

COMMONWEALTH OF VIRGINIA

APPLICATION FOR A

MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED

(CHAPTER 4, ARTICLE 1:1 OF TITLE 32.1,

SECTIONS 32.1 – 102.1 THROUGH 32.1 – 102.12 OF

THE CODE OF VIRGINIA OF 1950, AS AMENDED)

OUTPATIENT FACILITIES

COPN Request No. VA-8890

Inova Reston MRI Center, LLC

**Establish a Specialized Center for PET/CT Services
Through the Acquisition of One Fixed PET/CT Unit**

March 31, 2026

SECTION I FACILITY ORGANIZATION AND IDENTIFICATION

A. **Inova Reston MRI Center, LLC (to be known as Fairfax PET/CT Center at Riverside Parkway)**

Official Name of Facility

44084 Riverside Parkway, Suite 125

Address

Leesburg

Virginia

20176

City

State

Zip

(703) 698-4444

Telephone

B. **Inova Reston MRI Center, LLC**

Legal Name of Applicant

8260 Willow Oaks Corporate Drive, Suite 750

Address

Fairfax

Virginia

22031

City

State

Zip

C. Chief Administrative Officer

Lance Boyd, CEO

Name

8260 Willow Oaks Corporate Drive, Suite 750

Address

Fairfax

Virginia

22031

City

State

Zip

(703) 698-4444

Telephone

N/A

Facsimile

D. Person(s) to whom questions regarding application should be directed:

Carol Burchett, Chief Strategy Officer, Fairfax Radiology Centers, LLC

Name

8260 Willow Oaks Corporate Drive, Suite 750

Address

Fairfax

Virginia

22031

City

State

Zip

(703) 698-4444	N/A
Telephone	Facsimile

E. Type of Control and Ownership (Complete appropriate section for both owner and operator.)

Will the facility be operated by the owner? Yes ___ No X

<u>Owner of the Facility</u> (Check one)	<u>Proprietary</u>	<u>Operator of Facility</u> (Check one)
(1) _____	(1) Individual	(1) _____
(2) _____	(2) Partnership-attach copy of Partnership Agreement and receipt showing that agreement has been recorded	(2) _____
(3) _____	(3) Corporate-attach copy of Articles of Incorporation and Certificate of Incorporation	(3) _____
(4) <u>X</u> _____	(4) Other _____ Identify	(4) <u>X</u> _____

The owner is Inova Reston MRI Center, LLC ("IRMC"). Please see Attachment A-1 for IRMC's Articles of Organization and Attachment A-2 for IRMC's Certificate of Organization.

The operator is Fairfax Radiology Centers, LLC ("FRC, LLC"). Please see Attachment B for Fairfax Radiology Centers, LLC's Articles of Organization.

Non-Profit

(5) _____	(5) Corporation-attach copy of Articles of Incorporation and Certificate of Incorporation	(5) _____
(6) _____	(6) Other _____ Identify	(6) _____

Governmental

(7) _____	(7) State	(7) _____
(8) _____	(8) County	(8) _____

- | | | |
|------------|--|------------|
| (9) _____ | (9) City | (9) _____ |
| (10) _____ | (10) City/County | (10) _____ |
| (11) _____ | (11) Hospital Authority or
Commission | (11) _____ |

F. Ownership of the Site (Check one and attach copy of document)

- (1) _____ Fee simple title held by the applicant
 (2) _____ Option to purchase held by the applicant
 (3) X Leasehold interest for not less than 10 years, 10 months
 (4) _____ Renewable lease, renewable every _____ years
 (5) _____ Other

See Attachment C-1 for a signed letter agreement to lease space at 44084 Riverside Parkway in Lansdowne, which sets forth a ten-year, ten-month lease term beginning September 1, 2026, and ending June 30, 2037. IFRC, LLC ("IFRC") will be the tenant leasing the space from the landlord, and IFRC will sublease the space to be utilized for IRMC's PET/CT services to IRMC. See signed proposal letter for sublease between IFRC (sublandlord) and IRMC (subtenant) at Attachment C-2. IFRC and IRMC are under common ownership.

G. Attach a list of names and addresses of all owners or persons having a financial interest of five percent (5%) or more in the medical care facility.

IRMC is a Virginia limited liability company with two members (i.e., owners):

Inova Health Care Services (Majority Owner)
8095 Innovation Park Drive
Fairfax, Virginia 22031

Fairfax Radiological Consultants, PLLC (Minority Owner)
8260 Willow Oaks Corporate Drive, Suite 750
Fairfax, Virginia 22031

(a) In the case of proprietary corporation also attach:

- (1) A list of the names and addresses of the board of directors of the corporation.

IRMC is a Virginia limited liability company. Its board members are set forth below. Board members appointed by Inova Health Care Services may be reached at the Inova Health Care Services address set forth above and board members appointed by Fairfax Radiological Consultants, PLLC may be reached at the Fairfax Radiological Consultants, PLLC address set forth above.

Patrick Oliverio, MD, Fairfax Radiological Consultants, PLLC (Chair)
John Deeken, MD, President of Inova Schar Cancer Center
Susan Carroll, President of Inova Loudoun Hospital and Senior VP, Inova
Rina Bansal, MD, MBA, President of Inova Alexandria Hospital and Senior VP, Inova
Sean McCleary, Administrator, Clinical Platforms and VP, Professional Services, Inova
Nakul Jerath, MD, MPH, Fairfax Radiological Consultants, PLLC
Edward Greenberg, MD, Fairfax Radiological Consultants, PLLC

(2) A list of the officers of the corporation.

As reflected above, IRMC is a Virginia limited liability company. Its officers are as follows:

Lance Boyd, Chief Executive Officer
Kim Masters, Chief Operating Officer
Anna Toth, Chief Financial Officer

(3) The name and address of the registered agent for the corporation.

CT Corporation System
4701 Cox Road, Suite 285
Glen Allen, Virginia 23060

- (b) In the case of a non-profit corporation also attach:
- (1) A list of the names and addresses of the board of directors of the corporation
 - (2) A list of the officers of the corporation
 - (3) The name and address of the registered agent for the corporation

Not Applicable.

- (c) In the case of a partnership also attach:
- (1) A list of the names and addresses of all partners.
 - (2) The name and address of the general or managing partner.

Not Applicable.

- (d) In the case of other types of ownership, also attach such documents as will clearly identify the owner.

Not Applicable.

H. List all subsidiaries wholly or partially owned by the applicant.

Not Applicable. IRMC has no subsidiaries.

- I. List all organizations of which the applicant is wholly or partially owned subsidiary.

IRMC is owned by Inova Health Care Services and Fairfax Radiological Consultants, PLLC, each of which are members.

If the operator is other than the owner, attach a list of the names(s) and addresses of the operator(s) of the medical care facility project. In the case of a corporate operator, specify the name and address of the Registered Agent. In the case of the partnership operator, specify the name and address of the general or managing partner.

The operator is FRC, LLC. Its address is as follows:

**Fairfax Radiology Centers, LLC
8260 Willow Oaks Corporate Drive, Suite 750
Fairfax, Virginia 22031
Attention: Lance Boyd**

FRC, LLC's registered agent is CT Corporation System:

**CT Corporation System
4702 Cox Road, Suite 285
Glen Allen, Virginia 23060**

- J. If the operator is other than the owner, attach an executed copy of the contract or agreement between the owner and the operator of the medical care facility.

Pursuant to this COPN application, IRMC proposes to establish a specialized center for PET/CT services (the "Fairfax PET/CT Center at Riverside Parkway") at an existing medical office building located at 44084 Riverside Parkway in Lansdowne (the "Riverside Parkway Facility") through the acquisition of one (1) fixed PET/CT unit. Subject to timely COPN approval, the PET/CT unit is expected to be operational at the Fairfax PET/CT Center at Riverside Parkway by December 2027.

PET/CT services at the Fairfax PET/CT Center at Riverside Parkway will be under the management/operation of FRC, LLC. Please see Attachment D for a copy of the Administrative Services Agreement between IRMC, LLC and FRC, LLC. Note: Some items were redacted as they are confidential in nature but do not affect compliance with this item.

