

VIRGINIA DEPARTMENT OF HEALTH

Office of Licensure and Certification

Division of Certificate of Public Need

Staff Analysis

September 18, 2026

RE: COPN Request No. VA-8894

Inova Health Care Services

Fairfax County, Virginia

Add one linear accelerator at Inova Fairfax Hospital

Applicant

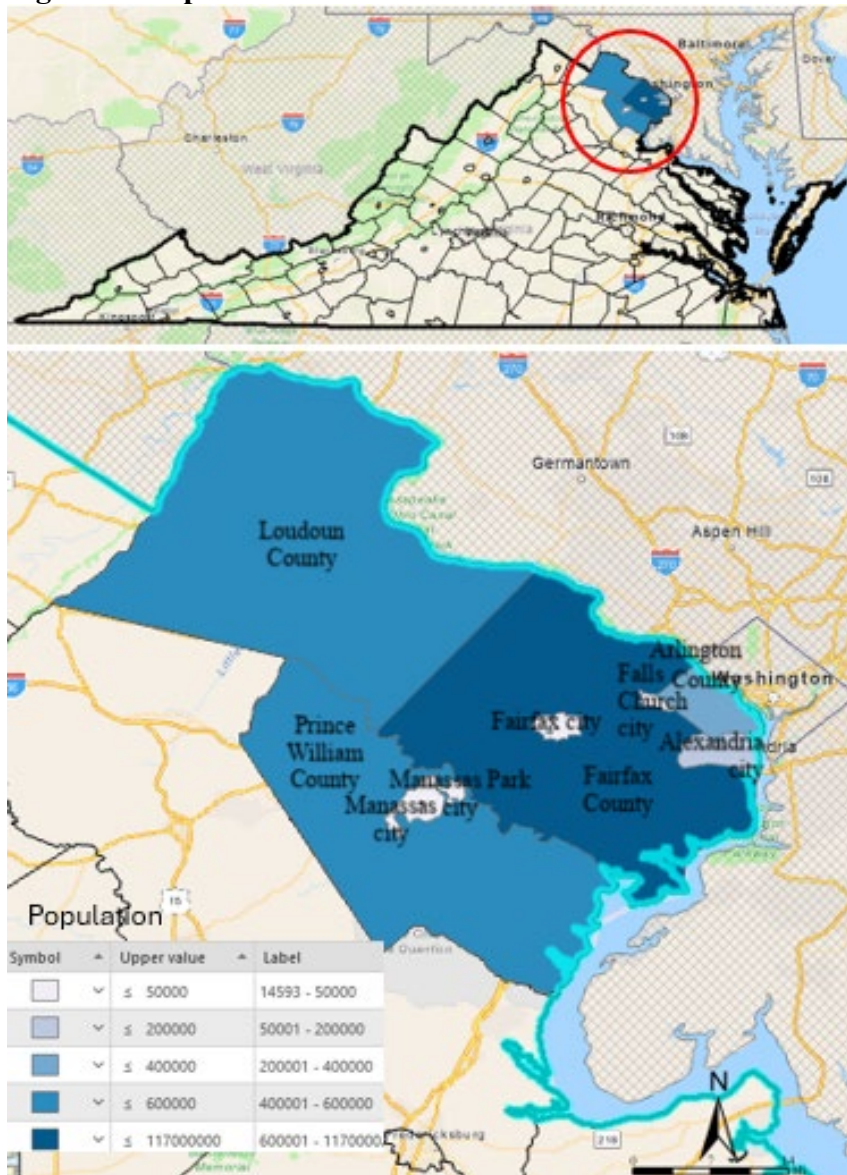
Inova Health Care Services (Inova) is a 501 (c)(3) Virginia nonstock corporation. The sole member of Inova Health Care Services is the Inova Health System Foundation, also a 501 (c)(3) Virginia nonstock corporation. Inova Fairfax Hospital (“IFH”) is the proposed facility, located in Falls Church, Virginia, Planning District (PD) 8, Health Planning Region (HPR) II.

Background

PD 8 is in the far northeast corner of Virginia bordered partially by West Virginia to the West, Maryland to the North, Washington, D.C. directly across the Potomac River to the east, and the Northern Shenandoah Valley and Rappahannock regions to the west and south. PD 8 is comprised of the counties of Arlington, Fairfax, Loudoun and Prince William and the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park (**Figure 1**).

PD 8 had a population of over 2.5 million in 2020 and is projected to grow by just over 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 1**). 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 (**Table 1**).

