor. Loudoun County has developed policies relating to the placement of health facilities and has “recognize[d] that the residents of the Route 50 corridor *do not have adequate access to emergency care* or hospital related services. [Emphasis added.]”⁸

The project would allow Reston to better serve patients in an area that is only marginally served by Reston, but which will eventually be served by a sister facility, Broadlands Regional Medical Center. Roughly 20 percent of patients seeking emergency care, including those who have suffered head injury and in whom stroke or appendicitis is suspected, directly benefit from the precise and rapid diagnosis that CT scanning provides.⁹

Reston states its commitment to building the proposed freestanding emergency center. Despite HSANV’s apparent consternation over a regulatory regime that allows Reston free reign in establishing such a center without the need to acquire certification and to base its application for the collocation of a CT scanner on that very center, the hospital’s decision to pursue the construction of such a center poses only one question appropriate in this regulatory forum: *What will it require to be effective in meeting a need for emergency medical care in an area recognized by local authorities as one where residents do not have adequate access to such care?* As Reston starkly states and the record clearly indicates, “. . . if you build this center, you have got to have a CT scanner.”¹⁰ As presented, the project poses the ability to address a public need expressed as the technologically-driven necessity of exacting imaging in an emergency care setting to be constructed.

Based on Reston’s representations, the Commissioner should be able to safely assume that the envisioned freestanding emergency department will be constructed and made fully operational to serve the need in the Route 50 corridor, identified by a planning agency of Loudoun County. If, however, Reston were to decide to forego construction of the freestanding emergency department, no need for the proposed project would exist. *I specifically recommend that any COPN issued to authorize the proposed project state in its fundamental terms an intention to pursue revocation of the COPN if Reston fails to cause the freestanding emergency department to become fully operational within a reasonable number of months.*

Upon review of the record, including the transcript of the IFFC, the staff reports regarding the project and the IFFC-related submittals of the applicant, I believe that sufficient data and information, relating to this statutory consideration and others, substantiate the recommendation made below, and that the project presents a compelling basis for approval under this statutory consideration. Reference to the record is made and reliance on administrative precedent is asserted.

⁸ Reston IFFC Exhibit (“Ex.”) 4 at 2.

⁹ Transcript (“Tr.”) at 20 (Lisse).

¹⁰ Tr. at 25 (Lisse).

5. The extent to which the project will be accessible to all residents of the area proposed to be served and the effects on accessibility of any proposed relocation of an existing service or facility.

The proposed project would be geographically accessible to the residents of the Route 50 corridor, roughly equivalent to an area of Loudoun County known as South Riding. Since Reston provides a level of charity care below the average among hospitals in HPR II, any approval of the project should include, as a condition on the resulting COPN, a requirement for the provision of an appropriate level of indigent and charity care. The condition would serve to ensure the public's financial accessibility to the service resulting from the proposed project.

Upon review of the record, including the transcript of the IFFC, the staff reports regarding the project and the IFFC-related submittals of the applicants, I believe that sufficient data and information, relating to this statutory consideration and others, substantiate the recommendation made below, and that the project presents a sufficient basis for approval under this statutory consideration. Reference to the record is made and reliance on administrative precedent is asserted.

6. The area, population, topography, highway facilities and availability of the services to be provided by the project in the particular part of the health service area in which the project is proposed, in particular, the distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care.

The review elements operative in this statutory consideration have been explored repeatedly in adjudicated recommendations. As well, the staff reports on these projects discuss relevant issues. I have considered the matters arising from this consideration to the degree they assist with making a public need determination in relation to the proposed project.

Loudoun County has experienced nationally-ranked growth in population since 1990. A review of PD 8 data suggest the reasonableness of presuming continued growth, despite economic conditions and flux in the general developmental policies of Loudoun County government. Regardless, local authorities have specifically identified the Route 50 corridor as a populated area underserved by emergency care. The proposed project would address this exigency.

Upon review of the record, including the transcript of the IFFC, the staff reports regarding the projects and the IFFC-related submittals of the applicants, I believe that sufficient data and information, relating to this statutory consideration and others, substantiate the recommendation made below, and that the project presents a compelling basis for approval under this statutory consideration. Reference to the record is made and reliance on administrative precedent is asserted.

7. Less costly or more effective alternate methods of reasonably meeting identified health service needs.

This project entails total costs that are modest in comparison to routinely-reviewed projects to establish CT services – presumably due to the fact that the greater portion of construction and developmental costs stem from an unreviewable initiative of Reston, *i.e.*, the establishment of a freestanding emergency department.