SECTION II

ARCHITECTURE AND DESIGN

A. Location of the Proposed Project

1. Size of site: 5.63 acres
2. Located in **Loudoun County / PD 8** City/County/Planning District
3. Address or directions: **44084 Riverside Parkway, Suite 125, Leesburg, Virginia 20176**
4. Has site been zoned for type of use proposed:

 X Yes The property consists of medical office space and is zoned as PDOP (Planned Development – Office Park). Under Sections 3.01 (Uses Generally) and 3.02.05-1 (Principal Use Table for Office and Industrial Zoning Districts) of the Loudoun County Zoning Ordinance, “Office Park” is expressly listed as a permitted use, and this designation includes medical office uses. Relevant mapping and ordinance excerpts supporting the PDOP zoning classification and permitted uses are provided in Attachment E-1 (Zoning Map) and Attachment E-2 (Zoning Ordinance Excerpts).

 No

If no, explain status _____

B. Type of project for which Certificate of Public Need is requested. (Check one)

- (1) New construction
- (2) Remodeling/modernization of an existing facility
- (3) No construction or remodeling/modernization
- (4) X Other **Establish a specialized center for PET/CT services through the acquisition of one (1) fixed PET/CT unit.**

C. Design of the facility

- (1) Does the facility have a long-range plan? If yes, attach a copy.

IRMC’s plans are guided by FRC, LLC’s mission, vision and values as set forth in Attachment F.

FRC, LLC’s mission is:

FRC, LLC exists to provide exceptional access to world-class, patient-centered radiological care, for every patient, every time.

FRC, LLC's vision is:

To be the first choice of every patient and referring physician in our growing community.

FRC, LLC's values are:

Respect, Trust, Compassion, and Innovation.

Over the past five years, IRMC has undertaken an intentional effort to right-size and rebalance its service footprint to better reflect the needs of the communities it serves. In furtherance of these efforts, IRMC has relocated and replaced COPN-regulated assets, requested additional capacity where demand for services has grown, and established new sites to improve geographic access for its patient population. IRMC's proposal to establish the Fairfax PET/CT Center at Riverside Parkway is a continuation of its broader strategy to align services with community needs. Introducing PET/CT services in Lansdowne will enhance access to such services for IRMC patients who reside in the area to be served by the facility.

- (2) Briefly describe the proposed project with respect to location, style and major design features, and the relationship of the current proposal to the long range plan.

The proposed project involves the establishment of a specialized center for PET/CT services (the "Fairfax PET/CT Center at Riverside Parkway") within an existing medical office building located at 44084 Riverside Parkway in Lansdowne (the "Riverside Parkway Facility") through the acquisition of one (1) fixed PET/CT unit. The Riverside Parkway Facility, which will house the Fairfax PET/CT Center at Riverside Parkway, is conveniently positioned approximately one (1) mile from Route 7, immediately off of the Route 7-Lansdowne Boulevard interchange, with direct access via Route 7 to Lansdowne Boulevard and then to Riverside Parkway. The Riverside Parkway Facility currently houses a primary care practice, a cardiology practice, a dialysis center, and a clinical laboratory. IRMC does not currently offer imaging services at the Riverside Parkway Facility.

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 establishment of PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will complement the services offered at two IFRC imaging sites, the Fairfax Radiology Breast Center of Loudoun (the “Breast Center of Loudoun”), located at 19465 Deerfield Avenue in Lansdowne, and Fairfax Radiology Center of Lansdowne (“IFRC Lansdowne”), located at 19455 Deerfield Avenue in Lansdowne, which are located approximately 0.6 miles from the Riverside Parkway Facility. The Breast Center of Loudoun offers comprehensive breast imaging and diagnostic services supporting oncology and women’s health. IFRC Lansdowne offers a range of diagnostic imaging services, including MRI and CT, as well as other imaging services that are not subject to COPN regulation, including X-ray, ultrasound, mammography, and DEXA. As the IFRC Lansdowne facility is space constrained, any expansion of imaging services at the facility is infeasible. Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will expand access to PET/CT imaging for IRMC patients in northern PD 8, particularly for those in Loudoun County, where no PET/CT providers are currently located.

IRMC currently operates two (2) PET/CT units: one (1) PET/CT unit is located at 8081 Innovation Park Drive in Fairfax (on the campus of the Inova Schar Cancer Center), and the second PET/CT unit is located at 6211 Centreville Road in Centreville. The Fairfax PET/CT unit is heavily utilized, averaging 17 PET/CT procedures per operational day and completing 4,139 PET/CT procedures in 2024 and 4,150 PET/CT procedures in 2025. The minimal year-over-year growth between 2024 and 2025 reflects that the Fairfax PET/CT unit is operating at or near maximum capacity, preventing any further incremental increase in the number of PET/CT procedures.

The schedule for the Fairfax PET/CT unit is maximized at 20 appointments per day, Monday through Friday. However, due to the nature of the patient population who utilizes these services, who tend to be very sick, there are frequent cancellations and/or no shows due to worsening illness, hospitalizations or because the patient’s blood sugar requirements are not adequate at the time of the appointment. Notwithstanding these cancellations and no-shows, patients currently must wait approximately twelve (12) days for a PET/CT procedure at the Fairfax PET/CT facility.

The Centreville PET/CT unit, which opened in early February 2026, was established in Centreville to help reduce the backlog at the Fairfax PET/CT facility, improve the patient experience through greater efficiency and shorter wait times, and enhance geographic access to PET/CT services for IRMC patients living in the western portion of PD 8. The Centreville PET/CT unit is already performing 8-10 PET/CT procedures per operational day despite having been in operation for less than two (2) months, and continued growth is expected as patients and referring physicians become more aware of the service location and as clinical indications for PET/CT continue to expand.

One example of clinical expansion for PET/CT is in the area of PSMA (Prostate-Specific Membrane Antigen) PET/CT. Demand for PSMA PET/CT, which uses the Pylarify (F-18 PSMA) tracer, is growing rapidly. The compound average growth rate for PSMA PET/CT utilization is expected to grow at a rate 2-3 times faster than the growth rate for general oncology over the next five or more years. IRMC performed 33 PSMA PET/CT procedures in 2024, increasing to 369 PSMA PET/CT procedures in 2025, and IRMC is on pace to perform 546 PSMA PET/CT procedures in 2026 (YTD annualized through February). This sharp rise reflects increasing clinical adoption of PSMA PET/CT for initial staging, biochemical recurrence, treatment-response evaluation, and therapy selection in prostate cancer. The additional PET/CT capacity at the Fairfax PET/CT Center at Riverside Parkway will help support this growing demand and ensure timely access for patients requiring PSMA-based imaging.

While oncology imaging will continue to drive the majority of PET/CT procedure volume, the proposed PET/CT unit will also support emerging neuroimaging applications, including the use of amyloid, tau, and neuroendocrine tumor detection tracers, improving regional access to advanced diagnostics for cognitive disorders. IRMC's imaging network continues expanding its capability for advanced molecular imaging applications, including Gallium-68 DOTATATE for neuroendocrine tumors and amyloid/tau PET for cognitive assessment. PET/CT is also used selectively in the assessment of inflammatory and infectious diseases such as cardiac or systemic sarcoidosis, vasculitis, and complex infections where metabolic imaging can clarify diagnosis and guide therapy. Although these volumes are smaller than oncology, they remain clinically significant and reflect PET/CT's continuing evolution as a versatile molecular imaging platform that extends well beyond cancer.

Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway is necessary to meet the increasing needs of IRMC patients residing in northern PD 8, including Loudoun County. Demand for PET/CT imaging continues to rise due to expanding PET/CT clinical indications, evolving oncology protocols, and increased cancer incidence and survivorship. Furthermore, establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will allow IRMC patients who reside in northern PD 8, and particularly in Loudoun County, to obtain PET/CT services closer to home, thereby improving continuity of care and care coordination.