Figure 1. Map of PD 8 Localities



Source: ArcGIS

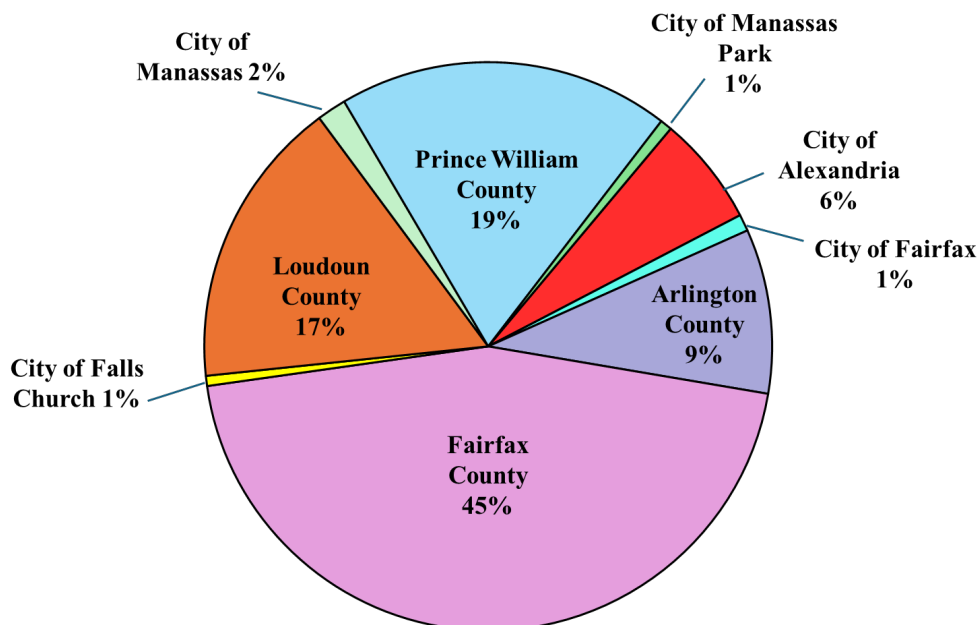
The proposed project will be in Fairfax County, which is the most highly populated of the localities in PD 8. Fairfax County had over 1.1 million people in 2020 and represents 45% of the PD 8 population (**Table 1/Figure 2**). The growth rate projected for Fairfax County between 2020 and 2030 is only 1.0%, less than the growth rates projected for PD 8 or Virginia. The age group over 65 in Fairfax County is expected to grow by 42,839, the largest increase in this population of all PD 8 localities (**Table 1/Figure 3**).

Table 1. 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%
City of Fairfax	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%

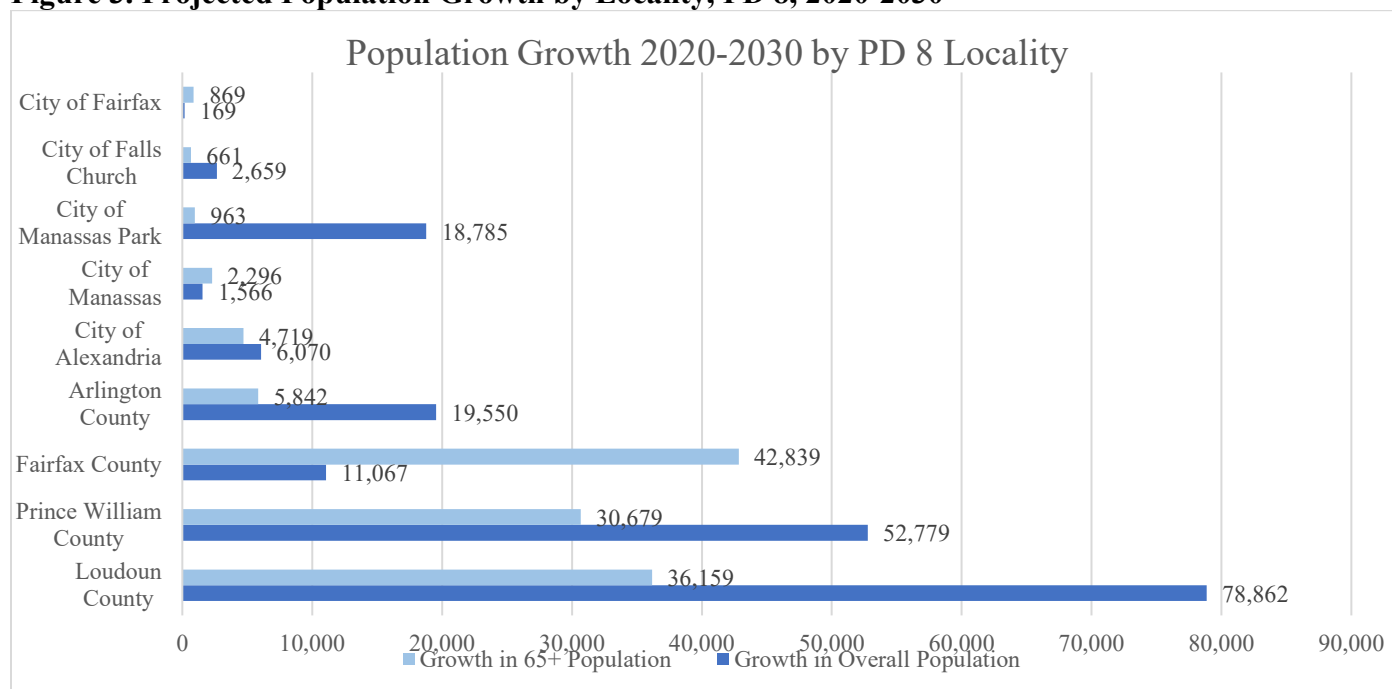
Source: Weldon-Cooper Data, updated June 2026

