VIRGINIA DEPARTMENT OF HEALTH
Office of Licensure and Certification
Division of Certificate of Public Need

Staff Analysis

July 20, 2026

COPN Request No. VA-8876
Heart and Vascular Specialist, P.C- Loudoun Medical Group
Leesburg, Virginia
Establish a specialized center for PET/CT services with one (1) fixed PET/CT scanner, and independent use of the CT component of the scanner, limited to cardiovascular images.

COPN Request No. VA-8881
Inova Health Care Services d/b/a Inova Fair Oaks Hospital
Gainesville, Virginia
Establish a Center for CT Imaging through the relocation of one (1) CT scanner from within the Inova Health System.

COPN Request No. VA-8889
IFRC, LLC
Leesburg, Virginia
Establish a center for CT services through relocation and replacement of one (1) CT scanner within Inova Health System.

COPN Request No. VA-8890
IRMC, LLC
Leesburg, Virginia
Establish a center for PET/CT services with one (1) PET/CT scanner.

Applicants

COPN Request No. VA-8876: Heart and Vascular

Heart and Vascular Specialist, P.C- Loudoun Medical Group (Heart and Vascular) is a proprietary professional corporation. Dr. Ather Anis is the sole owner, principal and sole officer of the corporation. There is no board of directors. It is affiliated with the Loudoun Medical Group (LMG), which provides administrative services. Heart and Vascular is an existing facility located at 19465 Deerfield Avenue, Suite 405, in Leesburg, Virginia, Planning District (PD) 8, Health Planning Region (HPR) II.

COPN Request No. VA-8881: IFOH

Inova Health Care Services is a 501 (c)(3) Virginia nonstock corporation. The sole member of Inova Health Care Services is the Inova Health System Foundation, also a 501 (c)(3) Virginia nonstock corporation. Inova Fair Oaks Hospital (IFOH) is a facility located at 3600 Joseph Siewick Drive, Fairfax, Virginia and the proposed facility is a satellite location proposed at 13545 Heathcote Boulevard, Gainesville, Virginia and will be named Inova Health Center- Gainesville. Both facilities are located in PD 8, HPR II.

COPN Request No. VA-8889: IFRC

IFRC, LLC ("IFRC") is a limited liability company formed in 2019 under the laws of the Commonwealth of Virginia. IFRC is jointly owned by Inova Health Care Services, the majority member, and Fairfax Radiological Consultants, PLLC, the minority member. The applicant has no subsidiaries. The proposed IFRC facility will do business as Fairfax Radiology Center of Riverside and will be located at 44084 Riverside Parkway, Suite 125, Leesburg, Virginia, in PD 8, HPR II.

COPN Request No. VA-8890: IRMC

IRMC, LLC (IRMC) is a Virginia limited liability company jointly owned by Inova Health Care Services, the majority member, and Fairfax Radiological Consultants, PLLC, the minority member. The applicant has no subsidiaries. The proposed IRMC facility will do business as Fairfax PET/CT Center at Riverside Parkway and will be located at 44084 Riverside Parkway, Suite 125, Leesburg, Virginia, in PD 8, HPR II.

Background

PET/CT Services

A positron emission tomography (PET) scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. The PET scan uses a radioactive drug called a tracer to show both typical and atypical metabolic activity. A PET scan can often detect the atypical metabolism of the tracer in diseases before the disease shows up on other imaging tests, such as computerized tomography (CT) and magnetic resonance imaging (MRI). The tracer is injected into a vein, most often in the hand or arm. The tracer will then collect in areas of the body that have higher levels of metabolic or biochemical activity. This often pinpoints the location of the disease. The PET images are typically combined with CT or MRI and are called PET/CT or PET/MRI scans.[1]

[1]https://www.mayoclinic.org/tests-procedures/pet-scan/about/pac-20385078

Regarding cardiac PET/CT, the American Society of Nuclear Cardiology and the Society of Nuclear Medicine and Molecular Imaging published a joint position paper in 2016 (Society Joint Position Statement) stating:

The purpose of this joint Society Position Statement is to highlight the attributes that make rest/stress myocardial perfusion PET both Preferred and Recommended in the era of high value initiatives for appropriate patients. Myocardial perfusion PET image quality, high diagnostic accuracy that is relatively independent of body habitus, ability to accurately risk stratify patients with a wide array of clinical presentations, short acquisition times, safety by virtue of low radiation exposure, and its unique ability to quantify myocardial blood flow are all significant and clinically important properties. The properties of myocardial perfusion PET according to the published literature are sufficient to advance recommendations for its use in clinical practice. There are no clinical scenarios where PET should not be considered a preferred test for patients who meet appropriate criteria for a stress imaging test and who require pharmacologic stress.[2] COPN Request No. VA-8876 is requesting a PET/CT scanner limited to cardiology and COPN Request No. VA-8890 is requesting a PET/CT scanner primarily for oncology, but should it be approved, the scanner will be unrestricted.

According to 2024 Virginia Health Information (VHI) data, the latest such data available, PD 8 had eight PET/CT scanners– six fixed site scanners and two mobile scanners[3] that year. Only the fixed units are relevant for this review and are included in **Table 1**.

Table 1. PD 8 COPN Authorized Fixed PET Services, 2024

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Carient Heart & Vascular	1	3,478	3,478	58.0%
Fairfax PET/CT Center	1	4,139	4,139	69.0%
NOVA Cardiovascular Care	1	1,210	1,210	20.2%
PET of Reston	1	2,218	2,218	37.0%
Virginia Heart Falls Church	1	5,448	5,448	90.8%
Virginia Hospital Center	1	1,422	1,422	23.7%
PD 8 Total	**6**	**17,915**	**2,986**	**49.8%**

Source: 2024 VHI

[2] Bateman et.al. American Society of Nuclear Cardiology and Society of Nuclear Medicine and Molecular Imaging Joint Position Statement on the Clinical Indications for Myocardial Perfusion PET. Journal of nuclear cardiology (2016): official publication of the American Society of Nuclear Cardiology. https://pubmed.ncbi.nlm.nih.gov/27528255/ (accessed December 17, 2024).

[3] PD has two mobile scanners, one at UVA Cancer Center- Lake Manassas and one at Sentara Northern Virginia Medical Center

Table 2 below shows the current inventory according to DCOPN records. This captures PET/CT scanners that have become operational since the VHI data was collected, as well as ones that are authorized, but not in use. When taking these scanners into account, there are currently 17 authorized fixed PET/CT scanners in PD. The PET/CT scanners in PD 8 were utilized at an average of 49.8% of the State Medical Facilities Plan (SMFP) standard of 6,000 PET/CT scans per scanner.

Table 2. PD 8 COPN Authorized Fixed PET/CT Units

Facility	# of Scanners	Cardiac Only?
Amelia Heart & Vascular Center[4]	1	**Yes**
Cardiac Care Associates[5]	1	**Yes**
Carient Heart & Vascular[6]	1	**Yes**
Carient Heart & Vascular	1	**Yes**
Fairfax PET/CT Imaging Center	1	
Inova Cardiac Diagnostics[7]	1	**Yes**
Inova Reston MRI Center, LLC[8]	1	
Kaiser Permanente Woodbridge Imaging Center[9]	1	
Metro Region PET Center[10]	2	
Nova Cardiovascular Care, Inc.	1	**Yes**
PET of Reston	1	
Virginia Heart (Alexandria)[11]	1	**Yes**
Virginia Heart (Falls Church)	1	**Yes**
Virginia Heart (Leesburg)[12]	1	**Yes**
Virginia Hospital Center	1	
VHC Outpatient Imaging Center[13]	1	
Total	**17**	

Source: DCOPN records

Nine of the 17 fixed PET/CT scanners in PD 8 are restricted to cardiac use only. This follows a trend in the PD in recent years of providers, especially independent cardiologists, requesting PET/CT scanners only for cardiac imaging. Should COPN Request No. VA-8876 be approved, it shall be

[4] Completed November 2024
[5] Completed December 2024
[6] One Carient Heart & Vascular location did not report to VHI in 2024
[7] Expected March 2026
[8] Completed February 2026
[9] Authorized for one PET/CT scanners but did not report to VHI in 2024
[10] Authorized for two PET/CT scanners but did not report to VHI in 2024.
[11] Expected Q1 2027
[12] Completed October 2025
[13] Expected October 2026

subject to a cardiac-only restriction. The PET/CT scanner requested in COPN Request No. VA-8890 will primarily be used for oncology, but should it be approved, the scanner will be unrestricted.

CT Services

A CT scan is a diagnostic imaging tool that utilizes X-ray technology to produce images of the inside of the body and can show bones, muscles, organs, and blood vessels. CT scans are more detailed than plain film x-rays; rather than the standard straight-line x-ray beam, CT imaging uses an x-ray beam that moves in a circle around the body to show structures in much greater detail.[14] The scans can be done with or without contrast; contrast is a substance taken either orally or injected within the body, causing a particular organ or tissue to be seen more clearly.[15] COPN Requests Nos. VA-8881 and VA-8889 are for fixed site CT scanners, while the COPN Request No. VA- 8876 is requesting independent CT usage for its PET/CT scanner.

According to VHI, 68 CT scanners[16] were operational in PD 8 in 2024, the latest year for which such data are available. The CT scanners were well utilized at 152.6% of the SMFP standard of 7,400 CT scans per scanner **(Table 3)**.

Table 3. PD 8 COPN Authorized Fixed CT Services, 2024

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
ED - Inova Emergency Room - Ashburn HealthPlex	1	12,876	12,876	174.0%
ED - Inova Emergency Room - Fairfax City	1	5,633	5,633	76.1%
ED - Inova Emergency Room - Franconia Springfield HealthPlex	1	22,012	22,012	297.5%
ED - Inova Emergency Room - Leesburg	1	14,319	14,319	193.5%
ED - Inova Emergency Room - Lorton HealthPlex	1	13,339	13,339	180.3%
ED - Inova Health Center Oakville	1	727	727	9.8%
ED - Sentara Lake Ridge	1	5,603	5,603	75.7%
ED - Tysons Emergency (RHC)	1	3,356	3,356	45.4%
Fair Oaks Imaging Center	1	3,664	3,664	49.5%
Fairfax ENT & Facial Plastic Surgery	1	715	715	9.7%
Fairfax Radiology Center at Prosperity	2	14,416	7,208	97.4%

[14] https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-scan#:~:text=Computed%20tomography%20is%20commonly%20referred,fat%2C%20organs%20and%20blood%20vessels.

[15] Ibid.

[16] Sentara Advanced Imaging Center - Lake Ridge reported its Emergency Department and Imaging Center volumes separately. Sentara Advanced Imaging Center - Lake Ridge is only authorized for one CT scanner, thus the 2024 VHI total should be 67.

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Fairfax Radiology Center of Centreville	1	9,914	9,914	134.0%
Fairfax Radiology Center of Fairfax City	1	6,269	6,269	84.7%
Fairfax Radiology Center of Lansdowne	1	10,065	10,065	136.0%
Fairfax Radiology Center of Reston-Herndon	1	7,615	7,615	102.9%
Fairfax Radiology Center of Springfield	1	1,788	1,788	24.2%
Fairfax Radiology Center of Sterling	1	5,770	5,770	78.0%
Inova Alexandria Hospital	3	58,150	19,383	261.9%
Inova Fair Oaks Hospital	3	50,644	16,881	228.1%
Inova Fairfax Hospital	7	159,638	22,805	308.2%
Inova Imaging Center - Mark Center	1	4,649	4,649	62.8%
Inova Loudoun Hospital	2	60,582	30,291	409.3%
Inova Mount Vernon Hospital	2	28,915	14,458	195.4%
Insight Imaging Arlington	1	4,007	4,007	54.1%
Insight Imaging Fairfax	1	5,120	5,120	69.2%
Kaiser Permanente - Reston Medical Center	1	6,306	6,306	85.2%
Kaiser Permanente - Tyson's Corner	2	21,591	10,796	145.9%
Kaiser Permanente - Woodbridge Imaging Center	1	16,166	16,166	218.5%
Lakeside @ Loudoun Tech Center 1	1	2,568	2,568	34.7%
LMG Imaging Center[17]	1	3,408	3,408	46.1%
Orthopaedic Foot and Ankle Center of Washington	1	183	183	2.5%
Reston Hospital Center	4	37,327	9,332	126.1%
Sentara Advanced Imaging Center - Alexandria	1	4	4	0.1%
Sentara Advanced Imaging Center - Lake Ridge	1	4,890	4,890	66.1%
Sentara Northern Virginia Medical Center	3	30,569	10,190	137.7%
Stone Springs Hospital Center	1	9,623	9,623	130.0%
Tysons Corner Diagnostic Imaging	1	1,017	1,017	13.7%

[17] Also known as Washington Radiology Associates

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Tysons MRI and Imaging Center	1	4,686	4,686	63.3%
UVA Health Haymarket Medical Center	1	18,366	18,366	248.2%
UVA Health Prince William Medical Center	2	26,817	13,409	181.2%
UVA Outpatient Imaging Centreville	1	1,663	1,663	22.5%
Virginia Hospital Center	5	60,904	12,181	164.6%
Woodburn Diagnostic Center	2	12,198	6,099	82.4%
PD 8 Total	**68**	**768,072**	**11,295**	**152.6%**

Source: 2024 VHI

Table 4 below shows the current inventory according to DCOPN records. This captures CT scanners that have been added since the VHI data was collected, as well as ones that are authorized, but not in use. In all, there are currently 80 authorized fixed CT scanners in PD 8.

Table 4. PD 8 COPN Authorized CT Units

Facility	# of Scanners
Centreville-Clifton Imaging Center - Fairfax Radiology	1
Fair Oaks Imaging Center	1
Fairfax Diagnostic Imaging Center	1
Fairfax ENT & Plastic Surgery Center	1
Fairfax MRI and Imaging Center at Tysons	1
Fairfax Radiology Center at Prosperity	2
Fairfax Radiology Center at Woodburn[18]	2
Fairfax Radiology Center of Springfield (IFRC)	1
Fairfax Radiology Center of Ballston (Inova Imaging Center - Ballston)[19]	1
Fairfax Radiology Center of Reston-Herndon	1
FRC at Inova Health Center - Woodbridge (IFRC)[20]	1
Inova Alexandria Hospital II (Landmark)[21]	3
Inova Ashburn Healthplex	1
Inova Lorton Healthplex	1
Inova Emergency Room of Fairfax City	1
Inova Emergency Room of Reston/Herndon[22]	1
Inova Fair Oaks Hospital	3
Inova Fairfax Hospital[23]	8
Inova Franconia-Springfield Hospital[24]	3
Inova Imaging Center - Leesburg	1
Inova Imaging Center-Mark Center	1
Inova Loudoun Hospital[25]	3
Inova Mount Vernon Hospital	2
Inova Oakville Ambulatory Center	1
Kaiser Permanente - Reston Medical Center	1
Kaiser Permanente - Tysons Corner Imaging Center	2
Kaiser Permanente - Woodbridge Imaging Center	1
Leesburg Emergency and Imaging Center (Reston Hospital Center)[26]	1
LMG Imaging Center	1
Metropolitan ENT & Facial Plastic Surgery[27]	1
Orthopaedic Foot and Ankle Center	1
Radiology Imaging Associates at Lansdowne	1

[18] Authorized for two scanners but did not report to VHI in 2024
[19] Expected June 2026
[20] Completed November 2025
[21] Two CT scanners relocated from Inova Alexandria Hospital Expected April 2028
[22] Expected July 2026
[23] One additional scanner expected March 2027
[24] One CT scanner relocated from Inova Alexandria Hospital, and one relocated from Inova Franconia Springfield HealthPlex. Expected April 2028
[25] One additional scanner completed January 2025
[26] Expected June 2026
[27] Authorized for one scanner but did not report to VHI in 2024

Facility	# of Scanners
RAYUS Radiology - Arlington (fka Insight Imaging - Arlington)	1
RAYUS Radiology - Fairfax (fka Insight Imaging - Fairfax / Medical Imaging Center of Fairfax)	1
RAYUS Radiology - Woodbridge (fka Insight Imaging)	1
Reston Hospital Center	4
Sentara Advanced Imaging Center -- Alexandria	1
Sentara Lake Ridge Ambulatory Care Center[28]	1
Sentara Northern Virginia Medical Center	2
Sentara Northern Virginia Medical Center -- Century Building Medical Office Building	1
StoneSprings Hospital Center[29]	1
Tysons Corner Diagnostic Imaging	1
Tysons Corner Emergency Center (RHC)	1
UVA Health Haymarket Medical Center (fka UVA Prince William Medical Center d/b/a UVA Health Haymarket Medical Center)	1
UVA Health Outpatient Imaging Gainesville[30]	1
UVA Health Prince William Medical Center (fka UVA Prince William Medical Center d/b/a UVA Health Prince William Medical Center)	2
UVA Outpatient Imaging - Centreville (fka Novant Health UVA Health System Imaging – Centreville)	1
VHC Emergency and Imaging Center[31]	1
VHC Health Outpatient Imaging Center[32]	1
Virginia Hospital Center	4
Washington Radiology Associates	1
Woodburn Nuclear Medicine / Metro Region PET Center	2
Total	**80**

Source: DCOPN records

[28] Sentara Lake Ridge Ambulatory Care Center is authorized for one scanner but reported Emergency Department and Imaging Center volumes separately on VHI.

[29] Stone Springs requested a significant change for VA-04778 in March 2026, which was denied by the Commissioner for lack of progress. The scanner associated with VA-04778 has been removed DCOPN from inventory pending further action.