Placing the proposed PET/CT unit in Lansdowne will significantly improve geographic access to PET/CT services for IRMC's patient population by reducing travel times for patients living in the northern portion of the planning district. At present, no providers offer PET or PET/CT services at any location in Loudoun County. IRMC patients must travel east or southeast into Fairfax

County to obtain PET/CT services at IRMC's PET/CT service location on the campus of the Inova Schar Cancer Center or at its service location in Centreville. Drive times in PD 8 can vary significantly based on traffic congestion. The drive from Loudoun County to the Inova Schar Cancer Center can take anywhere from 30 to 65 minutes, and IRMC patients often report difficulty reaching morning appointments due to traffic unpredictability. The drive from Loudoun County to Centreville PET/CT facility can take anywhere from 22 to 40 minutes depending on congestion. Because PET/CT procedures require strict radiopharmaceutical timing, predictable arrival windows are clinically important. Furthermore, due to the nature of the patient population who utilizes these services, who tend to be very sick, these long travel times can be particularly challenging. Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will significantly reduce drive times for IRMC patients living in Loudoun County and will improve scheduling reliability and the overall patient experience.

In addition, introducing PET/CT services at the Fairfax PET/CT Center at Riverside Parkway will help decant volume from the Fairfax PET/CT unit, which continues to experience long wait times (currently 12 days) for PET/CT procedures despite the recent opening of the Centreville PET/CT unit. It also will improve appointment availability, reduce wait times, and enhance the patient experience across IRMC's imaging network. This will improve access to services for IRMC's patient population as PET/CT is frequently used for restaging patients suspected of having a recurrence following treatment, where earlier imaging can meaningfully affect treatment planning, outcomes, and patient reassurance.

- (3) Describe the relationship of the facility to public transportation and highway access.

The Riverside Parkway Facility at 44084 Riverside Parkway in Lansdowne, which will house the Fairfax PET/CT Center at Riverside Parkway, is conveniently located within a highly connected medical and commercial hub that benefits from strong roadway access and proximity to established public transit services. The Riverside Parkway Facility is located immediately off of the Route 7-Lansdowne Boulevard interchange, with direct access via Route 7 to Lansdowne Boulevard and then to Riverside Parkway. This provides efficient ingress and egress for patients traveling from throughout Loudoun County and the broader Northern Virginia region.

The Riverside Parkway Facility also offers direct connections to two major regional transportation routes – Route 28 (Sully Road) and the Dulles Toll Road (VA-267). Access to both corridors is achieved via Route 7 East, which links to the established interchanges for Route 28 and VA-267, supporting seamless north-south and east-west travel throughout the Dulles Technology Corridor and to Dulles International Airport.

The Riverside Parkway Facility is also situated in close proximity to Inova Loudoun Hospital, located at 44045 Riverside Parkway, just 0.3-0.4 miles (a 7-10 minute walk) from the Riverside Parkway Facility. This adjacency places the Riverside Parkway Facility within one of the county's highest-density healthcare hubs, thereby making it accessible to patients receiving care at the Inova Loudoun Hospital or elsewhere on the medical campus.

Public transit access is also available within this corridor. The nearest bus stop serving the area is located on the Inova Loudoun Hospital campus, 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.

- (4) Relate the size, shape, contour and location of the site to such problems as future expansion, parking, zoning and the provision of water, sewer and solid waste services.

The Fairfax PET/CT Center at Riverside Parkway will be located in the Riverside Parkway Facility, an existing Class A medical office building with existing parking and site facilities suited for the proposed medical use. The Riverside Parkway Facility is comprised of 72,091 square feet. See Attachment G for the Plot Plan.

The Fairfax PET/CT Center at Riverside Parkway will be in a 1st floor suite, directly off of the lobby. 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. There is easy access to entrances to the property from Riverside Parkway with adequate parking available to patients, visitors and staff, including nearby handicapped parking. The building was constructed in 1990, so a full complement of public utilities currently exist on site, including water, sewer, and solid waste services.

- (5) If this proposal is to replace an existing facility, specify what use will be made of the existing facility after the new facility is completed.

Not applicable. This project proposes the establishment of a specialized center for PET/CT services through the acquisition of one (1) fixed PET/CT unit.

- (6) Describe any design features which will make the proposed project more efficient in terms of construction costs, operating costs, or energy conservation.

The suite that will house the Fairfax PET/CT Center at Riverside Parkway will comply with the 2021 International Energy Code and utilize energy saving

features, including LED light fixtures, occupancy sensor-controlled lighting and power receptacles and efficient HVAC equipment.

- D. Describe and document in detail how the facility will be provided with water, sewer and solid waste services. Also describe power source to be used for heating and cooling purposes. Documentation should include, but is not limited to:

- (1) Letters from appropriate governmental agencies verifying the availability and adequacy of utilities,
- (2) National Pollution Discharge Elimination System permits,
- (3) Septic tank permits, or
- (4) Receipts for water and sewer connection and sewer connection fees.

Adequate public utilities currently exist on-site, including electricity, water, sewer and solid waste services. The space will be served with a dedicated heating and cooling condenser water system, new water source heat pumps, energy management system and dry cooler adjacent to the space. The PET/CT unit will be cooled with its own dedicated chiller provided by the manufacturer, also installed adjacent to the space. The water/sewer service and electrical capacity have been evaluated by the professional engineer responsible for determining the adequacy of the mechanical, electrical, and plumbing (MEP) systems as part of the due diligence at the proposed site. Please see Attachment H for the Utility Letter describing the construction and utilities evaluations and proposed suite build-out.

- E. Space tabulation – (show in tabular form)

1. If Item #1 was checked in II-B, specify:
 - a. The total number of square feet (both gross and net) in the proposed facility.
 - b. The total number of square feet (both gross and net) by department and each type of patient room (the sum of the square footage in this part should equal the sum of the square footage in (a) above and should be consistent with any preliminary drawings, if available).

Not Applicable.

2. If Item #2 was checked in II-B, specify:
 - a. The total number of square feet (both gross and net) by department and each type of patient room in the existing facility.

Item #2 was not checked; however, the space within the Fairfax PET/CT Center at Riverside Parkway that will be dedicated to the

PET/CT unit consists of 1,920 gross square feet (1,651.4 net square feet).

- b. The total number of square feet (both gross and net) to be added to the facility.

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, and common area space, which includes a waiting area, offices, and storage. The total square footage of the suite that will house the Fairfax PET/CT Center at Riverside Parkway is approximately 5,200 gross square feet (4,483.2 net square feet).

The space within the Fairfax PET/CT Center at Riverside Parkway that will be dedicated to the PET/CT unit consists of 1,920 gross square feet (1,651.4 net square feet) and the space that will be dedicated to the CT unit consists of 1,345 gross square feet (1,156.7 net square feet). The waiting area, offices, and storage area consists of 1,947 gross square feet (1,675.1 net square feet). Please refer to Attachment I for the preliminary design drawing.

- c. The total number square feet (both gross and net) to be remodeled, modernized, or converted to another use.

Not Applicable.

- d. The total number of square feet (both gross and net) by department and each type of patient room in the facility upon completion. (The sum of square footage in this part should equal the sum of the square footages in parts (a) and (b) above and should be consistent with any preliminary drawings, if available. (The department breakdown should be the same as in (a) above.)

Not Applicable.

- 3. Specify design criteria used or rationale for determining the size of the total facility and each department within the facility.

Schematic plans were developed with FRC leadership and staff and the project architect to determine the most efficient, functional configuration of the space for the proposed PET/CT unit and co-located services. A test fit of the space was completed. As reflected above in the response to Section II.E.2.b, the dedicated space for the PET/CT unit will be 1,920 gross square feet (1,651.4 net square feet), in compliance with the equipment manufacturer (Siemens) specifications and all Facility Guidelines Institute (FGI) and other regulatory requirements.

F. Attach a plot plan of the site which includes at least the following:

1. The courses and distances of the property line.
2. Dimensions and location of any buildings, structures, roads, parking areas, walkways, easements, right-of-way or encroachments on the site.

Please see Attachment G for the plot plan.

G. Attach a preliminary design drawing drawn to a scale of not less than 1/16"-1'0" showing the functional layout of the proposed project which indicates at least the following:

1. The layout of each typical functional unit.
2. The spatial relationship of separate functional components to each other.
3. Circulatory spaces (halls, stairwells, elevators, etc.) and mechanical spaces.