Upon review of the record, including the transcript of the IFFC, the staff reports regarding the project and the IFFC-related submittals of the applicant, I believe that sufficient data and information, relating to this statutory consideration and others, substantiate the recommendation made below, and that the project presents a sufficient basis for approval under this statutory consideration. Reference to the record is made and reliance on administrative precedent is asserted.

8. The immediate and long-term financial feasibility of the project.

The proposed project is feasible in both pertinent respects. While diagnostic services typically generate healthy revenue, the intended scanner will be primarily dedicated to providing rapid and determinative diagnoses in emergency medical cases, rather than less urgent outpatient scanning. Such a purpose offers a clear benefit when timely medical response is crucial to an emergency patient's wellbeing and ultimate outcome. Reference to the record is made and reliance on administrative precedent is asserted.

9. The relationship of the project to the existing health care system of the area in which the project is proposed; however, for projects proposed in rural areas, the relationship of the project to the existing health care services in the specific rural locality shall be considered.

Reston bases its project largely on enhancing patients' timely access to and convenient availing of facility-based emergency services in southeast Loudoun County. While a center operated by Inova about a mile from the site intended for this project contains an approved CT scanner, the planned purpose of that Inova center – proposed by Loudoun Hospital Center (before it became a facility owned and operated by Inova Health System) and named South Riding Diagnostic Imaging Center upon its 2004 approval, is aimed at relieving high CT utilization at what is now Inova Loudoun Hospital Center. It does not exist to provide emergency care.¹¹

While HSANV's review, resulting in no recognition of need for CT on the Route 50 corridor, depends in part on the presence and general availability of Inova's CT scanner and on the presumed harm Reston's project would cause it,¹² Inova states that its center – now known as Inova Medical Center - Dulles South – was created “[i]n order to keep pace with the planned

¹¹ This 2004 project was recommended for approval by HSANV, yet that agency now characterizes Loudoun Hospital to having generally low and static CT utilization.

¹² Tr. at 45.

community growth along the Route 50 corridor,” “offers diagnostic imaging services, urgent care and physical therapy,” and is specifically intended “for non-emergency illnesses and injuries.”¹³ Inova’s CT scanner is not available to serve the need recognized by the county and intended to be addressed by Reston.

Upon review of the record, including the transcript of the IFFC, the staff reports regarding the projects and the IFFC-related submittals of the applicants, I believe that sufficient data and information, relating to this statutory consideration and others, substantiate the recommendation made below, and that the project presents a sufficient basis for approval under this statutory consideration. Reference to the record is made and reliance on administrative precedent is asserted.

10. The availability of resources for the project.

The project carries modest costs that would be funded from the accumulated reserves of Reston. Financial and human resources to implement the projects appear generally available. Reference to the record is made and reliance on administrative precedent is asserted.

11. The organizational relationship of the project to necessary ancillary and support services.

The project would bear appropriate relationships to necessary ancillary and support services. It would constitute an organizational department of Reston – a hospital located 15 miles away – and may become such in relation to Broadlands Regional Medical Center after the latter is built and becomes operational.¹⁴ Both hospitals are ultimately owned by HCA Virginia. Reference to the record is made and reliance on administrative precedent is asserted.

12. The relationship of the project to the clinical needs of health professional training programs in the area in which the project is proposed.

Not applicable.

13. The special needs and circumstances of an applicant for a certificate, such as a medical school, hospital, multidisciplinary clinic, specialty center or regional health service provider, if a substantial portion of the applicant's services or resources or both is provided to individuals not residing in the health service area in which the project is to be located.

Not applicable.

14. The special needs and circumstances of health maintenance organizations. When considering the special needs and circumstances of health maintenance

¹³ Reston IFFC Ex. 17.

¹⁴ Broadlands Regional Medical Center, approved in March 2004, is slated for construction in Loudoun County, on a site located approximately seven miles from the site of the proposed project. Reston IFFC Ex. 3.

organizations, the Commissioner may grant a certificate for a project if the Commissioner finds that the project is needed by the enrolled or reasonably anticipated new members of the health maintenance organization or the beds or services to be provided are not available from providers which are not health maintenance organizations or from other health maintenance organizations in a reasonable and cost-effective manner.

Not applicable.

15. The special needs and circumstances for biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages.

Not applicable.