[30] Expected April 2026

[31] Expected Q4 2026

[32] Completed November 2025

Proposed Project

COPN Request No. VA-8876: Heart and Vascular

Heart and Vascular proposes to establish cardiac PET/CT services at a new site at 19465 Deerfield Avenue, Suite 405, Leesburg, VA. In addition to the PET/CT services, the new site will provide Coronary Artery Calcium Scoring (CACS) through the independent use of the CT component of the PET/CT scanner. Other services that will be offered, but are not regulated by DCOPN, include ultrasonography, Single-Photon Emission Computed Tomography (SPECT) Myocardial Perfusion Imaging (MPI), cardiac monitoring and pharmacological/exercise stress testing.
The total capital costs of the proposed project are $1,506,749 of which approximately 27.31% represents direct construction costs (**Table 5**).

The applicant said the following about the financing for this project:
"The proposed project will be funded through the CDL Equipment Lease, Isotope Sale, and Services Agreement, including the PET/CT equipment lease and the buildout allowance structure described in the Agreement, together with available practice cash reserves if needed. The CDL Equipment Lease is treated as an operating expense at $16,000 per month and does not create a debt service obligation. CDL advances approved construction/buildout costs against the buildout allowance, with the Applicant repaying those costs pro rata over the initial lease term pursuant to Lease Section 3(c). No construction loan, long-term mortgage, or amortization schedule is required".

Table 5. Heart and Vascular capital costs

Direct Construction Costs	$411,425
Equipment Not Included in Construction Contract	$960,000
Site Acquisition Cost	$80,324
Architectural and Engineering Fees	$35,000
Taxes During Construction	$20,000
Total	**$1,506,749**

Source: COPN Request No. VA-8876

Construction for the proposed project is expected to be completed by January 1, 2027.

COPN Request No. VA-8881: IFOH

IFOH proposes to establish a center for CT Imaging through the relocation of one (1) CT scanner from within the Inova Health System to a new site at 13545 Heathcote Boulevard, Gainesville, VA, so the proposed project is inventory-neutral. The proposed site, to be called the Inova Health Center-Gainesville, will be a five-story facility that will house an imaging center, co-located with laboratory services and a freestanding emergency department (FSED). The remainder of the space will house ambulatory clinics with primary and specialty care providers. DCOPN notes that other than the proposed CT scanner, no other services listed are COPN-regulated.
The applicant intends to make this site a central location for Inova services in Gainesville and will be consolidating many of its existing nearby services to the site regardless of whether or not COPN Request No. VA-8881 is approved.

The scanner that will be relocated and replaced, should this project be approved, is currently at the Inova Mark Center at 1800 N Beauregard Street, Suite 100 in Alexandria. Inova is planning on closing the Mark Center when its lease expires in 2028.

The total capital costs of the proposed project are $2,738,559 of which approximately 35.4% represents direct construction costs (**Table 6**). The applicant states that the proposed project will be funded fully through accumulated reserves, no financing costs will be incurred.

Table 6. IFOH capital costs

Direct Construction Costs	$968,317
Equipment Not Included in Construction Contract	$1,603,632
Site Acquisition Cost	$13,251
Architectural and Engineering Fees	$127,542
Taxes During Construction	$25,817
Total	**$2,738,559**

Source: COPN Request No. VA-8881

Construction for the proposed project is expected to be completed by April 2030.

COPN Request No. VA-8889: IFRC

IFRC proposes to establish a center for CT services through relocation and replacement of one (1) CT scanner within Inova Health System to an existing space located at 44084 Riverside Parkway, Suite 125, Leesburg, VA. The proposed site, to be called the FRC CT Center at Riverside, will be located in the existing Inova Riverside Parkway facility that contains primary care services, a cardiology practice, a dialysis center and a clinical laboratory.
The scanner that is to be relocated and replaced is currently at IFRC Fairfax City, located at 3801 University Drive in Fairfax. The applicant stated that Inova is planning to close the IFRC Fairfax City site in 2028. The proposed project is inventory-neutral.

This project was submitted along with COPN Request No. VA-8890, which will be located at the same address as this project, should both be approved. Regarding this, the applicant said the following:

"Subject to COPN approval, the CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890. IFRC will own the CT unit, while the proposed PET/CT unit under the pending COPN Request No. VA-8890 will be owned by IRMC. Consistent with established arrangements at similar IFRC locations, IRMC will sublease the space to be utilized for IRMC's proposed PET/CT services from IFRC. This configuration ensures operational alignment between the modalities while supporting efficient use of shared clinical space".

The total capital costs of the proposed project are $2,801,412 of which approximately 34.3% represents direct construction costs (**Table 7**). The applicant states that the proposed project will be funded fully through accumulated reserves, no financing costs will be incurred.

Table 7. IFRC capital costs

Direct Construction Costs	$962,895
Equipment Not Included in Construction Contract	$723,454
Site Acquisition Cost	$987,313
Architectural and Engineering Fees	$63,250
Taxes During Construction	$64,500
Total	**$2,801,412**

Source: COPN Request No. VA-8889

Construction for the proposed project is expected to be completed by December 2027

COPN Request No. VA-8890: IRMC

IRMC proposes to establish a center for PET/CT services with one (1) PET/CT scanner at an existing space located at 44084 Riverside Parkway, Suite 125, Leesburg, VA. The proposed site, to be called Fairfax PET/CT Center at Riverside Parkway, will be located in the existing Inova Riverside Parkway facility that contains care services, a cardiology practice, a dialysis center and a clinical laboratory. This PET/CT scanner will primarily be used for oncological scans, but should it be approved, the scanner will be unrestricted.

This proposed project was submitted along with COPN Request No. VA-8889, which would be located at the same address as this project, should both be approved. Regarding this, the applicant said the following:

"If approved, the PET/CT unit will be co-located with an IFRC CT unit, which is the subject of the separately pending COPN Request No. VA-8889. IRMC will own the PET/CT unit, while the CT unit under the pending COPN Request No. VA-8889 will be owned by IFRC. Consistent with arrangements at similar IRMC locations, IRMC will sublease the space to be utilized for the PET/CT services from IFRC".

The total capital costs of the proposed project are $7,148,636 of which approximately 31.4% represents direct construction costs (**Table 8**). The applicant states that $4,148,636 of the project will be funded through accumulated reserves, while the remaining $3,000,000 will be funded through a bank line of credit.

Table 8. IRMC capital costs

Direct Construction Costs	$2,246,755
Equipment Not Included in Construction Contract	$3,347,312
Site Acquisition Cost	$1,409,569
Architectural and Engineering Fees	$70,000
Taxes During Construction	$75,000
Total	**$7,148,636**

Source: COPN Request No. VA-8890

Construction for the proposed project is expected to be completed by December 2027.

Project Definitions

COPN Request No. VA-8876: Heart and Vascular

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part, as the "[e]stablishment of a medical care facility described in subsection A." A medical care facility includes "[a]ny specialized center or clinic or that portion of a physician's office developed for the provision … positron emission tomographic (PET) scanning …"

COPN Request No. VA-8881: IFOH

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part, as the "addition by an existing medical care facility described in subsection A of any new medical equipment for the provision of … computed tomographic (CT) scanning…" A medical care facility includes "[a]ny facility licensed as a hospital…"

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part, as the "[e]stablishment of a medical care facility described in subsection A." A medical care facility includes "[a]ny specialized center or clinic or that portion of a physician's office developed for the provision … computed tomographic (CT) scanning…"

COPN Request No. VA-8889: IFRC

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part, as the "[e]stablishment of a medical care facility described in subsection A." A medical care facility includes "[a]ny specialized center or clinic or that portion of a physician's office developed for the provision … computed tomographic (CT) scanning…"

COPN Request No. VA-8890: IRMC

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part, as the "[e]stablishment of a medical care facility described in subsection A." A medical care facility includes "[a]ny

specialized center or clinic or that portion of a physician's office developed for the provision …positron emission tomographic (PET) scanning…"

Required Considerations -- §32.1-102.3, of the Code of Virginia

In determining whether a public need for a project exists, the following factors shall be considered:

1. **The extent to which the proposed project will provide or increase access to health care services for people in the area to be served and the effects that the proposed project will have on access to health care services in areas having distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to health care;**

PD 8 had a population of about 2.5 million in 2020 and is projected to grow by just under 170,000 people, a 6.7% increase, by 2030. This is higher than the population growth rate projected for the Commonwealth of Virginia during this decade, 5.0% (**Table 9**). The 65+ population in PD 8 is expected to grow by 125,027 people (a 40.8% increase) between 2020 and 2030, a higher rate than the 30.9% growth rate in the 65 and older population across Virginia.

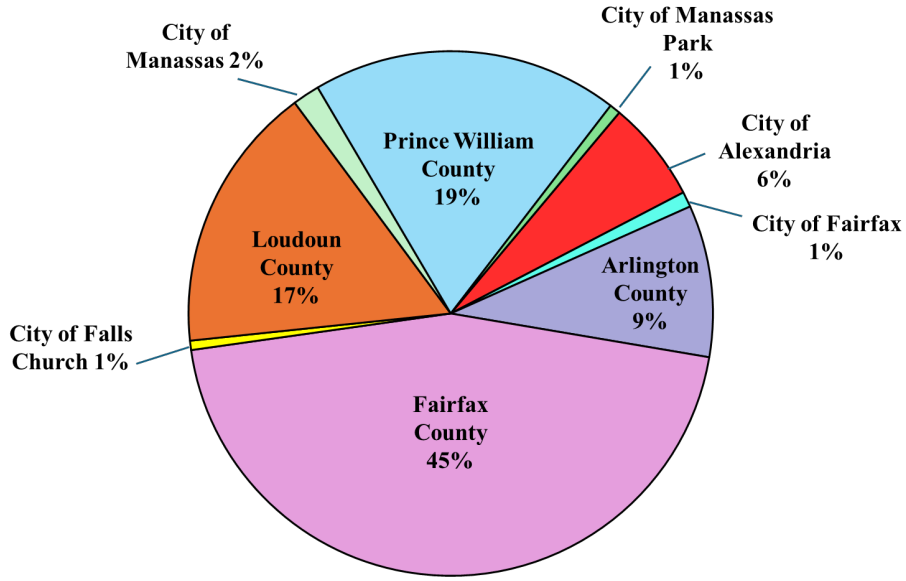
With respect to socioeconomic barriers, the overall poverty rate of PD 8 (6.2%) is lower than that of Virginia's, 9.8% (**Table 10**).

Table 9. PD 8 Population Data

Geographic Name	2020 Census	2030 Projection	Projected Population Change 2020-2030	Projected % Change 2020-2030	2020 65 + Census	2030 65+ Projection	Projected Population Change 65+ 2020-2030	Projected Percent Change 65+ 2020-2030
City of Alexandria	159,467	165,537	6,070	3.8%	18,758	23,477	4,719	25.2%
Arlington County	238,643	258,193	19,550	8.2%	25,333	31,175	5,842	23.1%
Fairfax County	1,150,309	1,161,376	11,067	1.0%	158,687	201,526	42,839	27.0%
Fairfax City	24,146	24,315	169	0.7%	3,871	4,740	869	22.4%
City of Falls Church	14,658	17,317	2,659	18.1%	2,185	2,846	661	30.3%
Loudoun County	420,959	496,821	75,862	18.0%	41,497	77,656	36,159	87.1%
City of Manassas	42,772	44,513	1,741	4.1%	4,505	6,801	2,296	51.0%
City of Manassas Park	17,219	18,785	1,566	9.1%	1,343	2,306	963	71.8%
Prince William County	482,204	534,983	52,779	11.0%	50,522	81,201	30,679	60.8%
PD 8 Totals/Avg.	**2,550,377**	**2,721,840**	**171,463**	**6.7%**	**306,701**	**431,728**	**125,027**	**40.8%**
Virginia	***8,631,393***	***9,060,433***	***429,040***	***5.0%***	***1,395,291***	***1,826,064***	***430,773***	***30.9%***

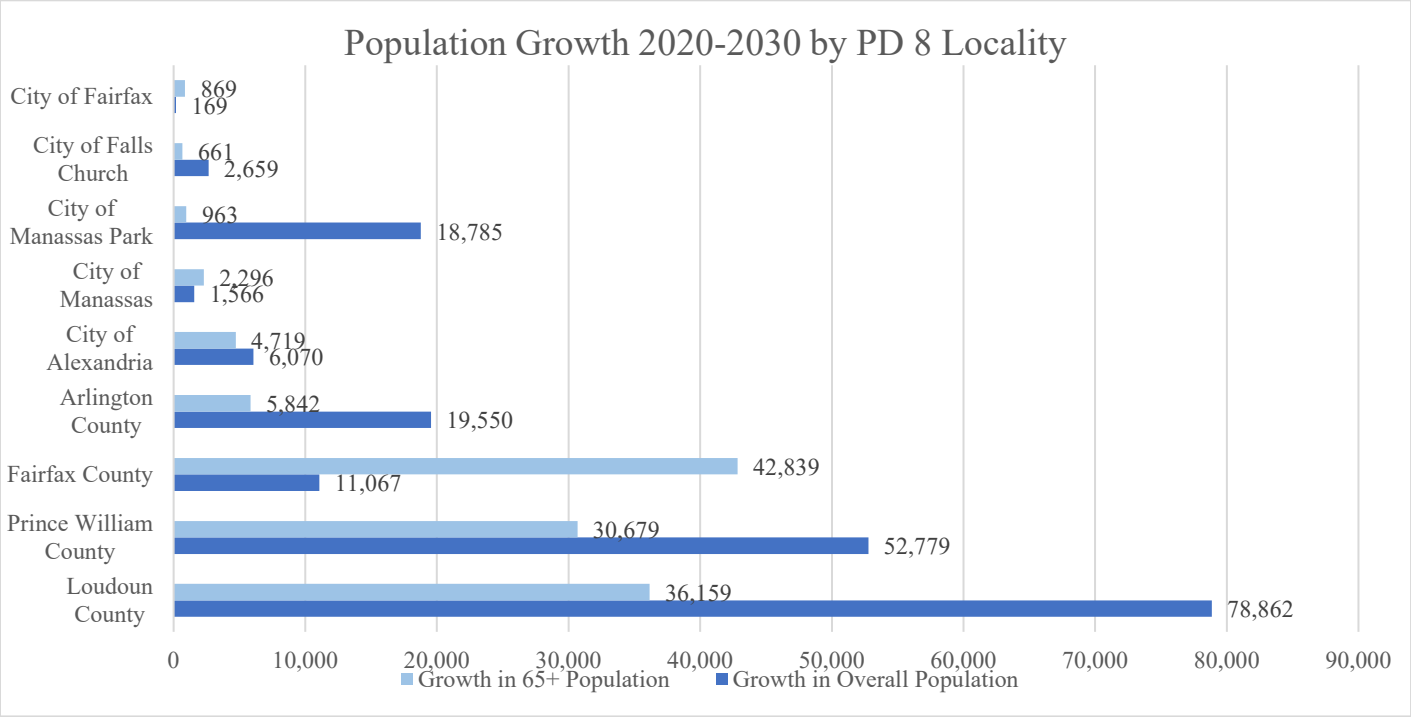
Source: Weldon-Cooper Data, updated June 2026

Figure 1. Percent of PD 8 Population by Locality



Source: Weldon-Cooper 2020 Census Data

Figure 2. Projected Population Growth by Locality, PD 8, 2020-2030



Source: Weldon-Cooper Data, updated June 2026

Table 10. 2024 Poverty Rates, PD 8

Locality	Percent in Poverty
City of Alexandria	7.5%
Arlington County	8.0%
Fairfax County	6.0%
City of Fairfax	7.8%
City of Falls Church	4.6%
Loudoun County	4.3%
City of Manassas	9.1%
City of Manassas Park	7.3%
Prince William County	6.6%
PD 8	**6.2%**
Virginia	*9.8%*

Source: https://www.census.gov/data-tools/demo/saipe/#

COPN Request No. VA-8876: Heart and Vascular

Geographically, the proposed facility will be located at 19465 Deerfield Avenue, Suite 405, Leesburg, Virginia. The site is accessible via the Dulles Greenway (Route 267) and Route 7. The building provides ample on-site surface parking including designated accessible spaces. Loudoun County Transit serves the Lansdowne area, and the site is accessible by ride-share services and regional paratransit providers that routinely serve the medical office complex.

Loudoun County, where the proposed project is located, is projected to have a population exceeding 496,000 by 2030. In total, it is projected to grow by 75,862 people, an 18.0% increase, between 2020 and 2030, a higher rate than that of PD 8 and Virginia (**Table 9 & Figure 2**). In fact, Loudoun County is projected to have the second-highest population increase in PD 8, only behind the City of Falls Church. In Loudoun County, the 65+ population is expected to grow by 36,159 people (an extraordinary 87.1% increase) (**Table 9 & Figure 2**). **Figure 1** shows that Loudoun County makes up 17% of the population of PD 8.

Loudoun County has a poverty rate lower than the rest of PD 8 at 4.3% (**Table 10**).

DCOPN is not aware of any other distinct and unique geographic, socioeconomic, cultural, transportation, or other barriers to care that this project will address.