Please see Attachment I for the preliminary design drawing.

H. Construction Time Estimates

1. Date of Drawings: **Preliminary 9/2026 Final 12/2026**
2. Date of Construction: **Begin 6/2027 Completion 11/2027**
3. Target Date of Opening: **12/2027**

SECTION III

SERVICE DATA

- A. In brief narrative form describe the kind of services now provided and/or the kind of services to be available after completion of the proposed construction or equipment installation.

The Proposed Project

This COPN application proposes to establish a specialized center for fixed PET/CT services (the “Fairfax PET/CT Center at Riverside Parkway”) within an existing medical office building located at 44084 Riverside Parkway in Lansdowne, Virginia (the “Riverside Parkway Facility”), through the acquisition of one (1) fixed PET/CT unit. The project is proposed to address the need for additional access to PET/CT services among IRMC’s patient population residing in northern PD 8, particularly in Loudoun County. At present, no providers offer PET or PET/CT services at any location in Loudoun County. The proposed project will provide enhanced geographic access to a critical diagnostic imaging service at a site that is optimally located to address the needs of IRMC patients who live in northern PD 8. This will ensure timely care for existing IRMC patients and referring physicians who are oftentimes waiting for the results to inform the next step in the care process. In addition, the proposed project will enable IRMC patients residing in northern PD 8 – who currently must travel to the Fairfax or Centreville PET/CT facilities – to obtain PET/CT services closer to home, thereby supporting continuity of care, reducing travel burden, and improving care coordination while addressing capacity constraints on the Fairfax PET/CT facility.

The proposed 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.

PET/CT Procedures and Expanding Clinical Indications

A positron emission tomography (PET) scan is a form of nuclear medicine imaging that differs from anatomic modalities such as X-ray, CT, or MRI by highlighting metabolic activity rather than structural detail. PET enables clinicians to evaluate blood flow, oxygen use, and metabolic changes in organs and tissues, often detecting disease processes before physical changes become visible on other imaging studies. To perform a PET scan, a very small amount of radioactive tracer is used to visualize metabolic patterns, allowing providers to assess both structure and biochemical function.

PET scans are often combined with CT imaging to form a PET/CT scan, which provides detailed anatomic localization of metabolic changes. PET/CT produces highly detailed three-dimensional images that improve early detection and diagnostic

accuracy. PET/CT is widely used for detecting, staging, and monitoring cancer, as well as planning surgical, medical, or radiation treatment. In some settings, PET/CT may also be used to evaluate cardiovascular risk or vascular damage such as aneurysms or blockages; however, the proposed PET/CT unit will not be used for cardiac imaging. Its predominant focus will be timely diagnosis, staging, and treatment planning for patients with cancer.

FDG PET/CT (fluorodeoxyglucose PET/CT) remains the cornerstone of oncologic molecular imaging because it reliably detects metabolically active disease across a broad spectrum of cancers, including lung, lymphoma, colorectal, and head and neck malignancies. FDG PET/CT plays a central role in staging, restaging, treatment response assessment, and surveillance, and its importance continues to grow as systemic therapies – including immunotherapy – rely increasingly on metabolic response to guide clinical decision-making. For these reasons, FDG-based oncologic imaging will continue to drive the majority of PET/CT utilization.

The potential for future expansion in PET/CT clinical applications is significant. PET/CT is increasingly recognized as a critical diagnostic tool for identifying with greater precision the state of the patient's disease and identifying specific molecular markers within a patient's tumor, allowing for tailored treatment plans with targeted therapies. The development of new, highly specific tracers that target specific disease biomarkers can provide more precise information about disease activity. PET/CT is especially promising for diagnosing and treating lung cancer and is now the standard of care for the evaluation of cardiovascular patients. PET/CT is just starting to be used in the investigation of brain function and neurodegenerative diseases like Alzheimer's by combining PET/CT with advanced imaging techniques such as MRI.

IRMC's PET program has established operations with F-18 FDG and F-18 PSMA (Pylarify). The introduction and routine scheduling of specialized tracers that support precision care will also include:

- Ga-68 DOTATATE for neuroendocrine tumors (and theranostic planning)
- Amyloid PET tracers for neurodegenerative evaluation
- Other gallium-based or emerging tracers that extend beyond general oncologic imaging

One example of clinical expansion for PET/CT is in the area of PSMA (Prostate-Specific Membrane Antigen) PET/CT. Demand for PSMA PET/CT, which uses Pylarify (F-18 PSMA) tracer, is growing rapidly. The compound average growth rate for PSMA PET/CT utilization is expected to grow at a rate 2-3 times faster than the growth rate for general oncology over the next five or more years. IRMC performed 33 PSMA PET/CT procedures in 2024, increasing to 369 PSMA PET/CT procedures in 2025, and IRMC is on pace to perform 546 PSMA PET/CT procedures in 2026 (YTD annualized through February). This sharp rise reflects increasing clinical adoption of PSMA PET/CT for initial staging, biochemical recurrence, treatment-response evaluation, and therapy selection in prostate cancer. The additional PET/CT

capacity at the Fairfax PET/CT Center at Riverside Parkway will help support this growing demand and ensure timely access for patients requiring PSMA-based imaging.

While oncology imaging will continue to drive the majority of PET/CT procedure volume, the proposed PET/CT unit will also support emerging neuroimaging applications, including the use of amyloid, tau, and neuroendocrine tumor detection tracers, improving regional access to advanced diagnostics for cognitive disorders. IRMC's imaging network continues expanding its capability for advanced molecular imaging applications, including Gallium-68 DOTATATE for neuroendocrine tumors and amyloid/tau PET for cognitive assessment. PET/CT is also used selectively in the assessment of inflammatory and infectious diseases such as cardiac or systemic sarcoidosis, vasculitis, and complex infections where metabolic imaging can clarify diagnosis and guide therapy. Although these volumes are smaller than oncology, they remain clinically significant and reflect PET/CT's continuing evolution as a versatile molecular imaging platform that extends well beyond cancer.

IRMC Fairfax and Centreville PET/CT Service Locations

IRMC currently operates two (2) PET/CT units: one (1) PET/CT unit is located at 8081 Innovation Park Drive in Fairfax (on the campus of the Inova Schar Cancer Center), and the second PET/CT unit is located at 6211 Centreville Road in Centreville. The Fairfax PET/CT unit is heavily utilized, averaging 17 PET/CT procedures per operational day and completing 4,139 PET/CT procedures in 2024 and 4,150 PET/CT procedures in 2025. The minimal year-over-year growth between 2024 and 2025 reflects that the Fairfax PET/CT unit is operating at or near maximum capacity, preventing any further incremental increase in the number of PET/CT procedures.

The schedule for the Fairfax PET/CT unit is maximized at 20 appointments per day, Monday through Friday. However, due to the nature of the patient population who utilizes these services, who tend to be very sick, there are frequent cancellations and/or no shows due to worsening illness, hospitalizations or because the patient's blood sugar requirements are not adequate at the time of the appointment. Notwithstanding these cancellations and no-shows, patients currently must wait approximately twelve (12) days for a PET/CT procedure at the Fairfax PET/CT facility.

The Centreville PET/CT unit, which opened in early February 2026, was established in Centreville to help reduce the backlog at the Fairfax PET/CT facility, improve the patient experience through greater efficiency and shorter wait times, and enhance geographic access to PET/CT services for IRMC patients living in the western portion of PD 8. The Centreville PET/CT unit is already performing 8–10 PET/CT procedures per operational day despite having been in operation for less than two (2) months, and continued growth is expected as patients and referring physicians

become more aware of the service location and as clinical indications for PET/CT continue to expand.