Figure 2. Percent of PD 8 Population by Locality



Source: Weldon-Cooper 2020 Census Data

Figure 3. Projected Population Growth by Locality, PD 8, 2020-2030



Source: Weldon-Cooper Data, updated June 2026

A medical linear accelerator (LINAC) is the device most commonly used for external beam radiation treatments for patients with cancer. It delivers high-energy X-rays or electrons to the region of the patient's tumor. These treatments can be designed in such a way that they destroy the cancer cells while sparing the surrounding normal tissue. LINAC is used to treat all body sites using: conventional techniques, intensity-modulated radiation therapy (IMRT), Volumetric Modulated Arc Therapy (VMAT), Image-Guided Radiation Therapy (IGRT), Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT).¹

The LINAC model proposed at IFH is SRS-capable. SRS uses many, precisely focused radiation beams to treat tumors and other problems in the brain, neck, lungs, liver, spine and other parts of the body. Doctors use three types of technology to deliver radiation during stereotactic radiosurgery in the brain and other parts of the body: LINAC, Gamma Knife and Proton Beam Therapy.² SRS “other than radiotherapy performed using a linear accelerator”³ is regulated by DCOPN. Since SRS performed on the proposed equipment is performed on a LINAC, the SRS component of the proposed project is not DCOPN regulated and not evaluated in this report.

Nine (9) facilities in PD 8 reported utilization on 21 LINACs to Virginia Health Information (VHI) for 2025, the latest year for which such data are available. The average number of visits per LINAC

¹ <https://www.radiologyinfo.org/en/info/linac>

² [https://www.mayoclinic.org/tests-procedures/stereotactic-radiosurgery/about/pac-20384526#:~:text=Linear%20accelerator%20\(LINAC\)%20machines%20use,with%20a%20variety%20of%20condition](https://www.mayoclinic.org/tests-procedures/stereotactic-radiosurgery/about/pac-20384526#:~:text=Linear%20accelerator%20(LINAC)%20machines%20use,with%20a%20variety%20of%20condition)

³ § 32.1-102.1:3. Of the Code of Virginia.

in PD 8 that year was 4,603. This is 57.5% of the State Medical Facilities Plan (SMFP) threshold to add a LINAC, which is an average of 8,000 visits per LINAC (**Table 2**).

Table 2. Linear Accelerators, PD 8, 2025

Facility Name	Class	Number of Machines	Visits	Visits/ Machine	% of SMFP
Inova Alexandria Hospital	Cobalt and Linear Accelerator without SR	1	3,522	3,522	44.0%
Inova Alexandria Hospital	Linear with SR	1	4,644	4,644	58.1%
Inova Fair Oaks Hospital	Linear with SR	2	9,432	4,716	59.0%
Inova Fairfax Hospital	Cobalt and Linear Accelerator without SR	1	7,566	7,566	94.6%
Inova Fairfax Hospital	Linear with SR ⁴	4	25,490	6,373	79.7%
Inova Loudoun Hospital	Linear with SR	2	9,447	4,724	59.0%
Potomac Radiation Oncology Center	Linear with SR	1	5,665	5,665	70.8%
Reston Hospital Center	Cobalt and Linear Accelerator without SR	1	2	2	0.0%
Reston Hospital Center	Linear with SR	1	4,176	4,176	52.2%
UVA Cancer Center Gainesville	Cobalt and Linear Accelerator without SR	1	4,321	4,321	54.0%
UVA Cancer Center Gainesville	Linear with SR	1	4,406	4,406	55.1%
Virginia Cancer Specialists	Linear with SR	2	8,190	4,095	51.2%
Virginia Hospital Center	Cobalt and Linear Accelerator without SR	2	10,692	5,346	66.8%
Virginia Hospital Center	Linear with SR	1	2,636	2,636	33.0%
PD 8 Totals and Averages		21	96,667	4,603	57.5%
PD 8 Totals and Averages without IFH's Cyberknife and Proton Therapy		19	87,760	4,619	57.7%

Source: 2025 VHI

According to the applicant, IFH's VHI reporting in 2025 included its Cyberknife and Proton therapy volumes and units, so the total of operational LINACs in PD 8 in 2025 was actually 19. As reported in its application, IFH's three LINAC units only (with and without SR capability) performed 24,149 visits in 2025, 8,050 per unit, or 100.6% of the SMFP standard. The PD 8 totals and averages in **Table 2** without IFH's Cyberknife and Proton therapy units and volumes were 87,769 visits, 4,619 average visits per LINAC, or 57.7% of the SMFP threshold to add a LINAC to the PD inventory.