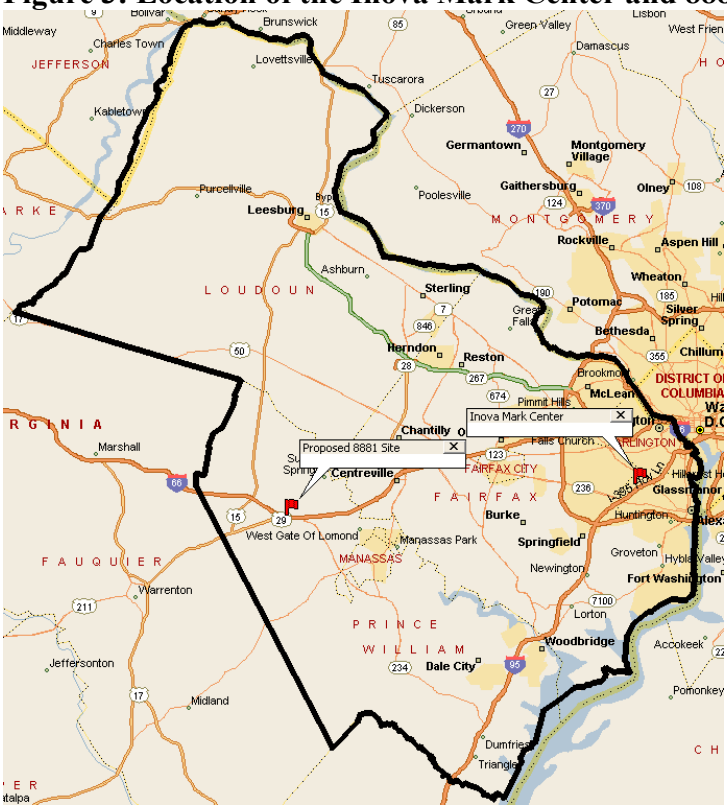
COPN Request No. VA-8881: IFOH

Geographically, the proposed facility will be located at 13545 Heathcote Blvd, Gainesville, Virginia. The site is conveniently and centrally located in western Prince William County, well situated for easy highway access. The site is located along a vehicular access road, Heathcote Boulevard, connecting southwards to Interstate 66, U.S Route 29, and VA-619, and northwards to U.S. Route 15. The is also situated directly across U.S. Route 29 from the University Commuter Lot and Bus Station (OmniRide) in Gainesville.

Prince William County, where the proposed project is located, is projected to have a population exceeding 535,000 by 2030. In total, it is projected to grow by 52,779 people, an 11.0% increase, between 2020 and 2030, a higher rate than that of PD 8 and Virginia (**Table 9 & Figure 2**). In Prince William County, the 65+ population is expected to grow by 30,679 people (a 60.72% increase) (**Table 9 & Figure 2**). **Figure 1** shows that Prince William County makes up 19.00% of the population of PD 8.

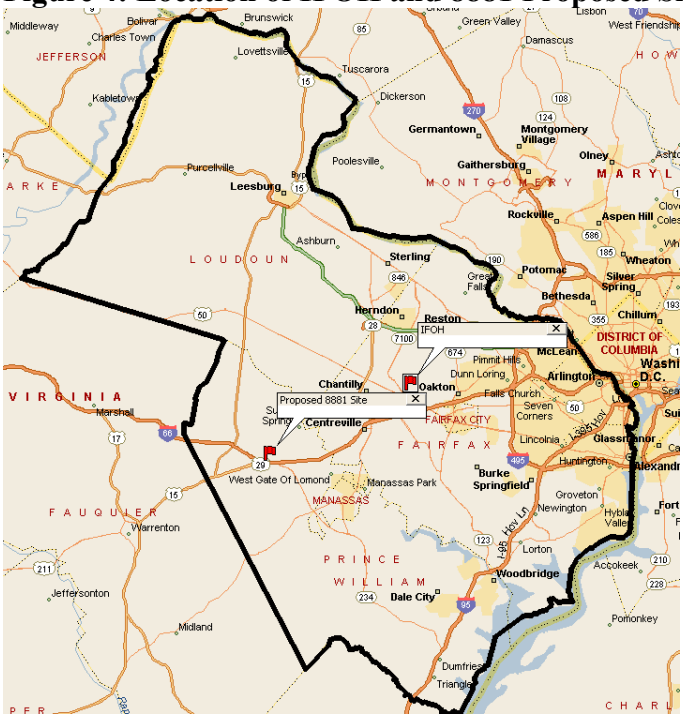
The proposed project involves relocating one CT scanner from the Inova Mark Center located in Alexandria. DCOPN notes that while both sites are in PD 8, they are located approximately 35 miles apart in different counties (**Figure 3**). This means that should the project be approved, the CT scanner will be moved from a more densely populated part of the PD, to a more rural one. That being said, the applicant stated that the existing Alexandria patients will be absorbed by both the Inova Oakville Imaging Center and the new Inova Alexandria Hospital that is set to open in 2028. In addition to this, the applicant states that the purpose of this project is to decant volumes from the CT scanners located at IFOH. The proposed site and IFOH are located approximately 17 miles apart in Prince William County and Fairfax County, respectively (**Figure 4**).

Figure 3: Location of the Inova Mark Center and 8881 Proposed Site



Source: DCOPN Records

Figure 4: Location of IFOH and 8881 Proposed Site



Source: DCOPN Records

Prince William County has a poverty rate slightly higher than the rest of PD 8 at 6.6% (**Table 10**).

DCOPN is not aware of any other distinct and unique geographic, socioeconomic, cultural, transportation, or other barriers to care that this project will address.

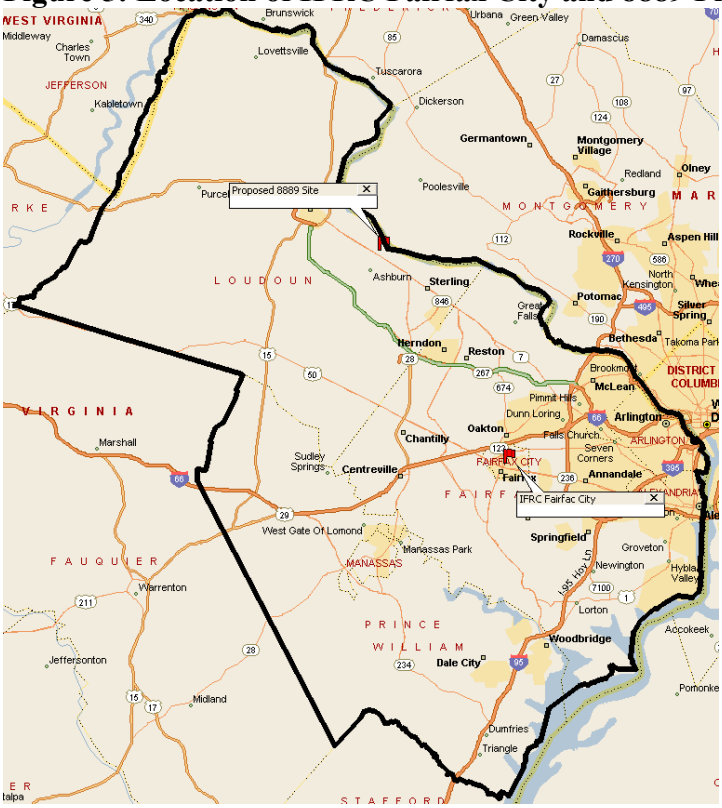
COPN Request No. VA-8889: IFRC

Geographically, the proposed facility will be located at 44084 Riverside Parkway in Leesburg, Virginia along with COPN Request No. VA-8890. The facility is located immediately off Route 7-Lansdowne Boulevard interchange with additional connections to Route 28 (Sully Road) and VA-267 (Dulles Toll Road). The nearest bus stop serving the area is located on the Inova Loudoun Hospital campus (0.4 miles away), which is served by multiple Loudoun County Transit fixed-route lines, including Routes 70, 181, 581, 341, and 342. This transit stop provides an accessible connection point for both patients and staff who rely on county transit services and links the Riverside Parkway Facility to broader regional transit pathways, including connections to the Silver Line Metro corridor via county-operated routes.

Loudoun County, where the proposed project is located, is projected to have a population of a little over 497,000 by 2030. In total, it is projected to grow by 75,862 people, an 18.02% increase, between 2020 and 2030, a higher rate than that of PD 8 and Virginia (**Table 9 & Figure 2**). Loudoun County is projected to have the second-highest population increase in PD 8, only behind the City of Falls Church. In Loudoun County, the 65+ population is expected to grow by 36,159 people (an extraordinary 87.1% increase) (**Table 9 & Figure 2**). **Figure 1** shows that Loudoun County makes up 17.0% of the population of PD 8.

The proposed project involves relocating one CT scanner from IFRC Fairfax City located in Fairfax, VA. DCOPN notes that while both sites are in PD 8, they are located approximately 27 miles apart in different counties (**Figure 5**). Much like COPN Request No. VA-8881, should the project be approved, a CT scanner will be moved from a more densely populated part of the PD, to a more rural one. The applicant stated that existing IFRC Fairfax City patients will be absorbed by IFRC Prosperity, IFRC Centreville and IFRC Woodburn, all located near the Fairfax City location. IFRC already has an established patient base in the area surrounding the proposed site, with the hope being that the new FRC CT Center at Riverside facility will help complement services currently being provided at the Breast Center of Fairfax and IFRC Lansdowne. Specifically, the applicant stated that the relocation of the scanner to the Lansdowne site will help offset the high scan volumes currently being experienced by the IFRC CT scanner. This is evidenced by the IFRC Lansdowne unit reporting being utilized at 136% of the SMFP threshold for expansion in 2024.

Figure 5: Location of IFRC Fairfax City and 8889 Proposed Site



Source: DCOPN Records

Loudoun County has a poverty rate lower than the rest of PD 8 at 4.30% (**Table 10**).

DCOPN is not aware of any other distinct and unique geographic, socioeconomic, cultural, transportation, or other barriers to care that this project will address.

COPN Request No. VA-8890: IRMC

Geographically, the proposed facility will be located at 44084 Riverside Parkway in Lansdowne, Virginia along with COPN Request No. VA-8889. The facility is located immediately off Route 7-Lansdowne Boulevard interchange with additional connections to Route 28 (Sully Road) and VA-267 (Dulles Toll Road). The nearest bus stop serving the area is located on the Inova Loudoun Hospital campus (0.4 miles away), which is served by multiple Loudoun County Transit fixed-route lines, including Routes 70, 181, 581, 341, and 342. This transit stop provides an accessible connection point for both patients and staff who rely on county transit services and links the Riverside Parkway Facility to broader regional transit pathways, including connections to the Silver Line Metro corridor via county-operated routes.

Loudoun County, where the proposed project is located, is projected to have a population exceeding 496,000 by 2030. In total, it is projected to grow by 75,862 people, an 18.02%

increase, between 2020 and 2030, a higher rate than that of PD 8 and that of Virginia (**Table 9 & Figure 2**). In fact, Loudoun County is projected to have the second-highest population increase in PD 8, only behind the City of Falls Church. In Loudoun County, the 65+ population is expected to grow by 36,159 people (an extraordinary 87.14% increase) (**Table 9 & Figure 2**). **Figure 1** shows that Loudoun County makes up 17.00% of the population of PD 8.

Loudoun County has a poverty rate lower than the rest of PD 8 at 4.30% (**Table 10**).

DCOPN is not aware of any other distinct and unique geographic, socioeconomic, cultural, transportation, or other barriers to care that this project will address

2. The extent to which the proposed project will meet the needs of people in the area to be served, as demonstrated by each of the following:

(i) the level of community support for the proposed project demonstrated by people, businesses, and governmental leaders representing the area to be served;

COPN Request No. VA-8876: Heart and Vascular

DCOPN received eight letters of support for the proposed project from both area providers and the community, which addressed:

- PET/CT scanning is the preferred imaging modality over SPECT imaging.
- Many of the existing cardiac PET/CT scanners in PD 8 are operated by independent physicians and are often for established cardiology patients only.
- Without the need for outside referrals, patients can receive faster and more cost-efficient care.
- Current providers estimate they will be able to do at least 10 PET/CT scans each per month (120 scans per year).

DCOPN did not receive any letters in opposition to the proposed project.

COPN Request No. VA-8881: IFOH

DCOPN received three letters of support for the proposed project from medical providers and one letter from the Inova Medical Executive Committee, which addressed:

- The three existing CT scanners at Inova Fair Oaks Hospital are operating at 244% of the SMFP threshold for expansion. Projected population growth is expected to increase in the coming years.
- The proposed location in Gainesville is within the Primary Service Area (PSA) of Inova Fair Oaks Hospital.
- Having a CT scanner in Gainesville will serve patients currently receiving service at the Inova Health Center – Gainesville.
- When patients seek imaging services outside of the Inova System, Inova's physicians are often unable to access other facilities' electronic medical records, leading to delays in care.

DCOPN received a letter of opposition on June 5, 2026, from UVA Community Health (UVACH) which addressed:

- The proposed facility is less than two miles from the recently opened UVA Health Outpatient Imaging Gainesville and adding additional CT capacity will decrease utilization at UVA's existing facilities.

- Inova's CT volume projections for this project are higher than what UVACH has experienced in practice in the Gainesville community.
- Only 4.6% if all Inova Health System CT procedures in 2024 originated in the Gainesville PSA.
- The projected PSA identified by Inova is large, stretching over 40 miles and overlapping with the new UVACH facility.
- The proposed facility is over 16 miles away from Inova Fair Oaks Hospital and will do little to address the institutional need for expansion.
- The scanner that is being relocated in the proposed project is coming from a facility that is over 35 miles away.
- There is no demand for additional ED and associated CT services in the proposed location. The two lowest utilized EDs in PD 8 are located within three to eleven miles from the site.
- Inova is already the dominant provider of CT services in PD 8.

A response from IFOH regarding the letter of opposition was received by DCOPN on June 23, 2026, and stated the following:

- IFOH's project is not premature or redundant.
- Inova is looking only to serve its existing patient base in Gainesville, where they have been providing services since 2013.
- In 2025, there were 19,562 visits to Inova Hospitals from patients the Inova Gainesville PSA.
- UVA Community Health received their most recently implemented scanner based on institutional need, implying there is a growing need for CT services in the area.
- PSA has historically been determined "by assessing those ZIP codes from which the first 75% of the hospital's CT patients originate". Using this measure, Gainesville is squarely within IFOH's CT PSA.
- The proposed site will allow for the consolidation of Inova services.
- The CT scanner at the Inova Mark Center is old and in need of replacement. Since the Center is set to close in 2028 anyway, it will be more beneficial to relocate and replace the scanner at a site where it will be better utilized.
- UVA Community Health is looking to maintain its status as the sole provider of CT services in Western Prince William County.

UVACH sent an additional letter of concern on June 24, 2026, which stated the following:

- If the project is approved, the diversion of volumes from UTACH will have an adverse financial impact.
- UVACH is a safety net provider, and the proposed project would impact its ability to properly serve its patient base. A safety net provider requires a delicate patient payor mix.
- A new FSED and CT in the Gainesville area will divert patients and directly impact the operations of existing UVACH facilities.
- It is impossible for Inova to only serve its existing patients without dipping into the existing market.
- Inova has other options to address its institutional need such as on-site addition.

- The claims that UVACH has a monopoly on western Prince William County are false.
- UVACH's freestanding imaging center operates as a lower-cost Independent Diagnostic Testing Facility (IDTF).
- The placement of an off-site CT in a FSED to offset hospital volumes in other projects is not comparable to this one.

IFOH responded to the letter of concern on July 14, 2026, saying the following:

- UVACH's own projections demonstrate that there is a need for additional CT capacity in Prince William County.
- Even if the proposed site were to take away 5% of UVACH Prince William Medical Center's (PWMC) CT scan volumes, which the applicant states is unlikely, the two CT units at PWMC would still operate at 172% of the SMFP threshold for expansion.
- Nothing in COPN law or regulations entitles UVACH to maintain status as the only CT provider in this region of PD 8.

COPN Request No. VA-8889: IFRC

DCOPN received three letters of support for the proposed project from area medical providers:

- An additional CT scanner will help with current scheduling delays.
- Expanding CT capacity will meaningfully help improve access for residents of Loudoun County.
- An on-campus expansion of CT services would not improve geographic access for patients in the Gainesville PSA.
- The Commissioner has repeatedly recognized the public need to co-locate CT services with FSEDs.

DCOPN did not receive any letters in opposition to the proposed project.

COPN Request No. VA-8890: IRMC

DCOPN received four letters of support for the proposed project from medical providers, members of the Loudoun County Board of Supervisors, and the Inova Medical Executive Committee, which addressed:

- PET/CT imaging is a critical diagnostic tool for diagnosing, staging, and managing cancer.
- This area of Northern Virginia (Loudoun County) lacks access to a fixed PET/CT scanner.
- A PET/CT scanner in this area of PD 8 will improve timeliness, continuity, and convenience of care.
- IRMC has an established presence in Loudoun County, including FRC of Lansdowne and Breast Center of Loudoun.

- Many Loudoun County residents are forced to travel outside the county for services.

A letter of opposition was received from PET of Reston on June 24, 2026, which stated the following:

- The PET/CT scanner volume for PD 8 is operating in a "data vacuum" because several scanners have been approved since the 2024 VHI data was published.
- The estimated scanner utilization proposed by the applicant is unverified.
- The applicant misrepresented PET of Reston's scanner as mobile when it is actually fixed.
- PET of Reston has the capacity to support the growing and aging population of PD 8.
- While there are no unrestricted PET/CT scanners in Loudoun County, other providers, like PET of Reston, serve that population base.
- The addition of another PET/CT scanner will destabilize the market for existing providers.
- The projected capital costs are unreasonably high and represent inefficient use of resources.

IRMC responded to the letter of opposition as well as comments made in the June 8 public hearing in a letter on June 26, 2026, which said the following:

- The proposed project is intended to improve geographic access for IRMC's existing patient base in Loudoun County.
- The first-year projections for the Centreville IRMC scanner is 2,920 procedures.
- The proposed project will not impact PET of Reston because both sites have different referral patterns.
- There are currently no PET/CT scanners in Loudoun County[33].
- Most of the PET/CT scanners approved in recent years have had a cardiac-only restriction.