Decompress Fairfax PET/CT Unit for Timelier Access

As discussed in Section II.C.2, patients waiting for PET/CT services at the Fairfax PET/CT facility are experiencing wait times of approximately twelve (12) days for a PET/CT procedure. Although this wait time is less than it was prior to the opening of the Centreville PET/CT facility (when wait times were approximately 2 to 2.5 weeks), it is still longer than desirable for oncology patients. Because of the serious illnesses experienced by these patients, there are daily appointments that are missed or cancelled on short notice (e.g., due to clinical decompensation or hyperglycemia). Should a patient cancel on short notice, a wait list is maintained to attempt to get another waiting patient in sooner, but, even with that, due to the stringent prior authorization criteria of most payors and radiopharmaceutical dose delivery limitations, the actual number of completed procedures per operational day averages approximately 17.

Placing a PET/CT unit in Lansdowne (located in northern PD 8), together with the PET/CT unit in Centreville that began providing services in February 2026 (located in western PD 8), will enable IRMC patients to obtain PET/CT services closer to where they reside, address capacity constraints at the Fairfax PET/CT facility and shorten wait times for PET/CT procedures. It also will improve appointment availability, reduce wait times, and enhance the patient experience across IRMC's imaging network. This will improve access to services for IRMC's patient population as PET/CT is frequently used for restaging patients suspected of having a recurrence following treatment, where earlier imaging can meaningfully affect treatment planning, outcomes, and patient reassurance.

PET/CT and Local Imaging Services

Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will bring PET/CT imaging closer to IRMC patients who reside in northern PD 8 and will enable IRMC patients who already receive primary care, specialty care, lab services, and other diagnostic imaging in the Lansdowne area to obtain PET/CT services from IRMC in the same geographic area. It also will complement the services offered at two IFRC imaging sites, the Fairfax Radiology Breast Center of Loudoun (the "Breast Center of Loudoun"), located at 19465 Deerfield Avenue in Lansdowne, and Fairfax Radiology Center of Lansdowne ("IFRC Lansdowne"), located at 19455 Deerfield Avenue in Lansdowne, which are located approximately 0.6 miles from the proposed Fairfax PET/CT Center at Riverside Parkway site. The Breast Center of Loudoun offers comprehensive breast imaging and diagnostic services supporting oncology and women's health. IFRC Lansdowne offers a range of diagnostic imaging services, including MRI and CT, as well as other imaging services that are not subject to COPN regulation, including X-ray, ultrasound, mammography, and DEXA. As the IFRC Lansdowne facility is space constrained, any expansion of imaging services at

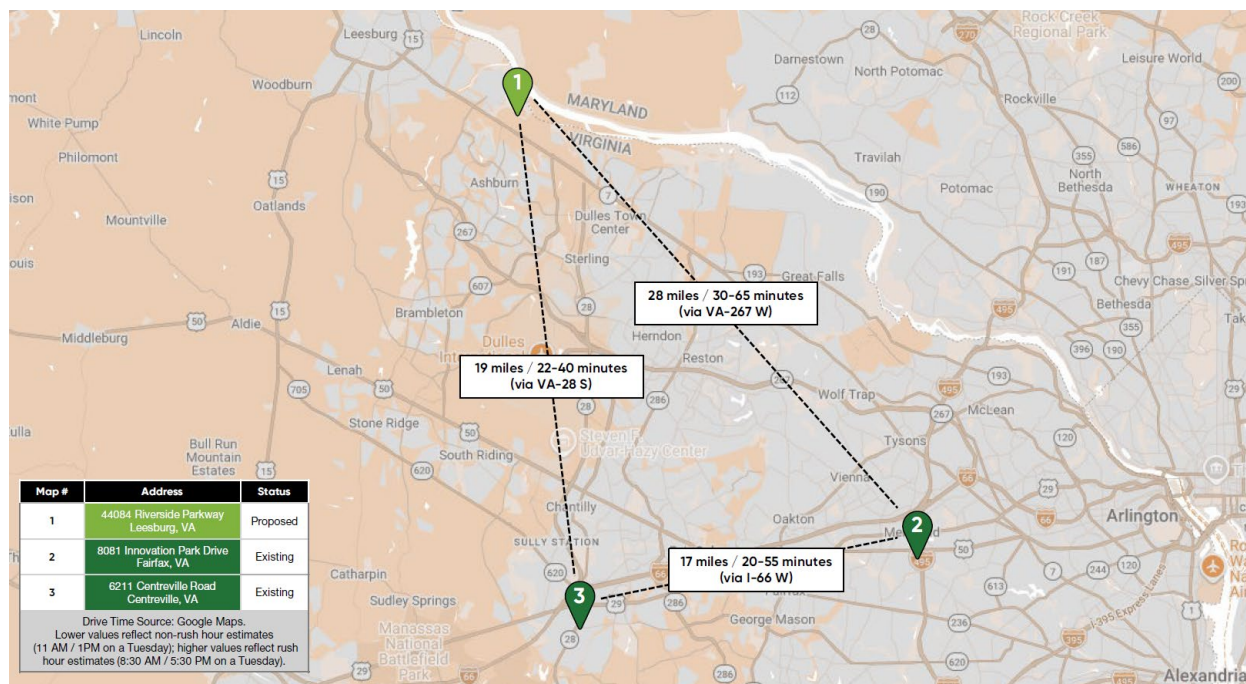
the facility is infeasible. Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will expand access to PET/CT imaging for IRMC patients in northern PD 8, particularly for those in Loudoun County.

Geographic Access to PET/CT Services

Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway is necessary to meet the increasing needs of IRMC patients residing in northern PD 8, including Loudoun County. Demand for PET/CT imaging continues to rise due to expanding PET/CT clinical indications, evolving oncology protocols, and increased cancer incidence and survivorship. Furthermore, establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will allow IRMC patients who reside in northern PD 8, and particularly in Loudoun County, to obtain PET/CT services closer to home, thereby improving continuity of care and care coordination.

Placing the proposed PET/CT unit in Lansdowne will significantly improve geographic access to PET/CT services for IRMC's patient population by reducing travel times for patients living in the northern portion of the planning district. At present, no providers offer PET or PET/CT services at any location in Loudoun County. IRMC patients must travel east or southeast into Fairfax County to obtain PET/CT services at IRMC's PET/CT service location on the campus of the Inova Schar Cancer Center or at its service location in Centreville. Drive times in PD 8 can vary significantly based on traffic congestion. The drive from the proposed site in Loudoun County to the Inova Schar Cancer Center in Fairfax can range anywhere from 30 to 65 minutes, and IRMC patients often report difficulty reaching morning appointments due to traffic unpredictability. The drive from the proposed site in Loudoun County to Centreville PET/CT facility can range anywhere from 22-40 minutes depending on congestion.

Access to PET/CT services in PD 8 can be significantly influenced by roadway congestion patterns along Route 28, VA-267, and I-66 – three of Northern Virginia's most heavily trafficked commuter routes. The map and table below illustrate the distance between the Fairfax and Centreville PET/CT service locations and the proposed site of the Fairfax PET/CT Center at Riverside Parkway and rush hour and non-rush hour travel times between them. While non-rush-hour travel times between IRMC's PET/CT locations may be more moderate, rush-hour congestion materially increases travel time, reliability, and patient burden.



Because PET/CT procedures require strict radiopharmaceutical timing, predictable arrival windows are clinically important. Furthermore, due to the nature of the patient population who utilizes these services, who tend to be very sick, these long travel times can be particularly challenging and reducing travel burden is not only a matter of convenience but a meaningful improvement in quality of life during diagnosis, staging, treatment, and surveillance. Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will significantly reduce drive times for IRMC patients living in Loudoun County and will improve scheduling reliability and the overall patient experience.

The proposed project aligns with a key element in IRMC's long-range plan, which is to optimally place services closer to where its patients reside. In 2025, approximately 22% of IRMC's PET/CT patients originated from the northern portions of PD 8, demonstrating strong need for PET/CT services for IRMC patients in this area.

Population Demographics and Demand

Demand for PET/CT services is closely tied to conditions that become more common with age (e.g., cancer incidence/survivorship and neurodegenerative disease). As the service area population ages, baseline PET/CT need rises. Establishing PET/CT services at the Fairfax PET/CT Center at Riverside Parkway will enable IRMC to satisfy this demand without prolonged wait times.