Proposed Project

Inova proposes to add a traditional LINAC with SRS capabilities at IFH's Inova Schar Cancer Institute (ISCI) at 8081 Innovation Park Drive, Fairfax, Virginia, for a total of four traditional LINACs (three SRS-capable and one without SRS capabilities). IFH also has one SR-only Cyberknife and one proton unit. IFH has consolidated all its cancer treatment services in the ISCI,

⁴ IFH units reported to VHI include Cyberknife and Proton Therapy.

located on IFH's campus about a mile from the main hospital. ISCI is in a twelve-story building and an adjacent 75,000-square-foot building that houses all its linear accelerators, proton beam therapy equipment, simulator equipment and other ancillary equipment. The proposed LINAC will be installed in existing shell space in the building with existing radiation therapy services.

Capital costs of the proposed project are estimated to be \$9,557,290 (**Table 3**), funded entirely by accumulated reserves of Inova Health System such that no financing costs are incurred. Should the proposed project be approved, the target date to begin using the additional LINAC is September 2027.

Table 3. Capital Costs Inova Fairfax Hospital SRS-Capable Linear Accelerator

Direct Construction Cost	\$ 2,966,275
Equipment not included in construction contract	\$ 6,045,657
Site Preparation Costs	\$ 38,212
Architectural and Engineering Fees	\$ 507,146
Total Capital Cost	\$ 9,557,290

Source: COPN Request No. VA-8894

Project Definition

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 ... radiation therapy...” A medical care facility includes “any facility licensed as a hospital.”

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

In determining whether a public need exists for a proposed project, the following factors shall be taken into account when applicable.

- 1. The extent to which the proposed service or facility will provide or increase access to needed services for residents of the area to be served, and the effects that the proposed service or facility will have on access to needed services in areas having distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care.**

The highly populated PD 8 has a projected growth rate of 6.7% between 2020 and 2030, a higher projected growth rate than Virginia's during the same period (5%). The 65 and older population in PD 8 is also expected to grow at a higher rate in PD 8 than the average across Virginia. The greatest risk factor for developing cancer is age. Sixty percent of new cancer diagnoses are made in adults aged 65 and older.⁵ In PD 8, the population 65 and older is projected to increase by

⁵ <https://mycarg.org/resources-activities/advocacy/cancer-and-aging-facts/>

40.8% between 2020 and 2030, compared to 30.9% across Virginia (**Table 1**). With respect to socioeconomic barriers, the overall poverty rate of PD 8 (6.2%) is lower than that of Virginia's, 9.8% (**Table 4**) and no socioeconomic barriers are identified that the proposed project will address.

Table 4. 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%
<i>Virginia</i>	<i>9.8%</i>

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

ISCI is located near the Capital Beltway (Interstate 495). It is accessible from the north and south via Interstates 495 and 95, from the east and west via Route 50 and Interstate 66. Public bus transportation is available at the main entrance of IFH, and Metro-rail with shuttle service is available within three miles, at the Dunn Loring Metro station. ISCI is located about a mile from the main hospital. Though DCOPN has not identified transportation or socio-economic barriers to access, the applicant asserts that the proposed project will improve access to its highly utilized radiation therapy services by reducing wait times for care. Despite operating two of its existing linear accelerators 11.5 hours per day and the third 8.5 hours per day five days per week, the applicant asserts its linear accelerators have reached operating capacity, and that IFH sometimes must refer patients to other radiation therapy treatment sites for timely care.

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

(i) The level of community support for the project demonstrated by citizens, businesses, and governmental leaders representing the area to be served.

Inova's Medical Executive Committee passed a resolution in May 2026 to "fully and actively support the expansion of IFH's radiation therapy services." In addition, DCOPN received three letters of support for the proposed project from individual Inova physicians. These letters, in aggregate, expressed the following:

- IFH's radiation therapy services are highly utilized.
- IFH's radiation therapy services offer extended hours but continue to be unable to meet demand for these services, delaying treatment starts and triaging patients to sites further away and less convenient for cancer patients.
- Demand for these services is projected to grow as the population increases and ages.
- The proposed project is necessary to sufficiently size IFH's program for timely treatment of cancer patients seeking care at IFH.