Public Hearing

DCOPN provided notice to the public regarding these projects inviting public comment on May 8, 2026. The public comment period closed on June 24, 2026. §32.1-102.6B of the Code of Virginia directs DCOPN to hold one public hearing on each application in the case of competing applications; or in response to a written request by an elected local government representative, a member of the General Assembly, the Commissioner, the applicant, or a member of the public. The Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations at 12VAC5-220-220 requires that applications for the same or similar services which are proposed for the same planning district shall be considered as competing applications. COPN Request Nos. VA-8876, VA-8881, VA-8889 and VA-8890 are all requests for either PET/CT, CT or combined PET/CT and CT services in PD 8, so they are considered to be competing.

[33] Virginia Heart is authorized for on cardiac PET/CT scanner located in Leesburg, but scans are restricted to cardiac only. The site became operational in September 2025.

COPN Request No. VA-8876: Heart and Vascular

Anther Anis, MD, President, Heart and Vascular Specialists presented the project. Other than the letters of support referenced above, there was no public comment and there is no known opposition to the project.

COPN Request No. VA-8881: IFOH

Elizabeth Breen, Counsel to Inova Health System, introduced herself and others presented to discuss the application: Mark Lainoff: Director of Business and Market Development, Inova Health System; Raj Chand, MD, President of Inova Fair Oaks Hospital; Patrick Oliverio, MD, Inova Health System. Diagnostic Radiology Division Chief; Ifeoma Ugonabo, MD, Inova Cardiology – Gainesville.
Erik Shannon, CEO, UVA Community Health, opposed the project saying that while IFOH has a need for additional CT scanning capacity, Gainesville is not an appropriate location. Should the proposed project be approved, it will negatively impact UVA's services in the area. Other than Mr. Shannon and the support and UVACH opposition letters mentioned above, there were no additional public comments.

COPN Request No. VA-8889: IFRC

Lance Boyd, CEO, Fairfax Radiological Consultants; Patrick Oliverio, MD, President, Fairfax Radiological Consultants: Carol Burchett, Chief Strategy Officer, Fairfax Radiology Consultants presented the application. Other than the letters of support referenced above, there was no public comment and there is no known opposition to the project.

COPN Request No. VA-8890: IRMC

Lance Boyd, CEO, Fairfax Radiological Consultants; Patrick Oliverio, MD, President, Fairfax Radiological Consultants: Carol Burchett, Chief Strategy Officer, Fairfax Radiology Consultants presented the application.
Karan Lofti, MD, of PET of Reston spoke in opposition to the project saying the request was premature because IRMC does not yet have volumes from their recently opened Centreville site, and PET of Reston has the capacity to serve additional patients as needed.

Other than Dr. Lofti and the support and PET of Reston opposition letter mentioned above, there were no additional public comments.

(ii) the availability of reasonable alternatives to the proposed project that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner;

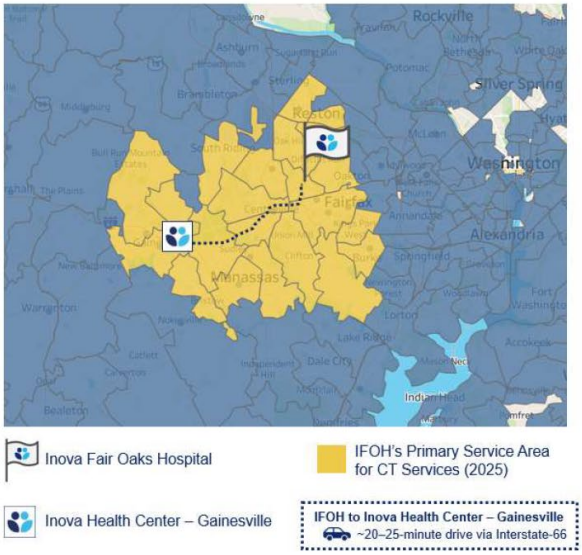
COPN Request No. VA-8876: Heart and Vascular

There is no reasonable alternative identified to the proposed project that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner.
DCOPN considered maintaining the status quo as a potential alternative because there are currently nine authorized cardiac PET/CT scanners in PD 8, of which, only three have reported data to VHI. Additionally, the applicant stated that it is only expecting to do 953 PET/CT scans in year 1 and 1,001 scans in year 2. This is well below the PD 8 average of 2,986 scans per unit, and the Virginia overall average of 2,373 scans per unit.
Despite this, DCOPN does recognize that Heart and Vascular will be serving its existing patients with its proposed cardiac PET/CT scanner. This follows a trend in recent years of DCOPN approving cardiac-restricted PET/CT scanners for existing cardiac practices offering SPECT services because PET/CT is considered the "gold standard" over SPECT imaging. Additionally, the HSANV stated "[Heart and Vascular] has a patient population, and diagnostic testing service volume, large enough to permit efficient use of a full-time PET scanner".
Because of this, DCOPN does not believe there are any reasonable alternatives to the proposed project.

COPN Request No. VA-8881: IFOH

There is no reasonable alternative identified to the proposed project that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner.
While DCOPN had concerns that the proposed site will not help offset high CT volumes at IFOH since there is a 17-mile distance between the two sites, the applicant assured that it does have an established patient base in Gainesville, and the proposed site will be targeting patients who are already seeking care at existing Inova locations. According to the applicant, the proposed site is within the IFOH PSA, with patients from the 20155-zip code making up 2% of all CT cases in 2025 (**Figure 6**). Additionally, this project involves the inventory-neutral relocation of the Inova Mark Center CT scanner, which only operated at 62.8% of the SMFP threshold for expansion in 2024 (**Table 3**). This is the lowest reported volume for an Inova CT scanner, excluding the Oakville Health Center and FRC Springfield which both were not open for the entirety of the 2024 reporting period.
Because of this, DCOPN does not believe there are any reasonable alternatives to the proposed project.

Figure 6: IFOH Service Area and Zip Codes



- **Inova Health Center – Gainesville is located within IFOH's Primary Service Area for CT services (zip code in top 75% of CT volume by patient origin)**

Zip Code	City	County	State	% of Total IFOH CT Volume	Cumulative %
22033	Fairfax	Fairfax County	VA	10.3%	10.3%
20120	Centreville	Fairfax County	VA	8.5%	18.7%
22030	Fairfax	Fairfax City County	VA	8.4%	27.1%
20171	Herndon	Fairfax County	VA	6.6%	33.7%
20151	Chantilly	Fairfax County	VA	5.6%	39.3%
20121	Centreville	Fairfax County	VA	5.3%	44.5%
20191	Reston	Fairfax County	VA	3.5%	48.0%
20124	Clifton	Fairfax County	VA	3.2%	51.2%
22124	Oakton	Fairfax County	VA	3.0%	54.2%
20170	Herndon	Fairfax County	VA	2.3%	56.4%
20111	Manassas	Prince William County	VA	2.3%	58.7%
20152	Chantilly	Loudoun County	VA	2.2%	60.9%
22015	Burke	Fairfax County	VA	2.1%	63.1%
20155	Gainesville	Prince William County	VA	2.0%	65.1%
20109	Manassas	Prince William County	VA	2.0%	67.0%
20110	Manassas	Manassas City County	VA	1.8%	68.9%
22032	Fairfax	Fairfax County	VA	1.6%	70.5%
20190	Reston	Fairfax County	VA	1.5%	72.0%
20169	Haymarket	Prince William County	VA	1.4%	73.4%
20136	Bristow	Prince William County	VA	1.3%	74.7%
22039	Fairfax Station	Fairfax County	VA	1.2%	75.9%

Source: IFOH Response Letter- June 23, 2026

COPN Request No. VA-8889: IFRC

There is no reasonable alternative identified to the proposed project that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner. The location of the proposed site is adjacent to the campus of Inova Loudoun Hospital which had a 409.0% utilization rate for its CT scanner in 2024, and Radiology Imaging Associates at Lansdowne (Fairfax Radiology), which had a 136.0% utilization rate for its CT scanner in 2024. The applicant mentioned that the proposed scanner will mainly decant volumes from the freestanding Fairfax Radiology site, and if approved, one scanner will mainly be focused on cardiac scans, while the other scanner (from the proposed project) will absorb the existing site's non-cardiac scans. Additionally, the CT scanner that is proposed to be relocated as a part of this project only operated at about 85.0% of the SMFP threshold for expansion in 2024, and the applicant believes it will be better utilized at the proposed site. The proposal in inventory-neutral Because of this, DCOPN does not believe there are any reasonable alternatives to the proposed project.

COPN Request No. VA-8890: IRMC

There is no reasonable alternative identified to the proposed project that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner.

There is currently only one PET/CT scanner in Loudoun County, and it is restricted to cardiac scans only. The proposed project would introduce general PET/CT services to the county while allowing Inova to re-route some PET/CT referrals away from the Fairfax PET/CT Center, which was the second highest utilized scanner in PD 8 at 69.0% of the SMFP threshold for expansion. This project, along with the other PET/CT scanner recently opened in Centreville (Fairfax Radiology Center of Centreville), will help decrease volumes from the highly utilized site. Because of this, DCOPN does not believe there are any reasonable alternatives to the proposed project.

(iii) any recommendation or report of the regional health planning agency regarding an application for a certificate that is required to be submitted to the Commissioner pursuant to subsection B of § 32.1-102.6;

HSANV considered the proposed projects at its June 8, 2026, meeting.

COPN Request No. VA-8876: Heart and Vascular

At its June 8, 2026, meeting, the HSANV, the organization in HPR II designated by the Virginia Department of Health to serve as the Health Planning Agency for PD 8, voted eight in favor, none opposed, to recommend approval of Heart and Vascular's COPN Request number VA-8876. The HSANV based its recommendation on its review of the application, on the HSANV staff report on the proposal, on the information presented at the June 8, 2026, public hearing and Board of Directors meeting, and on several basic findings and conclusions, including:

1. PET scanning is the preferred imaging option for diagnosing and treating coronary artery disease.
2. Interest in and the shift to cardiac PET imaging among cardiology practices is underway regionwide.
3. Heart and Vascular has a patient population, and diagnostic testing service volume, large enough to permit efficient use of a full-time PET scanner.
4. The equipment lease and operating agreement with CDL Nuclear Technologies is like several vendor arrangements in the region. It is an acceptable way to minimize initial Heart and Vascular's capital costs and permit diffusion of the technology.
5. As with several other PET scanners authorized for cardiology practices, the project is narrowly focused on serving Heart and Vascular patients. There is no indication that it will affect other services negatively.
6. Use of Heart and Vascular's CT scanners independent of cardiac PET imaging will be limited to coronary artery calcium scoring. The CT scanning capability will not be used in general diagnostic imaging.
7. The project is consistent with applicable provisions of the SMFP as they have been applied to similar projects in recent years.

COPN Request No. VA-8881: IFOH

At its June 8, 2026, meeting, HSANV, the organization in HPR II designated by the Virginia Department of Health to serve as the Health Planning Agency for PD 8, voted seven in favor, none opposed, one abstention[34], to recommend approval of IFOH's COPN Request number VA-8881. The HSANV based its recommendation on its review of the application, on the HSANV staff report on the proposal, on the information presented at the June 8, 2026, public hearing and Board of Directors meeting, and on several basic findings and conclusions, including:

1. The proposal is an inventory-neutral, maintenance-of-effort project. It entails the replacement and relocation of Inova's Mark Center CT service.
2. Inova's Mark Center CT scanner City is dated and near the end of its useful life.
3. The proposed location, western Prince William County, is in IFOH's primary service area.
4. A CT scanner is needed to support the satellite emergency department IFOH is developing in Gainesville, Virginia.
5. UVA Community Health concerns notwithstanding, the rapid growth of CT scanning demand indicates that the project is not likely to threaten other CT services in the area.
6. The project is consistent with applicable provisions of the Virginia SMFP as they have been applied to similar projects.
7. The capital cost of the project is within the range commonly seen for local CT services.

COPN Request No. VA-8889: IFRC

At its June 8, 2026, meeting, the HSANV, the organization in HPR II designated by the Virginia Department of Health to serve as the Health Planning Agency for PD 8, voted eight in favor, none opposed, to recommend approval of IFRC's COPN Request number VA-8889. The HSANV based its recommendation on its review of the application, on the HSANV staff report on the proposal, on the information presented at the June 8, 2026, public hearing and Board of Directors meeting, and on several basic findings and conclusions, including:

1. The proposal is an inventory-neutral, maintenance-of-effort project. It entails the replacement of IFRC's City of Fairfax CT service with a new scanner in the Lansdowne area of Loudoun County.
2. IFRC's City of Fairfax scanner is dated and near the end of its useful life.
3. The location change is appropriate. IFRC's Fairfax City service is to close in early 2027, when the office lease expires.
4. There is no indication that the project will affect any other service negatively.
5. The project is consistent with applicable provisions of the Virginia SMFP, which has been applied to similar projects.

[34] One HSANV board member declared a conflict of interest with IFOH and therefore abstained from voting.

6. The capital cost of the project is within the range commonly seen for local CT services.

COPN Request No. VA-8890: IRMC

At its June 8, 2026, meeting, the HSANV, the organization in HPR II designated by the Virginia Department of Health to serve as the Health Planning Agency for PD 8, voted eight in favor, none opposed, to recommend approval of IRMC's COPN Request number VA-8890. The HSANV based its recommendation on its review of the application, on the HSANV staff report on the proposal, on the information presented at the June 8, 2026, public hearing and Board of Directors meeting, and on several basic findings and conclusions, including:

1. PET imaging is the preferred diagnostic imaging option for an expanding array of acute care patients. Demand continues to grow as clinical indications for its use increase.
2. IRMC has PET scanning services in central and western Fairfax County. Its service near Inova Fairfax Hospital operates at capacity. It has recently opened the location in Centreville, Virginia and service is near capacity. Average use of the two services is more than 3,000 patients per scanner annually. Additional capacity is needed to meet near-term demand.
3. Patient origin data of those served at IRMC locations suggest that adding a complementary service in Loudoun County is an appropriate response to increasing demand.
4. Capital costs are within the range commonly seen for similar projects.
5. There is no indication that the project will affect the use of other local PET services.
6. The project is consistent with applicable provisions of the Virginia SMFP as applied to similar projects in recent years.

(iv) any costs and benefits of the proposed project;

COPN Request No. VA-8876: Heart and Vascular

As demonstrated by **Table 5**, the projected capital costs of the proposed project are $1,506,749, 27.3% of which represents direct construction costs. As previously discussed, the applicant stated the following regarding project funding:

"The proposed project will be funded through the CDL Equipment Lease, Isotope Sale, and Services Agreement, including the PET/CT equipment lease and the buildout allowance structure described in the Agreement, together with available practice cash reserves if needed. The CDL Equipment Lease is treated as an operating expense at $16,000 per month and does not create a debt service obligation. CDL advances approved construction/buildout costs against the buildout allowance, with the Applicant repaying those costs pro rata over the initial lease term pursuant to Lease Section 3(c). No construction loan, long-term mortgage, or amortization schedule is required".

DCOPN does have concerns about the practice's ability to supplement the project with its accumulated reserves based on a 2025 income statement that was provided as part of the application. In the income statement, the practice reported a net loss of $403,082. When asked about this, the applicant explained: "Physician compensation increased by $821,497 from 2024 to 2025. Without that timing-related increase, the practice would have shown positive net income of approximately $418,415 for 2025". According to a letter provided by the applicant, Heart and Vascular had a cash balance of $583,469 as of April 30, 2026.

DCOPN concludes that when compared to similar projects these costs are reasonable. For example, COPN No. VA-04930 submitted by Virginia Heart to establish a specialized center for PET/CT services with one fixed PET/CT unit limited to cardiology had a capital cost of $3,807,237.

Table 5. Heart and Vascular capital costs (Repeated)

Direct Construction Costs	$411,425
Equipment Not Included in Construction Contract	$960,000
Site Acquisition Cost	$80,324
Architectural and Engineering Fees	$35,000
Taxes During Construction	$20,000
Total	**$1,506,749**

Source: COPN Request No. VA-8876

The applicant identified numerous benefits of the proposed project, including:

- PET/CT is clinically superior to SPECT.
- PET/CT scans will be able to be read and interpreted by the practice's doctor the same day the imaging is done without any delays associated with referrals.
- Heart and Vascular is performing an average of 1,900 stress tests and 1,100 SPECT MPI studies per year. Cardiac PET/CT, the preferred modality, will better serve these patients.

COPN Request No. VA-8881: IFOH

As demonstrated by **Table 6**, the projected capital costs of the proposed project are $2,738,559, 35.4% of which represents direct construction costs. As previously discussed, the applicant states that the proposed project will be funded fully through accumulated reserves, no financing costs will be incurred. DCOPN concludes that when compared to similar projects, these costs are reasonable. For example, COPN No. VA-04931 submitted by Inova Fairfax Radiology Center to introduce CT imaging services in an existing medical care facility with one fixed CT scanner relocated from FRC Sterling had a capital cost of $2,582,843; 23.0% of which was direct construction costs.

Table 6. IFOH capital costs (Repeated)

Direct Construction Costs	$968,317
Equipment Not Included in Construction Contract	$1,603,632
Site Acquisition Cost	$13,251
Architectural and Engineering Fees	$127,542
Taxes During Construction	$25,817
Total	**$2,738,559**

Source: COPN Request No. VA-8881

The applicant identified numerous benefits of the proposed project, including:

- IFOH has an institutional need to expand, and the addition of the relocation of this scanner to a growing area of PD 8 will help decrease volumes.
- The site where the CT scanner is currently located is outdated and underutilized.
- The scanner will be co-located with the Gainesville FSED, allowing for a more streamlined continuity of care.