The table below (sourced from Table 4 of the DCOPN Staff Report on COPN Request No. VA-8848) reflects projected population growth in PD 8 for 2020 through 2030. As DCOPN noted in its DCOPN Staff Report on COPN Request No. VA-8848, “PD 8 had a population of about 2.5 million in 2020 and is projected to grow by just under 300,000 people, a 10.9% increase, by 2030. This is nearly double the population growth rate projected for the Commonwealth of Virginia during this decade, 5.8%.

The 65+ population in PD 8 is expected to grow by 97,855 people (a 31.9% increase) between 2020 and 2030.”

Table 4. Population Projections for PD 8, 2020-2030

Locality	2020 Population	2030 Projected Population	Projected Growth 2020-2030	Percent Growth 2020-2030	65+ 2020 Population	Projected 65+ 2030 Population	Projected Growth 65+	Percent Growth 65+
Arlington County	238,643	265,794	27,151	11.4%	25,333	28,501	3,168	12.5%
Fairfax County	1,150,309	1,201,420	51,111	4.4%	158,687	195,132	36,445	23.0%
Loudoun County	420,959	522,015	101,056	24.0%	41,497	65,844	24,347	58.7%
Prince William Co.	482,204	554,344	72,140	15.0%	50,522	76,112	25,590	50.7%
Alexandria City	159,467	176,403	16,936	10.6%	18,758	22,941	4,183	22.3%
Fairfax City	24,146	25,358	1,212	5.0%	3,871	4,726	855	22.1%
Falls Church City	14,658	16,741	2,083	14.2%	2,185	2,545	360	16.5%
Manassas City	42,772	47,039	4,267	10.0%	4,505	6,593	2,088	46.3%
Manassas Park City	17,219	19,876	2,657	15.4%	1,343	2,162	819	61.0%
PD 8	2,550,377	2,828,990	278,613	10.9%	306,701	404,555	97,854	31.9%
Virginia	8,631,393	9,129,002	497,609	5.8%	1,395,291	1,762,641	367,350	26.3%

Source: United States Census Bureau at <https://data.census.gov/> and Weldon Cooper Center for Public Service, August 2023.

Operational Realities: Radiopharmaceutical Logistics and Scheduling

PET imaging involves unique operational considerations related to radiopharmaceutical logistics and scheduling coordination. PET capacity is constrained by radiopharmaceutical half-lives, delivery windows, and tracer-specific preparation protocols. Many PET tracers have relatively short physical half-lives, requiring careful coordination between radiotracer production, delivery, and patient scheduling. These operational constraints limit the number and types of studies that can be performed when imaging capacity is restricted. Additional fixed-site capacity will:

- Improve alignment of delivery windows with patient schedules
- Support day-specific tracer availability (e.g., Ga-68 vs. F-18-based agents)
- Provide buffer for same-day cancels and rapid backfill, preserving daily throughput
- Enable a broader tracer portfolio without compromising timely access for standard FDG studies

B. Describe measures used or steps taken to assure continuity of care.

The introduction of PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will not disrupt any existing IRMC imaging operations; instead, it will meaningfully strengthen continuity of care for IRMC patients throughout northern PD 8. At present, no providers offer PET or PET/CT services at any location in Loudoun County. As discussed in Sections II.C.2 and III.A, IRMC patients must travel east or southeast to obtain PET/CT services at IRMC's PET/CT service location on the campus of the Inova Schar Cancer Center or at its PET/CT service location in Centreville. This geographic gap in access creates unnecessary burden for many oncology patients, who often undergo repeated PET/CT procedures for diagnosis, staging, treatment response evaluation, and surveillance. For these patients – many of whom are medically fragile – the additional travel is not simply inconvenient; it can materially affect their ability to remain engaged in timely care.

Establishing PET/CT services at the Fairfax PET/CT Center at Riverside Parkway will enable IRMC patients who already receive primary care, specialty care, lab services, and other diagnostic imaging within the Lansdowne medical corridor to obtain PET/CT services from IRMC in the same geographic area. This will enhance continuity and access to care for IRMC patients, timely coordination between diagnostic imaging and treatment planning, and support a more seamless, integrated, and continuous care experience for oncology and complex-diagnostic populations across the region.

The Fairfax PET/CT Center at Riverside Parkway also will enhance continuity of care across the broader IRMC imaging network by decompressing the Fairfax PET/CT unit, which currently experiences long wait times due to high demand. This will improve access to PET/CT services for IRMC patients and help ensure that PET/CT services continue to be performed at clinically appropriate intervals – an essential component of evidence-based oncology management. Faster access to PET/CT services supports earlier diagnosis, more accurate staging, and timely detection of recurrence, all of which are critical to continuity and quality of care.

Continuity of care has always been, and remains, a priority for Inova Health Care Services and Fairfax Radiology Consultants, which own IRMC. IRMC employs several mechanisms and technologies that facilitate the inclusion of patients, referring physicians and other care providers in its processes, making IRMC staff and radiologists valuable members of the patient care team. Measures and steps to assure continuity of care include, without limitation, the following:

Record Continuity

IRMC maintains a physician portal connecting to its EMR which provides all members of the patient care teams access to pertinent patient information such as diagnostic images, radiologist reports and other pertinent information from past visits. That portal is accessible 24/7.

IRMC also has the ability to securely send images and reports electronically to external EMRs.

Clinician/Patient Continuity

In addition to the physician portal, IRMC patients have access to a patient portal where they can securely view their images and the radiologist's reports.

The radiologists use a "call center" that facilitates connecting the referring physicians to the radiologist for patient consultation.

- C. What procedures are utilized in quality care assessment?

IRMC has adopted protocols and procedures used across its facilities. These protocols and procedures are designed to ensure quality of care and incorporate the concepts and functions of continuous quality improvements. Examples are as follows:

Patient Safety

IRMC's existing PET/CT units at its Fairfax and Centreville PET/CT facilities are inspected annually by a physicist and receive regularly scheduled preventative maintenance several times per year. This best practice process will be applied to the new PET/CT unit in Lansdowne as well. The Radiation Safety Officer (RSO) has specialized training in safety, risk factors and emergency response and works with staff and site managers to develop and implement safety protocols. Any deficiencies are escalated to the Director and Site Managers for immediate remediation if an issue is found and handled by the equipment vendor for correction as needed. This is then reported and tracked via the Patient Safety Committee.

The Patient Safety Committee is composed of a multidisciplinary team. The Committee is headed by FRC's Chief Operating Officer and is comprised of clinical directors, site managers and technology specialists. In addition, this committee reports to the FRC Board of Directors Quality and Patient Safety Committee, which is chaired by an FRC, PLLC physician leader and Board member.

Quality of Radiologist and Technologist

Fairfax Radiological Consultants, PLLC staffs the existing Fairfax and Centreville PET/CT facilities and will staff the Fairfax PET/CT Center at Riverside Parkway upon the introduction of PET/CT services. The practice is comprised of a diversified group of radiologists who are board certified in many areas of expertise. The technologists are all licensed by the Virginia Department of Health and certified by the applicable governing organization (which varies by modality) and annual competency assessments ensure their ability to perform procedures and carry out safe patient care.

- D. Describe the plan for obtaining additional medical, nursing and paramedical personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

Fairfax Radiology Centers (FRC, LLC), which manages/operates IRMC's imaging services, recruits for all positions internally and has two FTEs (a recruitment manager and staff recruiter) dedicated to clinical recruitment. The recent hiring of a recruitment manager has significantly improved our recruitment process and successful hire rate. In addition, FRC, LLC:

- **Has a formal in-house training program**
- **Partners with outside educational institutions**
- **Maintains a float pool of Technologists to cover vacancies and employee absences.**

Additional components of IRMC's recruitment program include:

- **Post open positions internally**
- **Place special advertisements strategically on Indeed and other national job search engines**
- **Employee referral bonus program**

- E. Facilities and Services to be Provided (Check)

The response set forth below reflects the introduction of PET/CT services to the proposed site. Approval will result in the acquisition of one (1) fixed PET/CT unit.