Public Hearing

DCOPN provided notice to the public regarding this project inviting public comments on July 10, 2026. The public comment period closed on August 24, 2026. On August 31, 2026, the Health Systems Agency of Northern Virginia (HSANV) held a public hearing for the project. Inova's project was presented by Paul Dreyer, Senior Director, Strategy & Planning, Inova Health System, Laura Matthews, VP and Administrator of ISCI, and Ashish Chawla, MD, Chair of the Department of Radiation Oncology at IFH. Presenters emphasized high service volumes, expanded hours of operations, increasing caseloads and the absence of a practical alternative to adding capacity to respond to current and near-term demand at the hospital.

Other than the letters of support referenced above, there were no additional public comments and no known opposition to the proposed project.

(ii) The availability of reasonable alternatives to the proposed service or facility that would meet the needs of the population in a less costly, more efficient, or more effective manner.

Neither DCOPN nor the applicant has identified a reasonable alternative to the proposed project that would meet the needs of the population in a less costly, more efficient, or more effective manner. Shell space was built at ISCI in anticipation of the long-term growth that has occurred at IFH's radiation therapy services. The applicant has demonstrated an institutional need. The proposed project is more beneficial than the status quo, which entails delays in cancer treatment for patients seeking care at IFH, or travel to a radiation therapy site less convenient for cancer patients.

(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 project at its August 31, 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 seven in favor, none opposed, to recommend approval of IFH's COPN Request number VA-8894. 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 August 31, 2026 public hearing and Board of Directors meeting, and on several basic findings and conclusions, including:

1. Though there is no evidence of need for additional radiation therapy capacity regionwide, IFH has a substantial radiation therapy service with high and increasing demand.
2. Its recent caseload exceeds the nominal service volume standard of 8,000 treatment visits per LINAC annually and qualifies for consideration to expand in accordance with the institutional need provision of the Virginia SMFP.
3. There is little reason to believe that expanding the IFH service to meet current and projected demand would affect the use of other services materially.
4. The capital expenditure proposed, though high, is within the range seen for the project described.

(iv) Any costs and benefits of the project.

Total projected capital costs for the proposed project are \$9,557,290. The proposed project will be funded in its entirety with accumulated reserves, so there are no financing costs involved in the proposed project. The estimated costs are significantly higher than other recently approved projects to add a linear accelerator with SRS capabilities. For example, COPN No. VA-04934 was issued to Virginia Commonwealth University Health System Authority authorizing a cost of \$6.3 million, and COPN No. VA-04839 was issued to Bon Secours Maryview Medical Center authorizing a cost of \$5.1 million.

The applicant has described several benefits to the proposed project. IFH has demonstrated institutional need for an additional LINAC. Despite extended hours on its traditional LINACs, capacity constraints at IFH sometimes require referral to other radiation therapy treatment sites. The proposed project will alleviate this and allow for timely scheduling on-site. In addition, significant population growth is projected in the 65 and older age cohort. This group represents about 60% of IFH's radiation therapy patient population. The proposed project will enable the provision of timely radiation therapy services as volumes grow.

(v) The financial accessibility of the project to the residents of the area to be served, including indigent residents.

IFH provided charity care in the amount of 2.2% of its gross patient revenue in 2024, the latest year for which such data are available. This is consistent with the HPR II average of 2.2% (**Table 5**). In accordance with section 32.1-102.4.B of the Code of Virginia, should the proposed project receive approval, the project would be conditioned to provide a level of charity care based on gross patient revenues derived from radiation therapy that is no less than the equivalent average for charity care contributions in HPR II. The applicant is subject to a systemwide charity care condition in the amount of 3.9% of gross patient revenues. Should the proposed project be approved, DCOPN recommends 3.9% of gross patient revenue as a 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.

Table 5. 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 project.

There are no other factors, not addressed elsewhere in the analysis, relevant to the determination of a public need for either project.

3. The extent to which the application is consistent with the State Medical Facilities 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 the criteria and standards for radiation therapy services. They are as follows:

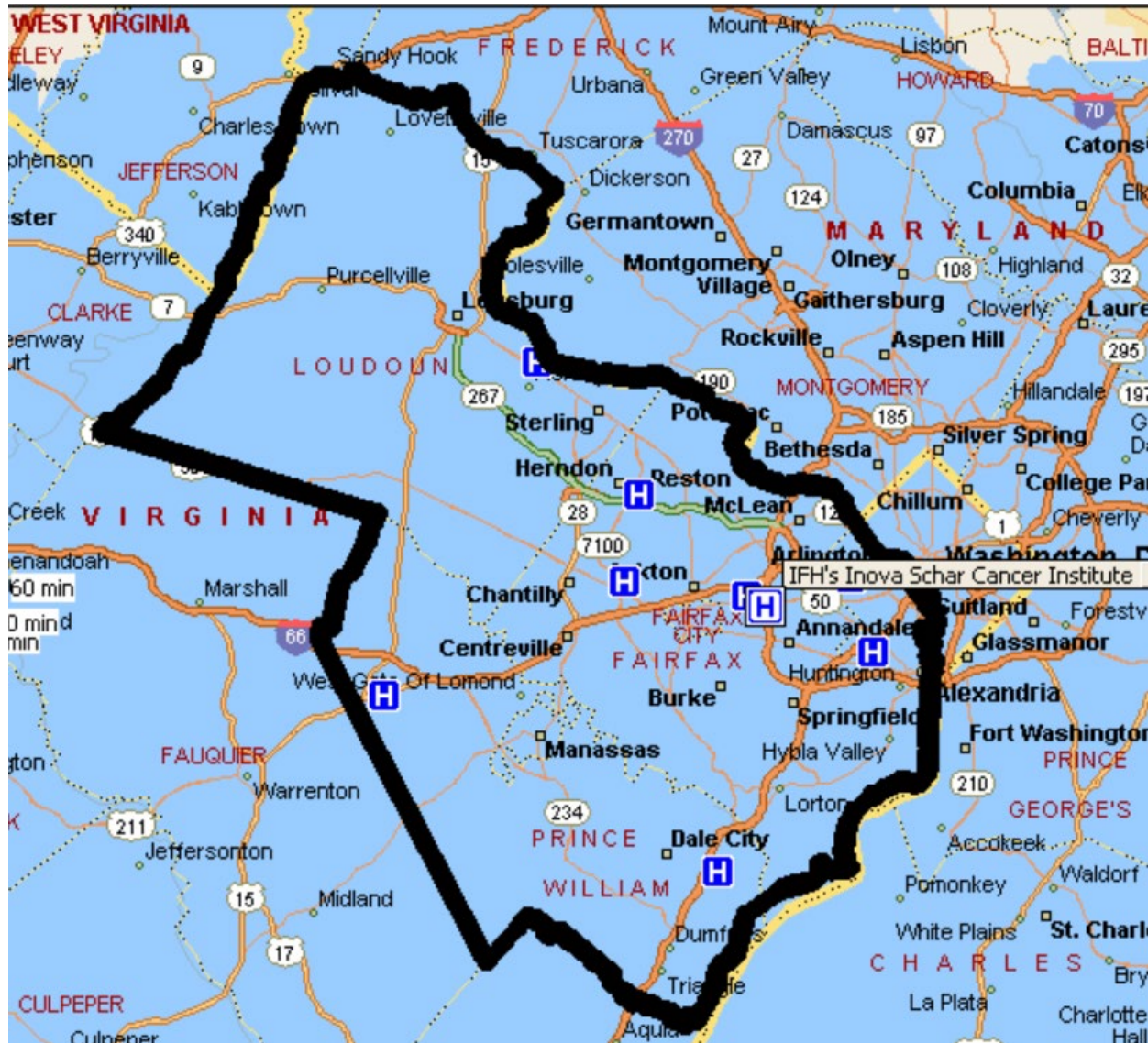
Article 1. Radiation Therapy Services

12VAC5-230-280. Travel time.

Radiation therapy services should be available within 60 minutes driving time one way under normal conditions of 95% of the population of the health planning district using a mapping software as determined by the commissioner.

Figure 4 shows the boundary of PD 8, the heavy black line. Authorized radiation therapy sites in PD 8 are represented by the blue icons, and the proposed project at IFH's ISCI is located by the white icon with the blue H. The light blue shading shows the area that is within 60 minutes' drive time of a PD 8 LINAC site. The map shows that the entirety of PD 8 is within 60 minutes' driving time of a radiation therapy service. The proposed project at an existing site does not expand access beyond the geographic area already within 60 minutes' driving time of a radiation therapy service.

Figure 4. Map of Authorized Linear Accelerators, PD 8



12VAC5-230-290. Need for new service.

A. No new radiation therapy service should be approved unless:

1. Existing radiation therapy machines located in the health planning district performed an average of 8,000 procedures per existing and approved radiation therapy machine in the relevant reporting period; and
2. The new service will perform at least 5,000 procedures by the second year of operation without significantly reducing the utilization of existing providers in the health planning district.

B. The number of radiation therapy machines needed in a health planning district will be determined as follows:

Population x Cancer Incidence Rate x 60%

320

where:

1. The population is projected to be at least 150,000 people three years from the current year as reported in the most current projections of a demographic entity as determined by the commissioner;
 2. The cancer incidence rate as determined by data from the Statewide Cancer Registry;
 3. 60% is the estimated number of new cancer cases in a health planning district that are treatable with radiation therapy; and
 4. 320 is 100% utilization of a radiation therapy machine based upon an anticipated average of 25 procedures per case.
- C. Proposals for new radiation therapy services located less than 60 minutes driving time one way, under normal conditions, from any site that radiation therapy services are available shall demonstrate that the proposed new services will perform an average of 4,500 procedures annually by the second year of operation, without significantly reducing the utilization of existing services in the health planning district.