COPN Request No. VA-8889: IFRC

As demonstrated by **Table 7**, the projected capital costs of the proposed project are $2,801,559, 34.0% of which represents direct construction costs. As previously discussed, the applicant states that the proposed project will be funded fully through accumulated reserves, no financing costs will be incurred. DCOPN concludes that when compared to similar projects, these costs are reasonable. For example, COPN No. VA-04931 submitted by Inova Fairfax Radiology Center to introduce CT imaging services in an existing medical care facility with one fixed CT scanner relocated from FRC Sterling had a capital cost of $2,582,843, 23.0% of which was direct construction costs.

Table 7. IFRC capital costs (Repeated)

Direct Construction Costs	$962,895
Equipment Not Included in Construction Contract	$723,454
Site Acquisition Cost	$987,313
Architectural and Engineering Fees	$63,250
Taxes During Construction	$64,500
Total	**$2,801,559**

Source: COPN Request No. VA-8889

COPN Request No. VA-8890: IRMC

As demonstrated by **Table 8**, the projected capital costs of the proposed project are $7,148,636 of which approximately 31.0% represents direct construction costs. As previously discussed, the applicant states that $4,148,636 of the project will be funded through accumulated reserves, while the remaining $3,000,000 will be funded through a bank line of credit. DCOPN concludes that when compared to similar projects, these costs are a little high, but reasonable. For example,

COPN No. VA-04919 submitted by Virginia Heart to establish a Center for PET/CT services with one fixed PET/CT scanner limited to cardiology had a capital cost of $3,816,902, 19.0% of which was direct construction costs. DCOPN notes that most PET/CT projects that have been approved in the last five years have been for cardiac-restricted PET/CT scanners.

Table 8. IRMC capital costs (Repeated)

Direct Construction Costs	$2,246,755
Equipment Not Included in Construction Contract	$3,347,312
Site Acquisition Cost	$1,409,569
Architectural and Engineering Fees	$70,000
Taxes During Construction	$75,000
Total	**$7,148,636**

Source: COPN Request No. VA-8890

(v) the financial accessibility of the proposed project to the people in the area to be the financial accessibility of the proposed project to the people in the area to be served, including indigent people; and

According to regional and statewide data regularly collected by VHI, for 2024, the most recent year for which such data is available, the average amount of charity care provided by HPR II facilities was 2.2.0% of all reported total gross patient revenues (**Table 11**).

COPN Request No. VA-8876: Heart and Vascular

The pro forma income statement provided by the applicant (**Table 13**) proffers 2.0% in charitable contributions, which is lower than the HPR average of 2.2% (**Table 11**). In accordance with section 32.1-102.4.B of the Code of Virginia, should the proposed project receive approval, the project will be conditioned to provide a level of charity care based on gross patient revenues derived from PET/CT services that is no less than the equivalent average for charity care contributions in HPR II. Because of this, should the project be approved, Heart and Vascular will be subject to a 2.2% charity condition. Pursuant to Code of Virginia language any COPN issued for this project will also be conditioned on the applicant's agreement to accept patients who are the recipients of Medicare and Medicaid.

COPN Request No. VA-8881: IFOH

Inova Health System facilities treat all patients regardless of ability to pay for services or of payor source. IFOH provided charity care in the amount of 2.2% in 2024, the latest year for which such data are available (**Table 11**). This is only slightly below the HPR V average of 2.2% in 2024. In the pro forma provided in the application for COPN Request No. VA-8881 (**Table 14**), IFOH proffers 3.2% charity care, which is lower than Inova Health System's systemwide condition of 3.9%. Should this project be approved, it will be subject to a 3.9% charity condition.

Pursuant to Code of Virginia language any COPN issued for this project will also be conditioned on the applicant's agreement to accept patients who are the recipients of Medicare and Medicaid.

COPN Request No. VA-8889: IFRC

Inova Health System facilities treat all patients regardless of ability to pay for services or of payor source. IFRC did not have any locations that provided charity care data in 2024. Overall, the Inova Health System provided a charity care average of 2.3% which is slightly above the HPR V average of 2.2% in 2024. In the pro forma provided in the application for COPN Request No. VA-8889, IFRC proffers 2.9% charity care (**Table 15**). This is below the 3.9% charity systemwide condition and as such should the project be approved, IFRC will be held to 3.9%. Pursuant to the Code of Virginia language any COPN issued for this project will also be conditioned on the applicant's agreement to accept patients who are the recipients of Medicare and Medicaid.

COPN Request No. VA-8890: IRMC

Inova Health System facilities treat all patients regardless of ability to pay for services or of payor source. IRMC did not have any locations that provided charity care data in 2024. Overall, the Inova Health System provided a charity care average of 2.3% which is slightly above the HPR V average of 2.2% in 2024. In the pro forma provided in the application for COPN Request No. VA-8890, IRMC proffers 1.5% charity care (**Table 16**). This is below the 3.9% charity systemwide condition and as such should the project be approved, IRMC will be held to the 3.9%. Pursuant to Code of Virginia language any COPN issued for this project will also be conditioned on the applicant's agreement to accept patients who are the recipients of Medicare and Medicaid.

Table 11. HPR II Charity Care Contributions: 2024

Hospital	Gross Patient Revenues	Adjusted Charity Care Contribution	% of Gross Patient Revenue:
UVA Health Prince William Medical Center	$716,331,491	$41,008,588	5.72%
Sentara Northern Virginia Medical Center	$1,113,165,093	$51,702,306	4.64%
Encompass Health Rehab Hosp of Northern Virginia	$48,211,597	$1,826,742	3.79%
Inova Alexandria Hospital	$1,694,182,731	$50,440,661	2.98%
Inova Mount Vernon Hospital	$890,441,286	$23,371,040	2.62%
Inova Fairfax Hospital	$7,540,856,971	$166,576,158	2.21%
Inova Loudoun Hospital	$1,677,819,433	$37,476,979	2.23%
Virginia Hospital Center	$1,256,027,025	$27,903,630	2.22%
Inova Fair Oaks Hospital	$2,408,582,527	$52,039,581	2.16%
Dominion Hospital	$187,238,481	$3,760,816	2.01%
Reston Hospital Center	$2,254,004,397	$19,684,028	0.87%
StoneSprings Hospital Center	$582,717,334	$4,566,302	0.78%
North Spring Behavioral Healthcare	$82,497,344	$230,098	0.28%
UVA Health Haymarket Medical Center	$386,285,597	$8,866,919	2.30%
Inova Specialty Hospital	$84,305,852	$0	0.00%
Total Inpatient Hospitals:			**15**
HPR II Total Inpatient $ & Mean %	**$20,922,667,159**	**$489,453,848**	**2.3%**
HealthQare Services ASC, LLC	$13,632,136	$1,310,762	9.62%
Stone Springs Ambulatory Surgery Center	$76,406,627	$3,149,654	4.12%
Inova Ambulatory Surgery Center at Lorton	$10,368,192	$108,312	1.04%
Northern Virginia Eye Surgery Center, LLC	$19,079,771	$31,456	0.16%
Inova Surgery Center @ Franconia-Springfield	$103,157,360	$71,790	0.07%
Haymarket Surgery Center	$78,596,299	$48,654	0.06%
Northern Virginia Surgery Center	$68,941,715	$33,412	0.05%
Reston Surgery Center	$195,891,966	$75,099	0.04%
McLean Ambulatory Surgery Center	$54,482,314	$24,067	0.04%
Inova Loudoun Ambulatory Surgery Center	$101,605,217	$18,748	0.02%
Fairfax Surgical Center	$181,894,940	$16,493	0.01%
Prince William Ambulatory Surgery Center	$86,151,992	$11,406	0.01%
Lake Ridge Ambulatory Surgical Center	$14,168,726	$275	0.00%
Kaiser Permanente Tysons Corner Surgery Center	$51,140,777	$0	0.00%
Kaiser Permanente Caton Hill Ambulatory Surgery Center	23,894,258	$0	0.00%
Pediatric Specialists of Virginia Ambulatory Surgery Center	9,187,308	$0	0.00%
VHC Ambulatory Surgery Center	Not reporting	$0	0.00%
Total Outpatient Hospitals:			**16**
HPR II Total Outpatient Hospital $ & Mean %	**$1,088,599,598**	**$4,900,128**	**0.5%**
Total Hospitals:			**31**
HPR II Total Hospital $ & Mean %	**$22,011,266,757**	**$494,353,976**	**2.2%**

Source: VHI (2024)

(vi) at the discretion of the Commissioner, any other factors as may be relevant to the determination of public need for a proposed project.

DCOPN has previously acknowledged the SMFP's utilization standards for PET/CT services are outdated and that expecting a PET service to reach the threshold suggested by the SMFP amounts to a misconception about the utilization of this modality at the time the SMFP was written and should be treated as such.

3. The extent to which the proposed project is consistent with the State Health Services Plan;

Section 32.1-102.2:1 of the Code of Virginia calls for the State Health Services Plan Task Force to develop recommendations for a comprehensive State Health Services Plan (SHSP). In the interim, DCOPN will consider the consistency of the proposed project with the predecessor of the SHSP, the SMFP.

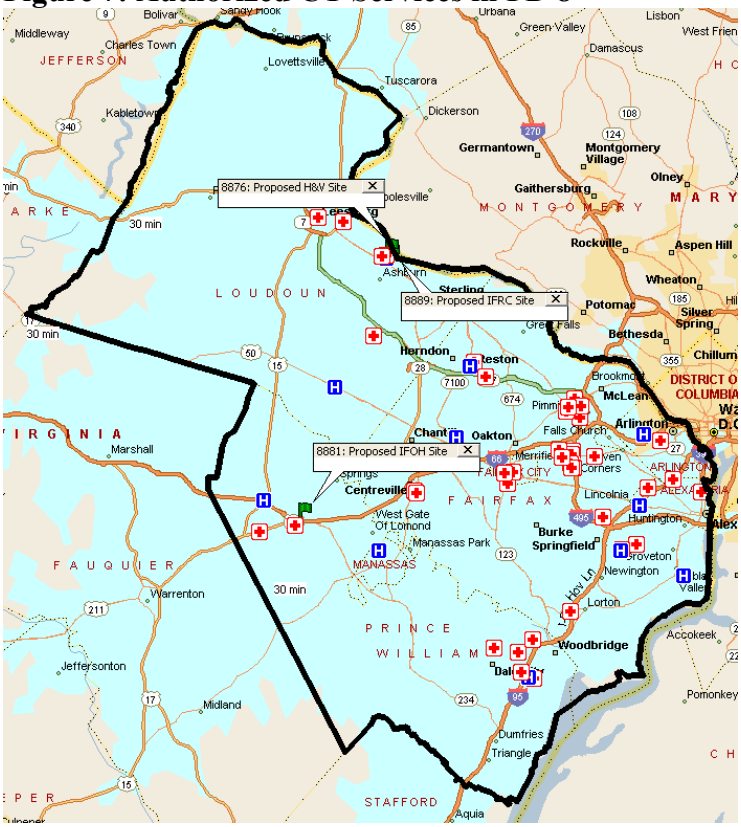
The SMFP contains criteria/standards for the establishment or expansion of CT services. They are as follows:

Part II Article 1
Diagnostic Imaging Services
Criteria and Standards for Computed Tomography

12VAC5-230-90. Travel time.
CT services should be available within 30 minutes driving time one way under normal conditions of 95% of the population of the health planning district using mapping software as determined by the commissioner.

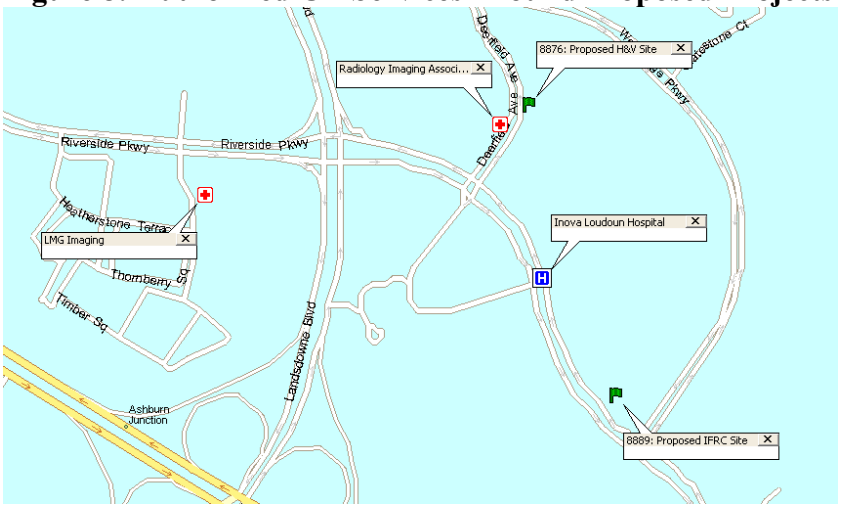
The heavy black line in **Figure 7** is the boundary of PD 8. The blue "H" symbols mark the locations of existing hospital-based CT providers in PD 8 and the red cross symbol marks all the freestanding CT providers. The green flag symbols mark the locations of the proposed projects. The light blue shaded area includes the area that is within 30 minutes driving time one-way under normal conditions of existing CT services in PD 8. **Figure 7** clearly illustrates that CT services are already well within a 30-minute drive under normal conditions of 95% of the residents of PD 8 and approval of the proposed project will not increase geographic access to CT services. **Figure 8** is a zoomed-in look at the locations of COPN Requests No. VA-8876 and VA-8889. DCOPN notes that COPN Request No. VA-8876 is only planning on using its CT scanner in conjunction with the PET/CT and therefore should not have an impact on CT utilization in PD 8.

Figure 7: Authorized CT Services in PD 8



Source: DCOPN Records

Figure 8: Authorized CT Services Around Proposed Projects



Source: DCOPN Records

12VAC5-230-100. Need for new fixed site or mobile service.

A. No new fixed site or mobile CT service should be approved unless fixed site CT services in the health planning district performed an average of 7,400 procedures per existing and approved CT scanner during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing providers in the health planning district. The utilization of existing scanners operated by a hospital and serving an area distinct from the proposed new service site may be disregarded in computing the average utilization of CT scanners in such health planning district.

COPN Request VA-8876: Heart and Vascular, VA-8881: IFOH VA-8889: IFRC

DCOPN notes that several CT scanners have been added to the PD 8 inventory since the preparation of the VHI data as displayed in **Table 3**. **Table 4** displays the current inventory of CT scanners in PD 8.

As noted in **Table 3**, in 2024 the utilization of existing CT scanners in PD 8 was 152.64% of the 7,400 procedures per scanner necessary to introduce CT scanning services to a new location under this section of the SMFP. Moreover, DCOPN calculates a need for 25 fixed CT scanners in the planning district.
DCOPN notes that COPN Requests No. VA-8881 and 8889 both involve the relocation of an existing scanner, thus neither will add to the current CT inventory. Additionally, COPN Request No. VA-8876 will only utilize the CT portion of the requested PET/CT unit for CACS and not for diagnostic CT services. Thus, approval of the proposed project will have no effect on the utilization of diagnostic CT units in PD 8.

Calculated Needed Fixed CT Scanners in PD 8

Calculated Needed CT scanners = 768,072 scans in the PD in 2024 / 7,400 scans = 103.79 (104) scanners needed

PD 8 Calculated Need = 104 CT scanners based on 2024 utilization data
2026 COPN authorized CT scanners = 80
PD 8 Calculated Deficit = 24 CT scanners

Table 3. PD 8 COPN Authorized Fixed CT Services (Repeated)

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
ED - Inova Emergency Room - Ashburn HealthPlex	1	12,876	12,876	174.0%
ED - Inova Emergency Room - Fairfax City	1	5,633	5,633	76.1%
ED - Inova Emergency Room - Franconia Springfield HealthPlex	1	22,012	22,012	297.5%

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
ED - Inova Emergency Room - Leesburg	1	14,319	14,319	193.5%
ED - Inova Emergency Room - Lorton HealthPlex	1	13,339	13,339	180.3%
ED - Inova Health Center Oakville	1	727	727	9.8%
ED - Sentara Lake Ridge	1	5,603	5,603	75.7%
ED - Tysons Emergency (RHC)	1	3,356	3,356	45.4%
Fair Oaks Imaging Center	1	3,664	3,664	49.5%
Fairfax ENT & Facial Plastic Surgery	1	715	715	9.7%
Fairfax Radiology Center at Prosperity	2	14,416	7,208	97.4%
Fairfax Radiology Center of Centreville	1	9,914	9,914	134.0%
Fairfax Radiology Center of Fairfax City	1	6,269	6,269	84.7%
Fairfax Radiology Center of Lansdowne	1	10,065	10,065	136.0%
Fairfax Radiology Center of Reston-Herndon	1	7,615	7,615	102.9%
Fairfax Radiology Center of Springfield	1	1,788	1,788	24.2%
Fairfax Radiology Center of Sterling (moved to Ballston)	1	5,770	5,770	78.0%
Inova Alexandria Hospital	3	58,150	19,383	261.9%
Inova Fair Oaks Hospital	3	50,644	16,881	228.1%
Inova Fairfax Hospital	7	159,638	22,805	308.2%
Inova Imaging Center - Mark Center	1	4,649	4,649	62.8%
Inova Loudoun Hospital	2	60,582	30,291	409.3%
Inova Mount Vernon Hospital	2	28,915	14,458	195.4%
Insight Imaging Arlington	1	4,007	4,007	54.1%
Insight Imaging Fairfax	1	5,120	5,120	69.2%
Kaiser Permanente - Reston Medical Center	1	6,306	6,306	85.2%
Kaiser Permanente - Tyson's Corner	2	21,591	10,796	145.9%
Kaiser Permanente - Woodbridge Imaging Center	1	16,166	16,166	218.5%
Lakeside @ Loudoun Tech Center 1	1	2,568	2,568	34.7%

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
LMG Imaging Center[35]	1	3,408	3,408	46.1%
Orthopaedic Foot and Ankle Center of Washington	1	183	183	2.5%
Reston Hospital Center	4	37,327	9,332	126.1%
Sentara Advanced Imaging Center - Alexandria	1	4	4	0.1%
Sentara Advanced Imaging Center - Lake Ridge	1	4,890	4,890	66.1%
Sentara Northern Virginia Medical Center	3	30,569	10,190	137.7%
Stone Springs Hospital Center	1	9,623	9,623	130.0%
Tysons Corner Diagnostic Imaging	1	1,017	1,017	13.7%
Tysons MRI and Imaging Center	1	4,686	4,686	63.3%
UVA Health Haymarket Medical Center	1	18,366	18,366	248.2%
UVA Health Prince William Medical Center	2	26,817	13,409	181.2%
UVA Outpatient Imaging Centreville	1	1,663	1,663	22.5%
Virginia Hospital Center	5	60,904	12,181	164.6%
Woodburn Diagnostic Center	2	12,198	6,099	82.4%
PD 8 Total	**68**	**768,072**	**11,295**	**152.6%**

Source: 2024 VHI

COPN Request No. VA-8890: IRMC

Not applicable. The applicant is not seeking to add a new fixed or mobile CT service. As previously discussed, the applicant has provided assurances that the CT portion of the requested PET/CT unit will not be used independently and will only be used for attenuation correction.