	<u>Existing</u>	<u>This Project To be Added</u>	<u>This Project to be Discontinued</u>
1. Outpatient Surgery	_____	_____	_____
2. Post Operative Recovery Room	_____	_____	_____
3. Pharmacy with full-time pharmacists	_____	_____	_____
part-time pharmacists	_____	_____	_____
4. Diagnostic Radio- logical Services			
x-ray	_____	_____	_____
radioisotope	_____	_____	_____
MRI scanning	_____	_____	_____
5. Therapeutic Radio- logical Services	_____	_____	_____

	Specify Source(s) or Type(s) or Equipment Used			
6.	Clinical Pathology Laboratory			
7.	Blood Bank			
8.	Electroencephalo- graphy			
9.	Electrocardiography			
10.	Ultrasonography			
11.	Respiratory Therapy			
12.	Renal Dialysis chronic outpatient home dialysis training			
13.	Alcoholism Service			
14.	Drug Addiction Service			
15.	Physical Therapy Department			
16.	Occupational Therapy Department			
17.	Medical Rehabilitation outpatient			
18.	Psychiatric Service outpatient emergency service			
19.	Clinical Psychology			
20.	Outpatient Emergency Service			

21.	Social Service	_____	_____	_____
22.	Family Planning Service	_____	_____	_____
23.	Genetic Counseling Service	_____	_____	_____
24.	Abortion Service	_____	_____	_____
25.	Pediatric Service	_____	_____	_____
26.	Obstetric Service	_____	_____	_____
27.	Gynecological Service	_____	_____	_____
28.	Home Care Service	_____	_____	_____
29.	Speech Pathology Service	_____	_____	_____
30.	Audiology Service	_____	_____	_____
31.	Paramedical Training Program	_____	_____	_____
32.	Dental Service	_____	_____	_____
33.	Podiatric Service	_____	_____	_____
34.	Pre-Admission Testing	_____	_____	_____
35.	Pre-Discharge Planning	_____	_____	_____
36.	Multiphasic Screening	_____	_____	_____
37.	Other PET/CT	_____	<u> X </u>	_____
	CT	_____	<u> X </u>	_____
	*Note: 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.			
	Mammography	_____	_____	_____
	DEXA	_____	_____	_____

F. Program

1. Is (will) this outpatient facility (be) a department, unit or satellite of a hospital?

_____ Yes (Give name of hospital) _____

 X No

2. Is this outpatient facility affiliated with or does it have a transfer agreement with a hospital?

 X Yes (Give name of hospital)

Inova Fairfax Hospital, Inova Fair Oaks Hospital, Inova Alexandria Hospital, Inova Mount Vernon Hospital, and Inova Loudoun Hospital

_____ No

3. Is (will) there (be) an arrangement whereby medical records can readily be transferred between this outpatient facility and an inpatient facility (ies)?

 X Yes (give name of facility)

Medical records can be shared with any Inova hospital

_____ No

4. Outpatient services are (will be) available from: **Monday through Friday, 7 AM to 5 PM**

5. Does (will) the facility operate scheduled clinics?

_____ Yes (Attach clinic schedule list)

 X No

6. Are there other organized outpatient services in your primary service area?

 X Yes _____ No

7. The outpatient facility is (will be) staffed:

(a) Only by physicians on call: _____ Yes X No

(b) By full time physicians: X Yes No

(c) By physicians who limit their practice to this outpatient service? Yes X No

8. State specifically any limitations or restrictions for participation in the services of the facility.

Not applicable; any appropriately licensed physician can refer a patient to the imaging facility.

G. Please provide historical and/or project utilization statistics for the facility including number of patients, number of patient visits and number of patient services.

In projecting utilization and determining the need for the proposed fixed PET/CT unit at the new Fairfax PET/CT Center at Riverside Parkway, IRMC considered the following key factors:

- **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 drive-time radius from the address of the proposed Fairfax PET/CT Center at Riverside Parkway;**
- **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 in order 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, representing 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 would utilize PET/CT services if accessible at Lansdowne.

Based on the facts and assumptions described above, IRMC conservatively projects the following utilization for the proposed PET/CT unit at the Fairfax PET/CT Center at Riverside Parkway:

Projected Utilization for Proposed PET/CT Unit at Fairfax PET/CT Center at Riverside Parkway

Fairfax PET/CT Center at Riverside Parkway		
	Projected Year 1 2027	Projected Year 2 2028
PET/CT Units	1	1
PET/CT Procedures	1,800	2,500
Patient Visits	1,754	2,436

Historical and Projected IRMC PET/CT Utilization

	Historical (Fairfax PET/CT)			Projected (Fairfax, Centreville, Lansdowne PET/CTs)		
	2023	2024	2025	2026	Year 1 2027	Year 2 2028
PET/CT Units	1	1	1	2	3	3
PET/CT Procedures	3,893	4,139	4,150	6,450	8,250	8,950
% of SMFP Utilization	65%	69%	69%	65%	55%	60%
Patient Visits	3,813	4,042	4,044	6,285	8,039	8,721

* In February 2025, the Commissioner issued COPN No. VA-04920 authorizing IRMC to introduce one (1) fixed PET/CT unit to the Centreville facility. The PET/CT unit was placed into service in February 2026.* 2026 projections include PET/CT units located in Fairfax and Centreville. * Projections for Year 1 (2027) and Year 2 (2028) assume the approval of the proposed PET/CT unit at the Fairfax PET/CT Center at Riverside Parkway.

H. Staffing of Existing and/or Proposed Facility

In the following categories, indicate the number of full-time equivalent personnel (at least 35 hours per week).

The staffing plan that follows is specific to the proposed PET/CT unit at the Fairfax PET/CT Center at Riverside Parkway.

	Current Full Time	Additional Needed Vacant Positions	Full Time	TOTAL
Total number of Full-time staff	<u>0</u>	<u>0</u>	<u>5</u>	<u>5.0</u>
Administration-Business Office	<u>0</u>	<u>0</u>	<u>2</u>	<u>2.0</u>
Radiologic Technologists	<u>0</u>	<u>0</u>	<u>3</u>	<u>3.0</u>

I. Present a plan for obtaining all additional personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

Fairfax Radiology Centers (FRC, LLC), which manages/operates IRMC's imaging services, recruits for all positions internally and has two recruiters dedicated to clinical recruitment. Additionally, FRC, LLC:

- **Recently hired an experienced Recruitment Manager**
- **Has a formal in-house Tech training program**
- **Partners with outside educational institutions**
- **Maintains a float pool of Technologists to cover vacancies and employee absences**

Additional components of the recruitment program include:

- **Posting of open positions internally**
- **Placing special advertisements strategically on Indeed and other national job search engines**
- **Implementing an employee referral bonus program**

J. Describe the anticipated impact that the project will have on the staffing of other facilities in the service area.

IRMC does not anticipate any impact on other facilities in the service area as PET/CT Technologist continues to be a desirable career advancement opportunity internally from X-ray and other technologist positions.

K. Attach the following information or documents:

1. Copy of most recent licensing report from State Agency (existing facilities, excluding public health centers).

Not Applicable.

2. Current accreditation status and copy of latest accreditation report from Joint Commission on Accreditation of Hospitals (existing facilities excluding public health centers).

Not Applicable.

3. Roster of medical staff (existing facilities). Indicate their specialty, Board Certification, Board eligibility and staff privileges (active, associate, etc.).

See attached medical roster at Attachment Q. Fairfax Radiological Consultants, PLLC is contracted to provide professional interpretation for the PET/CT procedures. This coverage is consistent with the current PET/CT services at both the Fairfax and Centreville PET/CT facilities and would continue with the establishment of PET/CT services at the Fairfax PET/CT Center at Riverside Parkway.

4. Copies of letters of commitment or statement of intent from physicians indicating they will staff the proposed new facility or service upon completion (existing and proposed facilities).

Please see Attachment J.

SECTION IV

**PROJECT JUSTIFICATION AND IDENTIFICATION OF
COMMUNITY NEED**

- A. Please provide a comprehensive narrative description of the proposed project.

Please see discussion in Section III.A.

- B. Identification of Community Need

1. Describe the geographic boundaries of the facility's primary service area. (Note: Primary service area may be considered to be geographic area from which 75% of patients are expected to originate.)