The applicant is not proposing a new radiation therapy service, but an additional LINAC at an existing service, so the provision for a new service does not apply. The need calculation for linear accelerators in PD 8 is as follows:

Table 6. PD 8 LINAC Need Calculation

Health Districts	2029 Population (Projected)	2019-2023 Cancer Incidence per 100,000 population	2029 Projected Cancer Cases	New Cancer Cases Requiring Rad Tx	Linear Accelerators Needed
Arlington	256,238	331.4	849.17	509.5	2
Alexandria	164,930	357.5	589.6	353.8	1
Fairfax	1,201,619	346	4,157.6	2,494.6	8
Loudoun	489,235	369.4	1,807.2	1,084.3	3
Prince William	592,672	360.6	2,137.2	1,282.3	4
PD 8	2,704,694		9,540.8	5,724.5	18

Sources: Source: Weldon-Cooper Data, updated June 2026; Virginia Cancer Registry; DCOPN interpolations

The methodology prescribed by the SMFP results in a calculated need for 18 linear accelerators in PD 8 (Table 6). With a current inventory of 19 authorized linear accelerators, there is a calculated surplus of 1 linear accelerator in PD 8.

12VAC5-230-300. Expansion of service.

Proposals to expand radiation therapy services should be approved only when all existing radiation therapy services operated by the applicant in the health planning district have performed an average of 8,000 procedures for the relevant reporting period and the proposed expansion would not significantly reduce the utilization of existing providers.

PD 8 LINACs performed volumes at approximately 57.5% of the SMFP threshold in 2025 (Table 2).

Inova credibly argues that the SMFP's utilization standard for radiation therapy is based on conventional radiation therapy visits, and Cyberknife and Proton Therapy treatments are significantly different from those of traditional LINACs. The SMFP utilization standard assumes a 15-minute-per-patient treatment time. SRS/SRT treatments can take an hour, and Proton Therapy treatments take 30 minutes on average, so the applicant asserts that the SMFP threshold based on traditional LINAC visits does not apply to Cyberknife and Proton Therapy units.

VHI did not allow for reporting of these technologies separately in 2025, and IFH's proton volumes were included in its LINAC volumes due to not identifying an appropriate category under which to report them. To clarify and break out the volumes on its traditional LINACs, the applicant separated out these volumes from Cyberknife and Proton Therapy volumes in its application. Historical volumes performed on IFH's three traditional LINACs with and without SR-capability are as follows:

Table 7. IFH Historical Treatment Counts, Traditional LINACS Only

	2022	2023	2024	2025
Visits, 3 LINACs (with and without SR-Capability)	20,141	19,903	22,197	24,149
Visits Per LINAC	6,713.7	6,634.3	7,399.0	8,049.7
Percent of SMFP Standard	83.9%	82.9%	92.5%	100.6%

Though two of IFH's existing traditional linear accelerators are SR-capable and perform the lengthier SR treatments, it performed at 92.5% of the SMFP standard in 2024 and 100.6% in 2025 (Table 7). The applicant states that these percentages do not accurately reflect how busy the three units are. Despite extended hours, capacity constraints at IFH sometimes require referral to other radiation therapy treatment sites. Due to high volumes performed on IFH's existing LINACs, the addition of a fourth unit is unlikely to negatively impact volumes of other providers significantly.

12VAC5-230-310. Statewide Cancer Registry.

Facilities with radiation therapy services shall participate in the Statewide Cancer Registry as required by Article 9 (§ [32.1-70](#) et seq.) of Chapter 2 of Title 32.1 of the

The applicant participates in the Virginia Cancer Registry.

12VAC5-230-320. Staffing.

Radiation therapy services should be under the direction or supervision of one or more qualified physicians designated or authorized by the Nuclear Regulatory Commission or the Division of Radiologic Health of the Virginia Department of Health, as applicable.

The applicant meets the staffing provision.

12VAC5-230-80. When institutional expansion 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.

The applicant has achieved volumes at 100.6% of the SMFP volume threshold on its traditional LINACs (Table 7), though some of these volumes are the lengthier SRS treatments.

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.

There is not another LINAC within Inova appropriate to relocate to ISCI.

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

The applicant is not a nursing facility.

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

The proposal is for the addition of a LINAC to an existing service.

Required Considerations Continued

- 4. The extent to which the proposed service or facility fosters institutional competition that benefits the area to be served while improving access to essential health care services for all persons in the area to be served.**

Inova and Virginia Hospital Center each have three LINACs, more than other providers of radiation therapy in PD 8. The proposed project does not foster beneficial institutional competition but adds to a provider tied for the highest number of LINACs in PD 8. IFH has demonstrated an institutional need for an additional LINAC and it is unlikely to impact competition in the area.