B. Existing CT scanners used solely for simulation with radiation therapy treatment shall be exempt from the utilization criteria of this article when applying for a COPN. In addition, existing CT scanners used solely for simulation with radiation therapy treatment may be disregarded in computing the average utilization of CT scanners in such health planning district.

DCOPN has excluded existing CT scanners used solely for simulation prior to the initiation of radiation therapy from its inventory and average utilization of diagnostic CT scanners in PD 8.

[35] Also known as Washington Radiology Associates

12VAC5-230-110. Expansion of fixed site service.
Proposals to expand an existing medical care facility's CT service through the addition of a CT scanner should be approved when the existing services performed an average of 7,400 procedures per scanner for the relevant reporting period. The commissioner may authorize placement of a new unit at the applicant's existing medical care facility or at a separate location within the applicant's primary service area for CT services, provided the proposed expansion is not likely to significantly reduce the utilization of existing providers in the health planning district.

COPN Request VA-8881: IFOH

IFOH had an average volume of 16,881 procedures per CT scanner in 2024, for a utilization of 228.1%. According to the applicant, the proposed facility is located within the primary service area of IFOH, which is showing an institutional need to expand. DCOPN determined that the proposed project should not significantly reduce the utilization of existing providers.

COPN Request VA-8876: Heart and Vascular, VA-8889: IFRC

Not applicable. Neither of the applicants seek to expand existing CT services.

COPN Request No. VA-8890: IRMC

Not applicable. The applicant is not seeking to add a new fixed or mobile CT service. As previously discussed, the applicant has provided assurances that the CT portion of the requested PET/CT unit will not be used independently and will only be used for attenuation correction.

12VAC5-230-120. Adding or expanding mobile CT services.
A. Proposals for mobile CT scanners shall demonstrate that, for the relevant reporting period, at least 4,800 procedures were performed and that the proposed mobile unit will not significantly reduce the utilization of existing CT providers in the health planning district.
B. Proposals to convert authorized mobile CT scanners to fixed site scanners shall demonstrate that, for the relevant reporting period, at least 6,000 procedures were performed by the mobile CT scanner and that the proposed conversion will not significantly reduce the utilization of existing CT providers in the health planning district.

COPN Request VA-8876: Heart and Vascular, VA-8881: IFOH, VA-8889: IFRC

Not applicable. The applicants do not propose to add or expand mobile CT services or to convert authorized mobile CT scanners to fixed site scanners.

COPN Request No. VA-8890: IRMC

Not applicable. The applicant is not seeking to add a new fixed or mobile CT service. As previously discussed, the applicant has provided assurances that the CT portion of the requested PET/CT unit will not be used independently and will only be used for attenuation correction.

12VAC5-230-130. Staffing.
CT services should be under the direction or supervision of one or more qualified physicians.

COPN Request VA-8876: Heart and Vascular, VA-8881: IFOH, VA-8889: IFRC

The applicants have all confirmed that CT services will be under the direct supervision of certified and trained radiologists.

COPN Request No. VA-8890: IRMC

Not applicable. The applicant is not seeking to add a new fixed or mobile CT service. As previously discussed, the applicant has provided assurances that the CT portion of the requested PET/CT unit will not be used independently and will only be used for attenuation correction.

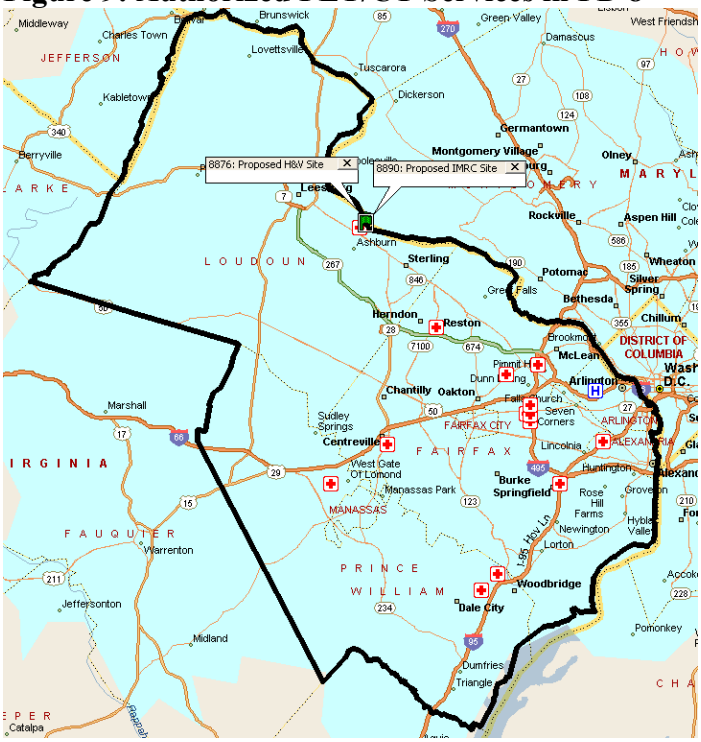
The SMFP also contains criteria/standards for the establishment of PET services. They are as follows:

Part II
Diagnostic Imaging Services
Article 4 Criteria and Standards for Positron Emission Tomography

12VAC5-230-200. Travel Time.
PET services should be within 60 minutes driving time one way under normal conditions of 95% of the health planning district using a mapping software as determined by the commissioner.

The heavy black line in **Figure 9** is the boundary of PD 8. The white "H" symbols mark the location of the only existing hospital-based PET/CT provider in PD 8 and the red cross symbol marks all the freestanding PET/CT providers. The green flag symbols mark the locations of the proposed projects. The light blue shaded area includes the area that is within 60 minutes driving time one-way under normal conditions of existing PET/CT services in PD 8. **Figure 9** clearly illustrates that PET/CT services are already well within a 60-minute drive under normal conditions of 95% of the residents of PD 8 and approval of the proposed project will not increase geographic access to PET/CT services. **Figure 10** is a zoomed-in look at the locations of COPN Requests No. VA-8876 and VA-8890. COPN Request Nos. VA-8881 and VA-8889 are not looking to establish PET services.

Figure 9: Authorized PET/CT Services in PD 8



Source: DCOPN Records

Figure 10: Authorized PET/CT Services Around Proposed Projects

Source: DCOPN Records

12VAC5-230-210. Need for New Fixed Site Service.

A. If the applicant is a hospital, whether free-standing or within a hospital system, 850 new PET appropriate cases shall have been diagnosed and the hospital shall have provided radiation therapy services with specific ancillary services suitable for the equipment before a new fixed site PET service should be approved for the health planning district.

B. No new fixed site PET services should be approved unless an average of 6,000 procedures per existing and approved fixed site PET scanner were performed in the health planning district during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing fixed site PET providers in the health planning district. The utilization of existing scanners operated by a hospital and serving an area distinct from the proposed new service site may be disregarded in computing the average utilization of PET units in such health planning district.

Note: For the purposes of tracking volume utilization, an image taken with a PET/CT scanner that takes concurrent PET/CT images shall be counted as one PET procedure. Images made with PET/CT scanners that can take PET or CT images independently shall be counted as 1 individual PET procedure and CT procedure respectively, unless those images are made concurrently.

DCOPN notes that several PET/CT scanners have been added to the PD 8 inventory since the preparation of the VHI data as displayed in **Table 1,** for a total of 19 authorized PET/CT scanners. PD 8 fixed PET providers performed an average of 2,389 per scanner in 2024, or 39.82%. **Table 2** above displays the current inventory of both mobile and fixed PET/CT scanners in PD 8.

Calculated Needed Fixed PET Scanners in PD 8

2024 COPN authorized fixed PET scanners = 19
Calculated Needed Fixed PET scanners = 17,915 ÷ 6,000 = 3.0 (3) scanners needed
PD 8 Calculated Need = 3 PET scanners
PD 8 Calculated Surplus = 16 PET scanners (2026 PET Scanners (19) – Calculated Need (3))

Table 1. PD 8 COPN Authorized Fixed PET Services (Repeated)

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Carient Heart & Vascular	1	3,478	3,478	58.0%
Fairfax PET/CT Center	1	4,139	4,139	69.0%
NOVA Cardiovascular Care	1	1,210	1,210	20.2%
PET of Reston	1	2,218	2,218	37.0%
Virginia Heart Falls Church	1	5,448	5,448	90.8%
Virginia Hospital Center	1	1,422	1,422	23.7%
PD 8 Total	**6**	**17,915**	**2,986**	**49.8%**

Source: 2024 VHI

DCOPN has previously acknowledged that the SMFP's utilization standards for PET/CT services are outdated and that expecting a PET service to reach the threshold suggested by the SMFP amounts to a misconception about the utilization of this modality at the time the SMFP was written, and should be treated as such:

> Consistency with SMFP planning guidance in this case is, in effect, an academic exercise. The assumptions underlying the service volume standards, for example, have been superseded by technological developments (e.g., shorter average scan times) and the failure to identify additional clinical applications for the technology. Moreover, none of the existing services fully met the SMFP review criteria and standards when they obtained COPN authorization. (Source: Health Systems Agency of Northern Virginia Staff Report RE: COPN Request No. VA-8327, November 28, 2017).

COPN Request VA-8876: Heart and Vascular

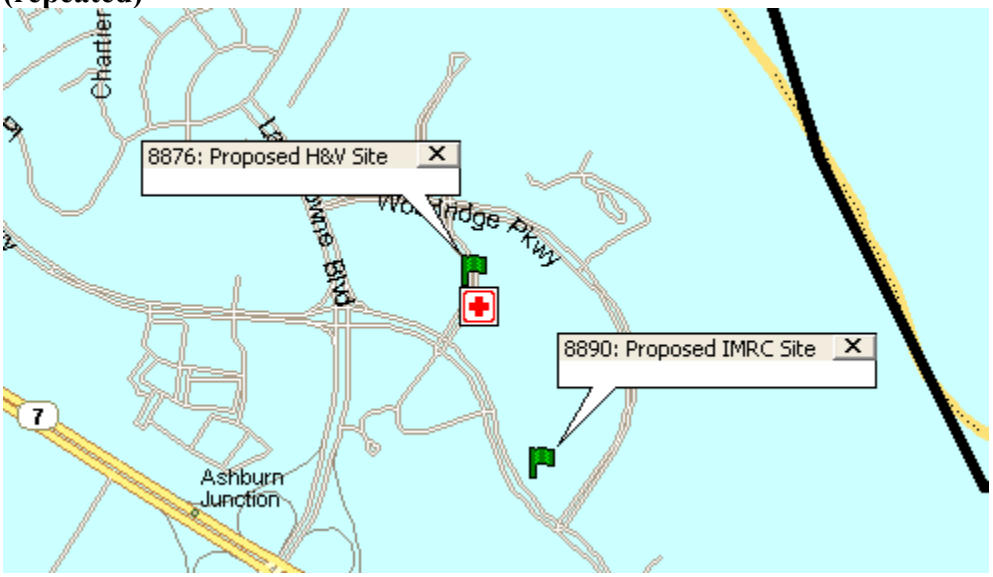
Heart and Vascular anticipates performing 953 PET/CT studies in Year 1 and 1,001 PET/CT studies in Year 2. Heart and Vascular explained that this estimate was based on a conversion rate formula using existing SPECT MPI and non-SPECT stress test data. In 2025, Heart and Vascular reported doing 1,961 combined SPECT and non-SPECT stress test studies. The plan is to shift eligible SPECT patients to receive PET/CT scans should this project be approved.

DCOPN notes that these projections are below the range of the PD 8 average of 2,986 scans per unit.

Following a trend in recent years, the applicant intends to establish a cardiac PET/CT service primarily to serve its existing patient base. The applicant states that should this project be approved, it will not affect the service volumes of other providers in PD 8. **Figure 10** below

shows the proposed site in relation to other area sites. Notably, Virginia Heart Leesburg is located right across the street (0.2 miles) from the proposed Heart and Vascular site and is authorized for one fixed PET/CT scanner limited to cardiology and became operational in October 2025. Data from this site is not yet available. DCOPN expresses concern that another independent cardiologist is proposing to offer cardiac PET/CT services so close to another site that has been open for less than a year. The addition of the Heart and Vascular site may negatively impact Virginia Heart Leesburg, as it is a duplication of the same specialized service. The competing project, COPN Request No. VA-8890, is also located in proximity to the proposed site but does not request a cardiac restricted PET/CT scanner.

Figure 10: Authorized PET/CT Services Around Proposed Projects (repeated)



Source: DCOPN Records

DCOPN notes that there has been an increase in cardiac-restricted PET/CT scanners approved in the PD in recent years. **Table 12** below shows that there are currently ten PET/CT scanners approved solely for cardiac scans. All but one of the scanners were approved or completed between 2024 and 2025, and the one scanner that was completed previous to 2024 was the only one that has reported data to VHI. Should this project be approved, Heart and Vascular will also have a PET/CT scanner restricted to cardiology.

Table 12. PD 8 COPN Restricted Use Cardiac Scanners

Facility	Cardiac Only
Amelia Heart and Vascular Center[36]	1
Cardiac Care Associates[37]	1
Carient Heart & Vascular (Ashton Avenue)[38]	1
Carient Heart & Vascular (Church Street NE)	1
Inova Cardiac Diagnostics[39]	1
Nova Cardiovascular Care, Inc.	1
Virginia Heart (Alexandria)[40]	1
Virginia Heart (Leesburg)[41]	1
Virginia Heart (Falls Church)	1
Virginia Hospital Center-Outpatient Imaging Center[42]	1
PD 8 Total	**10**

Source: DCOPN Records

COPN Request VA-8890: IRMC

IRMC anticipates performing 1,800 PET/CT studies in Year 1 and 2,500 PET/CT studies in Year 2. IRMC explained that this estimate was based on historical and projected PET/CT utilization data from other Inova PET/CT locations.

The applicant explained that these estimates were calculated based on the following:

- The substantial outpatient imaging patient population in Loudoun County, including patients who obtain CT, MRI, ultrasound, X-ray and breast imaging at two IFRC imaging sites, IFRC Lansdowne and the Breast Center of Loudoun, which are located approximately 0.6 miles from the proposed Fairfax PET/CT Center at Riverside Parkway;
- Existing demand for PET/CT services across IRMC's network, including high daily volume and sustained utilization of the Fairfax PET/CT unit located on the campus of the Inova Schar Cancer Center and strong early uptake at the Centreville PET/CT facility since it began providing PET/CT services in February 2026;
- Clinical appropriateness and demonstrated IRMC patient need for PET/CT services, including staging, treatment-response assessment, and surveillance for oncology patients who already receive imaging and specialty services at IFRC Lansdowne and the Breast Center of Loudoun;
- Service-area definition based on a structured, multi-step method, beginning with the CT primary service area for IFRC Lansdowne, expanded to all Loudoun County zip codes, and then refined using a 15-mile drivetime radius from the address of the proposed Fairfax PET/CT Center at Riverside Parkway;

[36] Completed November 2024, no VHI data reported in 2024.
[37] Completed December 2024, no VHI data reported in 2024.
[38] Only one Carient Heart and Vascular site reported to VHI in 2024. Data from the two sites may be combined.
[39] Expected completion March 2026.
[40] Expected completion March 2026
[41] Completed October 2025.
[42] The scanner at VHC-Outpatient Imaging Center is 90% restricted to cardiology and is expected October 2026.

- Greater proximity to PET/CT services and care continuity, which are particularly significant for oncology patients who require multiple, time-sensitive PET/CT procedures;
- Although patients must often travel farther for PET/CT services out of necessity due to limited availability closer to home, patients generally prefer receiving services closer to where they reside;
- Population growth and aging in the service area, combined with Sg2-projected 43% PET/CT growth in PD 8 from 2024-2034, the fastest growth rate of any imaging modality;
- The need to support clinical-trial PET/CT imaging at the Fairfax PET/CT facility, located on the Inova Schar Cancer Center campus, which necessitates redistributing routine PET/CT procedures to the Centreville PET/CT facility and the Fairfax PET/CT Center at Riverside Parkway to ensure adequate imaging capacity for clinical trials on the PET/CT unit at the Fairfax PET/CT facility; and
- The absence of any PET or PET/CT service provider in Loudoun County represents a clear gap in geographic access to PET/CT services and a strong indicator that patients receiving care at IFRC Lansdowne and the Breast Center of Loudoun will utilize PET/CT services if accessible at Lansdowne.