16. In the case of a construction project, the costs and benefits of the proposed construction.

Due to the nature of the project and its relationship to an unreviewable initiative of Reston to build a freestanding emergency department at the intended site, any construction costs of the project are minimal at most. The benefits of the project generally outweigh all reasonably associated and directly attributable financial costs. Reference to the record is made and reliance on administrative precedent asserted.

17. The probable impact of the project on the costs of and charges for providing health services by the applicant for a certificate and on the costs and charges to the public for providing health services by other persons in the area.

The project would be funded from accumulated reserves and does not stand to exert untoward forces on costs and charges. The anticipated costs and charges relating to the proposed services are reasonable.

Upon review of the record, including the transcript of the IFFC, the staff reports regarding the project and the IFFC-related submittals of the applicant, I believe that sufficient data and information, relating to this statutory consideration and others, substantiate the recommendation made below, and that the project presents a sufficient basis for approval under this statutory consideration. Reference to the record is made and reliance on administrative precedent is asserted.

18. Improvements or innovations in the financing and delivery of health services which foster competition and serve to promote quality assurance and cost effectiveness.

Inova Health System holds a clearly dominant position among facility-based systems of health care in PD 8. Approval of the project would likely introduce an element of beneficial

competition, since the project stands to support an emergency center to be owned by Reston, which is ultimately owned by HCA Virginia.

19. In the case of health services or facilities proposed to be provided, the efficiency and appropriateness of the use of existing services and facilities in the area similar to those proposed, including, in the case of rural localities, any distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care.

Existing services and facilities are not positioned to augment emergency care with CT scanning. Upon review of the record, including the transcript of the IFFC, the staff reports regarding the project and the IFFC-related submittals of the applicant, I believe that sufficient data and information, relating to this statutory consideration and others, substantiate the recommendation made below, and that the project presents a sufficient basis for approval under this statutory consideration. Reference to the record is made and reliance on administrative precedent is asserted.

20. The need and the availability in the health service area for osteopathic and allopathic services and facilities and the impact on existing and proposed institutional training programs for doctors of osteopathy and medicine at the student, internship, and residency training levels.

Not applicable.

21. In the case of proposed health services or facilities, the extent to which a proposed service or facility will increase citizen accessibility, demonstrate documented community support and introduce institutional competition into a health planning region.

This statutory consideration became effective on July 1, 2008, by virtue of the enactment of Virginia House Bill 502 (Act of Assembly, 2008, chapter 292), and most likely should be applied to projects submitted before the bill's effective date, such as the project proposed by Reston.

Approval of the project will enhance southeast Loudoun County citizens' accessibility to emergency care services – an issue recognized by Loudoun County, by augmenting these services with CT scanning. The record includes several letters in support of the project.

Regarding institutional competition, establishment of the intended emergency care center will increase institutional competition. The project would be organizationally aligned with Reston, a hospital competing with Inova Health System, which occupies a dominant facility-based position in HPR II.

Regardless of whether the twenty-first statutory consideration appropriately operates in review of a project submitted before the effective date of the amending bill, it exerts no

substantially determinative effect on the case decision at hand. The weight of the evidence, when gauged through deployment of the twenty considerations that existed prior to July 1, amply supports the recommendation made herein and would do so whether the twenty-first consideration were applied or not.

Recommendation

I have reviewed the application of Reston proposing a project to establish a specialized center for CT imaging services within or collocated with a freestanding emergency department in Loudoun County. I have heard from counsel to the applicant, from the associate director of HSANV and from a staff analyst in DCOPN. I have given due consideration to the evidence bearing upon the 21 statutory considerations, including the recommendation of the board of directors of HSANV, to the degree each is relevant to the proposed project.

Based on my assessment, I have concluded that the Reston project would meet a public need, that it merits approval and that it should receive a COPN, subject to a condition requiring an appropriate level of charity and indigent care.

In addition to conclusions drawn throughout this document, some specific reasons for my recommendation include:

- (i) The project would result in a service that provides rapid and determinative diagnoses in emergency medical cases – a clear benefit when a timely medical response is crucial to a patient's wellbeing and ultimate outcome;
- (ii) A decision to approve the project would be in overall harmony or in general agreement with the SMFP and the public interest and purposes to which the SMFP is devoted;
- (iii) The project would improve accessibility and enhance patients' convenience by placing CT services in an area recognized locally as needing greater access to emergency care services;
- (iv) The project entails modest capital costs; and
- (v) Approval of the project may enhance beneficial competition among providers of health care services in PD 8.

Respectfully submitted,



Douglas R. Harris, J.D.
Adjudication Officer

September 2, 2008