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

The applicant asserts that IFH is the largest and busiest hospital in the Commonwealth of Virginia. It is Northern Virginia's only tertiary/quaternary hospital for adults and children with a Level I Trauma Center, and a leader in healthcare services delivery in the Washington, D.C. metropolitan area. Of relevance to the proposed project, IFH maintains the largest cancer program in the Commonwealth, and has twice as many radiation therapy treatment visits as the next largest provider in PD 8.

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

Capital costs for the proposed project are higher than those recently authorized for similar projects to add an SRS-capable LINAC to an existing site; however, these costs do not negatively impact the feasibility of the proposed project. The pro forma provided by the applicant (**Table 8**) projects an incremental net income for the proposed project of \$108,000 during the first year of operating four LINACs, and \$1,014,000 in the second year. The proposal requires 19 additional full-time equivalent staff members to operate. IFH describes recruitment of these positions through its partnerships with local education programs. The applicant asserts that Inova's is the largest clinical training site in the region for radiation therapist students. It has an accredited medical physics residency program as well as partnerships with multiple other residency programs and a collaboration with the University of Wisconsin medical dosimetry program.

Table 8. Pro forma, IFH Additional Linear Accelerator (Incremental)

	Year 1	Year 2
Gross Revenue	\$ 10,665,000	\$ 14,342,000
Charity Care	\$ 388,000	\$ 522,000
Other Deductions	\$ 7,490,000	\$ 10,072,000
Total Net Revenue	\$ 2,787,000	\$ 3,748,000
Total Expenses	\$ 2,679,000	\$ 2,734,000
Net Income Before Taxes	\$ 108,000	\$ 1,014,000

Source: COPN Request No. VA-8894

- 7. The extent to which the project provides improvements or innovations in the financing and delivery of health 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 services on an outpatient basis. (iii) Any cooperative efforts to meet regional health care needs. (iv) At the discretion of the Commissioner, any other factors as may be appropriate.**

The proposal does not provide innovations in the delivery of health services beyond what is currently offered in the PD but does expand delivery of radiation therapy in an outpatient facility. It is also a major comprehensive referral center for cancer treatment in Northern Virginia.

- 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. (ii) Any contribution the teaching hospital or medical school may provide in the delivery, innovation, and improvement of health care for citizens of the Commonwealth, including indigent or underserved populations.

Inova's website states that IFH is "an independent academic medical center and serves as a regional medical school campus," also providing residency and fellowship training programs for physicians, both independently and through multiple graduate medical education partnerships. The applicant is not requesting approval on this basis.

DCOPN Staff Findings and Conclusions

Inova Health Care Services proposes adding one SRS-capable LINAC, for a total of four traditional LINACs (a total of 3 SRS-capable traditional LINACs) on the IFH campus at ISCI in Fairfax County, Virginia. PD 8 is an area of Virginia that is growing at a higher rate than that of the state as a whole, and the important 65 and older demographic is also growing faster than the Virginia growth rate in that age group. PD 8 is expected to add more than 125,000 people over 65 through aging and in-migration between 2020 and 2030.

The proposed project is generally consistent with the applicable criteria and standards of the SMFP and the Eight Required Considerations of the Code of Virginia, and the applicant has demonstrated an institutional need for the proposed project. DCOPN has not identified a reasonable alternative that is less costly, more efficient, and more effective than the proposed project. It is more beneficial than the status quo. Capital costs of the proposed project are reasonable, though higher than similar, recently approved projects. It is wholly feasible in the immediate and long term.

The Health Systems Agency of Northern Virginia recommended approval of the proposed project and there is no documented opposition to the proposal.

DCOPN Staff Recommendations

The Division of Certificate of Public Need recommends **conditional approval** of Inova Health Care Services' COPN Request No. VA-8894 to expand its radiation therapy service with the addition of one SRS-capable linear accelerator located at the Inova Schar Cancer Institute on the campus of Inova Fairfax Hospital in Fairfax County, Virginia for the following reasons:

1. The proposal to expand Inova Fairfax Hospital's radiation therapy service with the addition of one SRS-capable linear accelerator 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 demonstrated an institutional need for the proposed project.
3. The proposed project is unlikely to have a significant negative impact upon the utilization, costs, or charges of other providers of radiation therapy services in PD 8.
4. The proposal appears to be wholly feasible in the immediate and long-term.
5. No reasonable alternative has been identified that is less costly, more efficient, and more effective than the proposed project, and it is more beneficial than the status quo.
6. The Health Systems Agency of Northern Virginia has recommended approval of the proposed project.
7. There is no known opposition to the project.

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

This project shall be subject to the system-wide charity care condition applicable to Inova Health Care Services d/b/a Inova Health 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.

Inova Health Care Services will provide radiation therapy 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.