DCOPN notes that these projections are below the range of the PD 8 average of 2,986 scans per unit.

COPN Request No. VA-8881: IFOH, VA-8889: IFRC

Not applicable. The applicants are not seeking to add a new fixed or mobile PET/CT service.

12VAC5-230-220. Expansion of Fixed Site Services.
Proposals to increase the number of PET scanners in an existing PET service should be approved only when the existing scanners performed an average of 6,000 procedures for the relevant reporting period and the proposed expansion would not significantly reduce the utilization of existing fixed site providers in the health planning district.

Not applicable. None of the applicants propose to expand a fixed site service.

12VAC5-230-230. Adding or Expanding Mobile PET or PET/CT Services.

A. Proposals for mobile PET or PET/CT scanners should demonstrate that, for the relevant reporting period, at least 230 PET or PET/CT appropriate patients were seen and that the proposed mobile unit will not significantly reduce the utilization of existing providers in the health planning district.

B. Proposals to convert authorized mobile PET or PET/CT scanners to fixed site scanners should demonstrate that, for the relevant reporting period, at least 1,400 procedures were performed by the mobile scanner and that the proposed conversion will not significantly reduce the utilization of existing providers in the health planning district.

Not applicable. None of the applicants propose to expand mobile services.

12VAC5-230-240. Staffing.
PET services should be under the direction or supervision of one or more qualified physicians. Such physicians shall be designated or authorized by the Nuclear Regulatory Commission or licensed by the Division of Radiologic Health of the Virginia Department of Health, as applicable.

COPN Request No. VA-8876: Heart and Vascular and COPN Request No. VA-8890: IRMC

Both applicants confirmed that PET services would be under the direct supervision of certified and trained radiologists.

The SMFP also contains criteria/standards for when competing applications are received. They are as follows:

Part 1
Definitions and General Information

12VAC5-230-30. When Competing Applications Received.
In reviewing competing applications, preference may be given to an applicant who:

1. **Has an established performance record in completing projects on time and within the authorized operating expenses and capital costs;**
2. **Has both lower capital costs and operating expenses than his competitors and can demonstrate that his estimates are credible;**
3. **Can demonstrate a consistent compliance with state licensure and federal certification regulation and a consistent history of few documented complaints, where applicable; or**
4. **Can demonstrate a commitment to serving his community or service area as evidenced by unreimbursed services to the indigent and providing needed but unprofitable services, taking into account the demand of the particular service area.**

COPN Request No. VA-8876: Heart and Vascular

This is the first project submitted by Heart and Vascular Specialist, P.C., so there are no projects to compare with. With respect to the proposed project, the projected capital cost is $1,506,749. As a freestanding imaging facility, the applicant is not bound by hospital state licensure and federal certification regulations. Should the Commissioner approve the proposed project, the applicant should be subject to a charity care condition no less than the 2.2% HPR II average, in addition to any new requirements as found in the revised § 32.1-102.4B of the Code of Virginia.

COPN Request No. VA-8881: IFOH

DCOPN analyzed four projects approved between 2023 and 2025 for Inova Healthcare Services. Of these projects, two were not yet completed at the time of the report, having been delayed between five months and a year, respectively, and two others were completed between 10 months to one year late and between 2%-8% over budget. With respect to the proposed project, the projected capital cost is $2,738,559. DCOPN confirmed that IFOH consistently complies with state licensure and federal certification regulations and does not have a significant history of complaints. Should the Commissioner approve the proposed project, the applicant should be subject to the Inova System-Wide Condition 3.9% as of January 1, 2022.

COPN Request No. VA-8889: IFRC

The most recent project completed by IFRC was for COPN No. VA-04896. This project was completed slightly late (eight months) and 9.8% over budget. With respect to the proposed project, the projected capital cost is $2,7801,412. As a freestanding imaging facility, the applicant is not bound by hospital state licensure and federal certification regulations. Should the Commissioner

approve the proposed project, the applicant should be subject to the Inova System-Wide Condition 3.9% as of January 1, 2022.

COPN Request No. VA-8890: IRMC

The most recent project completed by IRMC was for COPN No. VA-04920. This project was completed slightly late (two months) and 24.9% over budget. This cost increase was addressed with a significant change request. With respect to the proposed project, the projected capital cost is $7,148,636. As a freestanding imaging facility, the applicant is not bound by hospital state licensure and federal certification regulations. Should the Commissioner approve the proposed project, the applicant should be subject to the Inova System-Wide Condition 3.9% as of January 1, 2022.

Conclusion

DCOPN does not believe that any applicant warrants preference with respect to the factors discussed above.

12VAC5-230-80. When institutional expansion is needed.

A. Notwithstanding any other provisions of this chapter, the commissioner may grant approval for the expansion of services at an existing medical care facility in a health planning district with an excess supply of such services when the proposed expansion can be justified on the basis of a facility's need having exceeded its current service capacity to provide such service or on the geographic remoteness of the facility.

B. If a facility with an institutional need to expand is part of a health system, the underutilized services at other facilities within the health system should be reallocated, when appropriate, to the facility with the institutional need to expand before additional services are approved for the applicant. However, underutilized services located at a health system's geographically remote facility may be disregarded when determining institutional need for the proposed project.

C. This section is not applicable to nursing facilities pursuant to § 32.1-102.3:2 of the Code of Virginia.

D. Applicants shall not use this section to justify a need to establish new services.

COPN Request No. VA-8881: IFOH

The applicant claims the IFOH has an institution-specific need to expand CT services in order to address capacity constraints of the hospital's three existing units. This is supported by the 2024 VHI report which indicated that IFOH's scanners operated at 228.1% of the SMFP threshold for expansion.

All of the Inova Health System's existing CT scanners are highly utilized with an average 201.5% utilization across the 33 scanners that reported to VHI in 2024. The Inova Mark Cener, from which the CT scanner for this project would be relocated should it be approved, is Inova's lowest utilized CT scanner (62.8% of the SMFP threshold in 2024), making it a good candidate for relocation.

The proposal does not relate to a nursing facility.

COPN Request No. VA-8889: IFRC, VA-8876: Heart and Vascular, and VA-8890: IRMC

Not applicable, the applicants are not claiming institutional need.

Eight Required Considerations Continued

4. The extent to which the proposed project fosters institutional competition that benefits the area to be served while improving access to essential health care services for all people in the area to be served;

COPN Request No. VA-8876: Heart and Vascular

As previously discussed, nine of the 17 authorized fixed site PET/CT services in PD 8 are restricted to cardiac-only use, each owned by a cardiology group with independent patient bases (except for one that is operated by Inova). Should this project be approved, it will be another cardiac-specific PET/CT scanner that will primarily serve existing patients, therefore competition will not be drastically increased. The scanner requested in COPN Request No. VA-8890 is a general-use unrestricted PET/CT scanner and will not be in direct competition with Heart & Vascular's request.

COPN Request No. VA-8881: IFOH and COPN Request No. VA-8889: IFRC

IFOH and IFRC are part of the Inova Health System, the health system that operates the vast majority of imaging services in PD 8. In 2024, Inova operated 33 of the 68 (49%) CT scanners that reported data to VHI for an overall average utilization of 201.5%. IFOH's CT scanners operated at 228.1% of the SMFP threshold to add a CT scanner and the proposed project is in large part to decompress high volumes and is unlikely to affect other providers.

As such, the proposed projects will not foster institutional competition that will benefit the area to be served.

COPN Request No. VA-8890: IRMC

IRMC is part of the Inova Health System which operates two of the nine unrestricted PET/CT scanners in PD 8. Should this project be approved, Inova would then operate 30% of all unrestricted PET/CT scanners in the PD. As such, this project will not increase institutional competition. The scanner requested in COPN Request No. VA-8876 is a cardiac restricted PET/CT scanner and will not be in direct competition with Heart & Vascular's request.

5. The relationship of the proposed project to the existing health care system of the area to be served, including the utilization and efficiency of existing services or facilities;

COPN Request No. VA-8876: Heart and Vascular

The proposed site is located 0.2 miles from the Leesburg Virginia Heart location which was approved to establish a center for PET/CT services with one fixed PET/CT scanner limited to cardiology in February of 2025. This site started services in September of 2025 and thus VHI data is not yet available. Despite this, both practices will have their own distinct patient bases and are unlikely to have a significant negative.

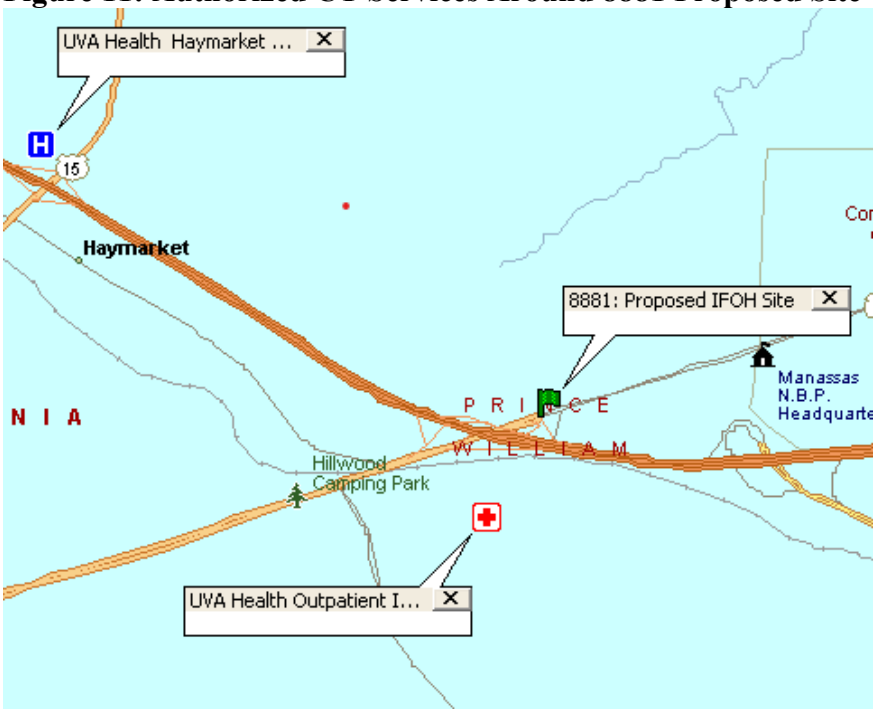
COPN Request No. VA-8881: IFOH

UVACH is currently the only provider of CT services in the proposed part of Prince William County and is concerned that the proposed project will negatively impact its nearby services.

The proposed site is located directly between two recently approved CT scanner sites: the UVA Health Outpatient Imaging Center-Gainesville and the UVA Health Haymarket Medical Center (both less than four miles away) (**Figure 11**). The UVA Health Outpatient Imaging Center-Gainesville opened in 2026 to offset volumes at the UVA Health Haymarket Medical Center and has not yet reported volumes to VHI. In the letter of concern, UVA Community Health stated that the addition of this proposed project so close to the facility it just opened would significantly impact its scanner volumes, as there will be no way for Inova to start up services there without taking from UVACH's existing patient base.

While DCOPN does acknowledge the concerns expressed by UVACH, given the large deficit of CT scanners in PD 8, DCOPN concludes that the proposal is unlikely to impact existing providers UVACH. The Gainesville area has grown significantly over the last 10 years, as evidenced by UVACH's recent need to request an additional CT scanner in the area. Since Inova is already offering services in the area of the proposed site, DCOPN does not believe that the addition of another CT scanner to the Gainesville area will negatively impact area providers.

Figure 11: Authorized CT Services Around 8881 Proposed Site

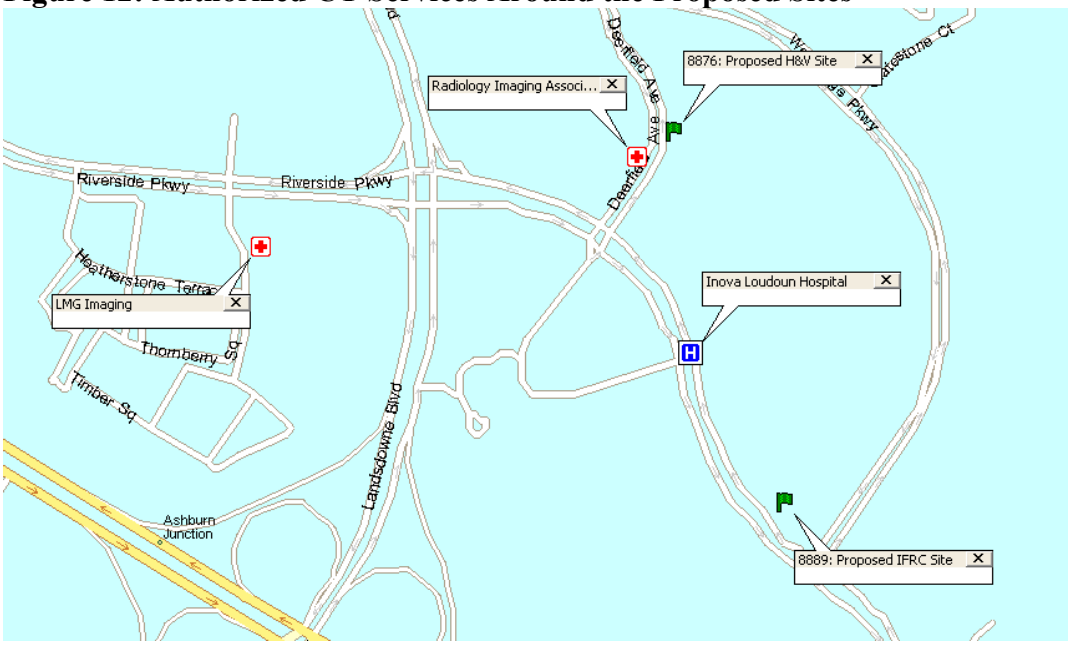


Source: DCOPN Records

COPN Request No. VA-8889: IFRC

Inova is the dominant health system in PD 8 and operates 33 of the 68 CT scanners in PD in 2024. All Inova's CT scanners are well utilized with an average utilization of 201.5%. The proposed site is located on the campus of the Inova Loudoun Hospital. Inova also has another freestanding imaging center located within walking distance of the proposed site which the applicant states will share patient volumes with the new site. LMG Imaging, a facility associated with Loudoun Medical Group, also operates a CT scanner nearby (**Figure 12**).

Figure 12: Authorized CT Services Around the Proposed Sites



Source: DCOPN Records

COPN Request No. VA-8890: IRMC

As previously mentioned, Inova Health System operates two of the nine authorized PET/CT scanners in PD 8. Inova Health System's one scanner that reported to VHI in 2024 operated at 69.0% of the threshold for expansion, which is very high utilization. DCOPN acknowledges that the SMFP utilization standards are outdated and as such, no PET/CT scanners in the Commonwealth meet the SMFP threshold for expansion. **Table 13** shows that PD 8 had the second-highest PET/CT utilization in Virginia, only behind PD 10. The overall average PET/CT utilization for Virginia was 39.6% in 2024.

Table 13. 2024 VHI average fixed PET/CT scanner usage by PD

Planning District	Units	Total	Total/Unit	SFMP
PD 5	3	5,277	1,759	29.3%
PD 8	6	17,915	2,986	49.8%
PD 10	1	3,931	3,931	65.5%
PD 11	1	1,647	1,647	27.5%
PD 15	4	9,261	2,315	38.6%
PD 16	1	2,686	2,686	44.8%
PD 20	3	4,366	1,455	24.3%
Virginia Total/Average	**19**	**45,083**	**2,373**	**39.6%**

Source: DCOPN Records

6. The feasibility of the proposed project, including the financial benefits of the proposed project to the applicant, the cost of construction, the availability of financial and human resources, and the cost of capital;

COPN Request No. VA-8876: Heart and Vascular

Capital costs of the proposal are reasonable with the applicant saying the following about the financing for this project:

> "The proposed project will be funded through the CDL Equipment Lease, Isotope Sale, and Services Agreement, including the PET/CT equipment lease and the buildout allowance structure described in the Agreement, together with available practice cash reserves if needed. The CDL Equipment Lease is treated as an operating expense at $16,000 per month and does not create a debt service obligation. CDL advances approved construction/buildout costs against the buildout allowance, with the Applicant repaying those costs pro rata over the initial lease term pursuant to Lease Section 3(c). No construction loan, long-term mortgage, or amortization schedule is required".

The proposed project is expected to have a positive net income in years one and two (**Table 14**). The proposed project requires an additional five full-time equivalent (FTE) staff members, one administrator, one registered nurse, two radiological technicians, and one nurse practitioner. The project will also require one physician/cardiologist which it did not include in its vacant position count. The applicant states that it should not have any issues staffing the project and have connections through CDL technologist, who is leasing its equipment.

Table 14. Pro Forma, PET/CT at Heart and Vascular

	Year 1	Year 2
Gross Revenue	**$2,773,483**	**$2,910,266**
Charity Care	$55,500	$58,000
Other Expenses	$1,812,255	$1,870,700
Expenses	**$1,867,755**	**$1,928,700**
Operating Income	**$905,728**	**$981,566**

Source: COPN Request No. VA-8876

COPN Request No. VA-8881: IFOH

Capital costs of the proposal are reasonable and will be paid with accumulated reserves, accruing no financing costs. The proposed project is expected to have a positive net income in years one and two (**Table 15**).
The proposed project requires an additional 6.5 FTE CT technologists. IFOH currently has all 14 of its other CT technologist positions filled, showing it should have no issue filling the additional positions.

Table 15. Pro Forma, CT at IFOH Gainesville Site

	Year 1	**Year 2**
Gross Revenue	**$9,479,000**	**$10,635,000**
Charity Care	$308,000	$346,000
Other Deductions	$6,481,000	$7,272,000
Net Revenue	**$2,689,000**	**$3,017,000**
Expenses	**$2,119,000**	**$2,273,000**
Operating Income	**$570,000**	**$744,000**

Source: COPN Request No. VA-8881

COPN Request No. VA-8889: IFRC

Capital costs of the proposal are reasonable and will be paid with accumulated reserves, accruing no financing costs. The proposed project is expected to have a positive net income in years one and two (**Table 16**).
The proposed project requires an additional three FTE staff, one administrator and two radiological technicians. The applicant stated that it should be able to move staff members from the existing IFRC Fairfax City Facility. The applicant also mentioned that it has other robust internal recruitment channels.

Table 16. Pro Forma, CT at IFRC

	Year 1	Year 2
Gross Revenue	**$4,608,000**	**$5,041,000**
Charity Care	$138,000	$151,000
Other Deductions	$2,797,000	$3,060,000
Net Revenue	**$1,673,000**	**$1,830,000**
Expenses	**$1,468,000**	**$1,589,000**
Operating Income	**$205,000**	**$241,000**

Source: COPN Request No. VA-8889

COPN Request No. VA-8890: IRMC

Capital costs of the proposal are reasonable and will be paid with a mix of accumulated reserves, and a $3,000,000 bank line of credit. The proposed project is expected to have a positive net income in years one and two (**Table 17**).

The proposed project requires an additional 5 full-time equivalent (FTE) staff, two administrators and 3 radiological technicians. The applicant stated that it should have no issue filling the vacant positions, as it has strong internal recruitment.

Table 17. Pro Forma, PET/CT at IRMC

	Year 1	Year 2
Gross Revenue	**$11,641,000**	**$16,330,000**
Charity Care	$175,000	$240,000
Other Deductions	$6,892,000	$9,662,000
Net Revenue	**$4,574,000**	**$6,428,000**
Expenses	**$3,443,000**	**$4,546,000**
Operating Income	**$1,131,000**	**$1,882,000**

Source: COPN Request No. VA-8890

7. The extent to which the proposed project provides improvements or innovations in the financing and delivery of health care services, as demonstrated by (i) the introduction of new technology that promotes quality, cost effectiveness, or both in the delivery of health care services; (ii) the potential for provision of health care services on an outpatient basis; (iii) any cooperative efforts to meet regional health care needs; and (iv) at the discretion of the Commissioner, any other factors as may be appropriate;

COPN Request No. VA-8876: Heart and Vascular

While cardiac PET/CT scanners exist within PD 8, Cardiac PET has been found to reduce the overall cost of managing coronary artery disease by approximately 30% when it is used routinely as compared with SPECT.[43] As previously mentioned, there are existing PET/CT services in PD 8, but a majority of these services are operated by independent physician practices. The proposed project will allow existing patients of Heart and Vascular who currently receive SPECT services to access a more advanced and accurate diagnostic tool. The proposed project is also located in an outpatient facility, lowering cost and reducing time when compared to inpatient imaging services.
The applicant does not make any arguments regarding cooperative efforts to meet regional health care needs. DCOPN did not identify any other factors as may be appropriate to bring to the Commissioner's attention.

COPN Request No. VA-8881: IFOH

The proposed project will not introduce new technology that would promote quality or cost effectiveness in the delivery of inpatient acute care. The project will offer CT services on an outpatient basis, which can save both time and money compared to inpatient services.
The applicant does not make any arguments regarding any cooperative efforts to meet regional health care needs. DCOPN did not identify any other factors as may be appropriate to bring to the Commissioner's attention.

COPN Request No. VA-8889: IFRC

The proposed project would not introduce new technology that would promote quality or cost effectiveness in the delivery of inpatient acute care. The project would offer CT services on an outpatient basis, which can save both time and money compared to inpatient services.
The applicant does not make any arguments regarding any cooperative efforts to meet regional health care needs. DCOPN did not identify any other factors as may be appropriate to bring to the Commissioner's attention.

43 Merhige, M. E., Breen, W. J., Shelton, V., Houston, T., D'Arcy, B. J., & Perna, A. F. (2007, July 1). Impact of myocardial perfusion imaging with pet and 82RB on downstream invasive procedure utilization, costs, and outcomes in coronary disease management. Journal of Nuclear Medicine. https://jnm.snmjournals.org/content/48/7/1069

COPN Request No. VA-8890: IRMC

While PET/CT scanners exist within PD 8, this project will introduce the first unrestricted PET/CT scanner to Loudoun County.
The applicant does not make any arguments regarding cooperative efforts to meet regional health care needs. DCOPN did not identify any other factors as may be appropriate to bring to the Commissioner's attention.

8. In the case of a project proposed by or affecting a teaching hospital associated with a public institution of higher education or a medical school in the area to be served, (i) the unique research, training, and clinical mission of the teaching hospital or medical school and (ii) any contribution the teaching hospital or medical school may provide in the delivery, innovation, and improvement of health care services for citizens of the Commonwealth, including indigent or underserved populations.

COPN Request No. VA-8881: IFOH

IFOH was designated as a top teaching hospital in the 2025 Leapfrog Hospital Safety Grade. The hospital partners closely with the VCU School of Medicine to provide training to providers who are interested in Family Medicine residencies.

COPN Request Nos. VA-8876: Heart and Vascular, VA-8889: IFRC & VA-8890: IRMC

Not applicable. The applicants are not a teaching hospital.

DCOPN Staff Findings and Conclusions

COPN Request No. VA-8876: Heart and Vascular

DCOPN finds that Heart and Vascular Specialist,P.C- Loudoun Medical Group's proposed project to establish a specialized center for PET/CT services with one (1) fixed PET/CT Scanner limited to cardiovascular images with independent use of the CT scanner, located at 19465 Deerfield Avenue, Suite 405, Leesburg, Virginia is generally consistent with the applicable criteria and standards of the SMFP and the Eight Required Considerations of the Code of Virginia. The applicant stated that the scanner will be used exclusively for cardiac imaging, with independent use of the CT scanner for attenuation correction and coronary calcium scoring only. While the planning district does not meet the utilization threshold for the establishment of a new PET service, DCOPN notes that precedent has been established by the Commissioner regarding this threshold not barring the establishment of new PET/CT services when sufficiently compelling circumstances exist. Such circumstances include the clinical advantages of PET/CT over SPECT, and the applicant having an existing patient base, DCOPN recommends that the Commissioner, not allow this standard to bar the establishment of cardiac PET/CT services at this location.

DCOPN also finds that the proposed project is more beneficial than the status quo, which is SPECT scans, although SPECT is more time-consuming and less accurate than PET/CT scans. There is no identified alternative to the proposed project that better meets public need. There is no known opposition to the project, the cost is reasonable, and the project is unlikely to affect the utilization of other area providers.

COPN Request No. VA-8881: IFOH

DCOPN finds Inova Fair Oaks Hospital (IFOH)'s request to establish a center for CT Imaging through the relocation of one (1) CT scanner from within the Inova Health System at a new site at 13545 Heathcote Boulevard, Gainesville, Virginia to be generally consistent with the applicable criteria and standards of the SMFP and the Eight Required Considerations of the Code of Virginia.
The applicant stated that the establishment of the proposed CT services will help offload CT volumes at IFOH, which reported 228.1% utilization of its three CT scanners in 2024. While a concern expressed by UVA Community Health was that the approval of this project will negatively impact its CT volumes at nearby sites, DCOPN finds this unlikely due to Inova already having an established patient base in Gainesville, coupled with the growing population in that area in recent years.

Additionally, the CT scanner that is proposed to be relocated as part of this project reported only being utilized at 62.8% of the SMFP threshold for expansion in 2024, the lowest in the Inova Health System, and may be better utilized elsewhere. Because of this, DCOPN finds the proposal more beneficial than the status quo.

The HSANV Board voted seven in favor, one abstention, none opposed to recommend approval of IFOH's COPN request. Other than the opposition provided by UVA Community Health, there is no other known opposition to the project.

COPN Request No. VA-8889: IFRC

DCOPN finds that IFRC's proposed project to establish a center for CT services through relocation and replacement of one (1) CT scanner within Inova Health System at an existing space located at 44084 Riverside Parkway, Suite 125, Leesburg, Virginia, is generally consistent with the applicable criteria and standards of the SMFP and the Eight Required Considerations of the Code of Virginia. The applicant stated that the establishment of the proposed CT services will help offload CT volumes at the nearby Fairfax Radiology Center of Landsdowne, which reported 136.0% CT utilization in 2024. Should this project be approved, the existing scanner at Fairfax Radiology Center of Landsdowne will shift to being cardiac-focused, while the new scanner associated with the COPN Request No. VA-8889 will take the non-cardiac cases. This scanner will also offer an outpatient imaging option for patients seeking imaging services at the nearby Inova Loudoun Hospital, which reported 409.3% utilization in 2024. Additionally, the scanner that is proposed to be relocated as part of this project is only being utilized at 84.7% of the SMFP

threshold for expansion and may be better utilized elsewhere. Because of this, DCOPN finds the proposal more beneficial than the status quo.

Furthermore, the proposed project is unlikely to negatively affect the utilization of existing providers, the HSANV Board voted eight in favor, none opposed to recommend approval of IFRC's COPN request. Finally, DCOPN finds that the total capital costs of the proposed project compare favorably to similar, recently approved projects.

COPN Request No. VA-8890: IRMC

DCOPN finds that IRMC's proposed project to establish a center for PET/CT services with (1) PET/CT scanner at an existing space located at 44084 Riverside Parkway, Suite 125, Leesburg, Virginia, is generally consistent with the applicable criteria and standards of the SMFP and the Eight Required Considerations of the Code of Virginia. Should this project be approved, it will be the first non-cardiac PET/CT scanner in Loudoun County, one of the fastest growing areas of PD 8. The proposed scanner will help offset high scan volumes at Inova's other two PET/CT scanners in PD 8, located in Fairfax and Centreville, while bringing PET/CT services to an area of Loudoun County where Inova already has an established patient base. Should this project be approved the PET/CT scanner will be authorized to conduct any type of PET/CT imaging except cardiac scans.

Furthermore, the proposed project is unlikely to negatively affect the utilization of existing providers, the HSANV Board voted eight in favor, none opposed to recommend approval of IMRC's COPN request. Finally, DCOPN finds that the total capital costs of the proposed project compare favorably to similar, recently approved projects.

DCOPN Staff Recommendation

COPN Request No. VA-8876: Heart and Vascular

The Division of Certificate of Public Need recommends the **conditional approval** of Heart and Vascular Specialist, P.C-Loudoun Medical Group's COPN Request number VA-8876 to establish a specialized center for PET/CT services with one (1) fixed PET/CT Scanner, and independent use of the CT component of the scanner, limited to cardiovascular images, for the following reasons:

1. The proposal is generally consistent with the applicable standards and criteria of the State Medical Facilities Plan and the 8 Required Considerations of the Code of Virginia.

2. The applicant has an existing SPECT patient base that will benefit from access to SPECT services.

3. The project is financially feasible in the long run.

4. The population in Loudoun County, which has a population that is rapidly growing and aging.

5. There is no alternative identified to the proposed project, and it is more beneficial than the status quo.

6. The HSANV voted in favor of recommending approval for the project.

DCOPN's recommendation is contingent upon Heart and Vascular Specialist, P.C-Loudoun Medical Group's agreement to the following charity care condition:

Recommended Condition

Heart and Vascular Specialist,P.C-Loudoun Medical Group must provide imaging services to all persons in need of these services, regardless of their ability to pay, and will provide as charity care to all indigent patients free surgical services or rate reductions in imaging services and facilitate the development and operation of primary care services to underserved persons in an aggregate amount equal to at least 2.2% of Heart and Vascular Specialist,P.C-Loudoun Medical Group's gross patient services revenue derived from imaging services. Compliance with this condition will be documented to the Division of Certificate of Public Need annually by providing audited or appropriately certified financial statements documenting compliance with the preceding requirement.

Heart and Vascular Specialist,P.C-Loudoun Medical Group will provide PET/CT services to individuals who are eligible for benefits under Title XVIII of the Social Security Act (42 U.S.C. § 1395 et seq.), Title XIX of the Social Security Act (42 U.S.C. § 1396 et seq.), and 10 U.S.C. § 1071 et seq. Heart and Vascular Specialist,P.C-Loudoun Medical Group will facilitate the development

and operation of primary and specialty medical care services in designated medically underserved areas of the applicant's service area.

COPN Request No. VA-8881: IFOH

The Division of Certificate of Public Need recommends the **conditional approval** of IFOH's COPN Request number VA-8881 to expand its CT services with the establishment of a center for CT Imaging through the relocation of one (1) CT scanner from within the Inova Health System.

1. The proposal is generally consistent with the applicable standards and criteria of the State Medical Facilities Plan and the 8 Required Considerations of the Code of Virginia.

2. IFOH has an institutional need to add a CT scanner, at CT Utilization of 228.1% of the SMFP threshold for expansion in 2024.

3. The CT scanner that will be relocated as part of this project will be better utilized in the proposed location.

4. The project is financially feasible in the long run.

5. There is no alternative identified to the proposed project, and it is more beneficial than the status quo.

6. The HSANV voted in favor of recommending approval for the project.

DCOPN's recommendation is contingent upon Inova Health System's agreement to the following charity care condition:

Recommended Condition

This project shall be subject to the system-wide charity care condition applicable to Inova Health Care Services d/b/a Inova Heath System pursuant to COPN No. VA-04381 (issued April 2, 2013), as amended by the State Health Commissioner by letter dated January 4, 2016 (the Inova System-Wide Condition). Pursuant to the 2016 reconsideration, the Inova System-Wide Condition reset to 3.9% as of January 1, 2022. Provided, however, that charity care provided under the Inova System-Wide condition shall be valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq.
Inova Health System will accept a revised percentage based on the regional average after such time regional charity care data valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. is available from Virginia Health Information. In addition to any right to petition the Commissioner contained in the Inova System-Wide

condition, to the extent Inova Health System expects its Inova System-Wide condition as valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. or any revised percentage to materially alter the value of its charity care commitment thereunder, it may petition the Commissioner for a modification to the Inova System-Wide condition to resolve the expected discrepancy.

COPN Request No. VA-8889: IFRC

The Division of Certificate of Public Need recommends the **conditional approval** of IFRC's COPN Request number VA-8889 to establish a center for CT services through relocation and replacement of (1) CT within Inova Health System, for the following reasons:

1. The proposal is generally consistent with the applicable standards and criteria of the State Medical Facilities Plan and the 8 Required Considerations of the Code of Virginia.

2. The CT scanner that will be relocated as part of this project will be better utilized in the proposed location.

3. The project is financially feasible.

4. There is no alternative identified to the proposed project, and it is more beneficial than the status quo.

5. There is no known opposition to the proposal.

6. The HSANV voted in favor of recommending approval for the project.

DCOPN's recommendation is contingent upon Inova Health System's agreement to the following charity care condition:

Recommended Condition

This project shall be subject to the system-wide charity care condition applicable to Inova Health Care Services d/b/a Inova Heath System pursuant to COPN No. VA-04381 (issued April 2, 2013), as amended by the State Health Commissioner by letter dated January 4, 2016 (the Inova System-Wide Condition). Pursuant to the 2016 reconsideration, the Inova System-Wide Condition reset to 3.9% as of January 1, 2022. Provided, however, that charity care provided under the Inova System-Wide condition shall be valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq.

Inova Health System will accept a revised percentage based on the regional average after such time regional charity care data valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. is available from Virginia Health Information. In addition to any right to petition the Commissioner contained in the Inova System-Wide condition, to the extent Inova Health System expects its Inova System-Wide condition as valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. or any revised percentage to materially alter the value of its charity care commitment thereunder, it may petition the Commissioner for a modification to the Inova System-Wide condition to resolve the expected discrepancy.

COPN Request No. VA-8890: IRMC

The Division of Certificate of Public Need recommends the **conditional approval** of IMRC's COPN Request number VA-8890 to establish a center for PET/CT services with (1) PET/CT scanner, for the following reasons:

1. The proposal is generally consistent with the applicable standards and criteria of the State Medical Facilities Plan and the 8 Required Considerations of the Code of Virginia.

2. The project will introduce unrestricted PET/CT services to Loudoun County.

3. The project is financially feasible in the long run.

4. There is no alternative identified to the proposed project, and it is more beneficial than the status quo.

5. The HSANV voted in favor of recommending approval for the project.

DCOPN's recommendation is contingent upon Inova Health System's agreement to the following charity care condition:

Recommended Condition

This project shall be subject to the system-wide charity care condition applicable to Inova Health Care Services d/b/a Inova Heath System pursuant to COPN No. VA-04381 (issued April 2, 2013), as amended by the State Health Commissioner by letter dated January 4, 2016 (the Inova System-Wide Condition). Pursuant to the 2016 reconsideration, the Inova System-Wide Condition reset to 3.9% as of January 1, 2022. Provided, however, that charity care provided under the Inova System-Wide condition shall be valued under the provider reimbursement

methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq.
Inova Health System will accept a revised percentage based on the regional average after such time regional charity care data valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. is available from Virginia Health Information. In addition to any right to petition the Commissioner contained in the Inova System-Wide condition, to the extent Inova Health System expects its Inova System-Wide condition as valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. or any revised percentage to materially alter the value of its charity care commitment thereunder, it may petition the Commissioner for a modification to the Inova System-Wide condition to resolve the expected discrepancy.