The primary service area (PSA) for the PET/CT services at the Fairfax PET/CT Center at Riverside Parkway encompasses all Loudoun County zip codes, and any communities within approximately a 15-mile radius of the Fairfax PET/CT Center at Riverside Parkway. This PSA reflects the geographic region from which IRMC anticipates that approximately 75% of patients will originate. A map illustrating this PSA is provided in Attachment L.

2. Provide patient origin, discharge diagnosis or utilization data appropriate for the type of project proposed.

Please see Attachment L for a map of the Lansdowne PET/CT PSA.

- C.
 1. Is (are) the service(s) to be offered presently being offered by any other existing facility(ies) in the Health Planning Region?

Yes, PET/CT services are currently offered at other facilities in PD 8.

2. If Yes,

- a. Identify the facility(ies)

The facilities that provide PET/CT services in PD 8 are listed in Attachment K and in the table that follows below.

	Facility Name	# Scanners
1	Amelia Heart & Vascular – Springfield	1
2	Cardiac Care Associates – Reston	1
3	Carient Heart & Vascular – Manassas	1
4	Carient Heart & Vascular – Vienna	1
5	NOVA Cardiovascular Care – Woodbridge	1
6	Virginia Heart – Falls Church	1
7	Virginia Heart – Lansdowne	1
8	Virginia Heart – Alexandria	1
9	Inova Health Care Services	1
10	Fairfax PET-CT	1
11	Inova Reston MRI Center – Centreville	1
12	Kaiser Health Foundation	1
13	Metro Region PET Center	2
14	PET of Reston	1 Mobile, Part-Time
15	Sentara Northern Virginia Medical Center	1
16	UVA Cancer Center – Gainesville	1 Mobile, Part-Time
17	Virginia Hospital Center	1

The table below reflects the PET/CT procedure volume for the IRMC PET/CT unit at the Fairfax PET/CT facility:

Fairfax PET/CT Center			
	2023	2024	2025
# PET/CT Units	1	1	1
Procedures	3,893	4,139	4,150
% of SMFP Utilization	65%	69%	69%
Patient Visit Count	3,813	4,042	4,044

Note that the IFRC Centreville PET/CT facility opened in February 2026 pursuant to COPN No. VA-04920, and since opening has averaged 8-10 PET procedures per operational day despite having been in operation for less than two (2) months.

- b. Discuss the extent to which the facility(ies) satisfy(ies) the current demand for the service(s).

This COPN application proposes to establish a specialized center for fixed PET/CT services at 44084 Riverside Parkway in Lansdowne, through the acquisition of one (1) PET/CT unit. Establishing PET/CT services at this location will expand access to PET/CT imaging for IRMC patients residing in northern PD 8, including Loudoun County and surrounding areas, as previously described in Section IV.B.1, and place services closer to where IRMC patients reside.

IRMC currently operates two (2) PET/CT units:

- **Fairfax PET/CT Facility (on the campus of the Inova Schar Cancer Center) – the Fairfax PET/CT unit is heavily utilized, averaging 17 PET/CT procedures per operational day and completing 4,139 PET/CT procedures in 2024 and 4,150 PET/CT procedures in 2025. The minimal year-over-year growth between 2024 and 2025 reflects that the Fairfax PET/CT unit is operating at or near maximum capacity, preventing any further incremental increase in the number of PET/CT procedures.**
- **Centreville PET/CT Facility – opened February 2026 to reduce the backlog at the Fairfax PET/CT facility, improve the patient experience through greater efficiency and reduced wait times, and improve geographic access to PET/CT services for IRMC patients who reside in the western portion of PD 8. The Centreville PET/CT unit already performs 8-10 PET/CT procedures per operational day despite having been in operation for less than two (2) months, and continued growth is expected as patients and referring physicians become more aware of the service location and as clinical indications for PET/CT imaging expand.**

Despite the addition of the Centreville PET/CT unit in February 2026, the Fairfax PET/CT unit remains substantially capacity constrained due to the volume and urgency of oncology imaging needs at the Inova Schar Cancer Center. This sustained demand limits the ability of the Fairfax PET/CT unit to accommodate new or emerging PET/CT applications, including Amyloid, Tau, and neuroendocrine tumor imaging – modalities increasingly required to support contemporary oncology and neurosciences care.

Importantly, the Fairfax PET/CT unit is also the only operationally feasible site for IRMC to consider participation in oncology clinical trials, because the research infrastructure, trial coordinators, and

oncology teams are based at the Inova Schar Cancer Center in Fairfax. IRMC's Fairfax PET/CT facility is not currently participating in clinical trials, but this is a future goal as PET/CT is integral to trial eligibility, baseline staging, protocol-specific assessments, and response evaluation. However, the Fairfax PET/CT unit's current utilization – operating at or near maximum capacity even after accounting for short-notice cancellations related to patient health or hospital admission – limits the time that would be available for clinical trial-related imaging. The introduction of PET/CT services at the Fairfax PET/CT Center at Riverside Parkway will help decant volume from the Fairfax PET/CT unit, thereby enabling the Fairfax PET/CT unit to be utilized for clinical trial-related imaging.

Placing the proposed PET/CT unit in Lansdowne will significantly improve geographic access to PET/CT services for IRMC's patient population by reducing travel times for patients living in the northern portion of the planning district. Drive times in PD 8 can vary significantly based on traffic congestion. The drive from Loudoun County to the Inova Schar Cancer Center can take anywhere from 30 to 65 minutes, and IRMC patients often report difficulty reaching morning appointments due to traffic unpredictability. The drive from Loudoun County to Centreville PET/CT facility can take anywhere from 22-40 minutes depending on congestion. Because PET/CT procedures require strict radiopharmaceutical timing, predictable arrival windows are clinically important. Furthermore, due to the nature of the patient population who utilizes these services, who tend to be very sick, these long travel times can be particularly challenging and reducing travel burden is not only a matter of convenience but a meaningful improvement in quality of life during diagnosis, staging, treatment, and surveillance. Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will significantly reduce drive times for IRMC patients living in Loudoun County and will improve scheduling reliability and the overall patient experience.

The proposed project aligns with a key element in IRMC's long range plan, which is to optimally place services closer to where patients reside. In 2025, approximately 22% of IRMC's PET/CT patients originated from the northern portions of PD 8, demonstrating strong need for PET/CT services for IRMC patients in this area.

Because the Fairfax PET/CT Center at Riverside Parkway is intended to serve IRMC's existing patient base – and because Loudoun County currently has no PET/CT providers – the proposed project will not negatively impact other PET/CT providers in PD 8. Instead, it will help to address a clear and growing clinical demand, improve access to

essential oncologic imaging, and enable the IRMC network to keep pace with growing and increasingly complex demand.

- c. Discuss the extent to which the facility(ies) will satisfy the demand for services in five years.

As reflected in Section III.G, IRMC expects to perform 1,800 PET/CT procedures at the Fairfax PET/CT Center at Riverside Parkway in year 1 of operations and 2,500 PET/CT procedures in year 2. Demand for PET/CT services continues to rise due to increasing cancer incidence and survivorship, broader clinical applications, and an aging population. According to Sg2's 2024–2034 projections, outpatient PET/CT demand in PD 8 is expected to grow 43% (4.3% annually), the highest growth rate of any imaging modality. PET/CT volume is increasing across all major categories, including tumor imaging, brain imaging, and cardiac applications. Use of PET/CT for neurodegenerative disease, in particular Alzheimer's disease, continues to expand and is expected to increase significantly as the PD 8 population ages. With the continued expansion of oncologic indications, rising cancer incidence and survivorship, and the rapid growth of PET/CT demand, IRMC's current PET/CT services will require additional capacity in order to keep pace with anticipated growth and maintain timely access for patients across its service area. Please see Attachment U for a graphic illustrating Sg2's 2024-2034 outpatient growth projections for PD 8.

- D. Discuss how project will fill an unmet need in the delivery of health care in the service area including, where applicable, geographic barriers to access.

Patients residing in the northern portion of the planning district, particularly in Loudoun County, face meaningful barriers to timely access to PET/CT services because existing fixed-site PET/CT units are not readily accessible to them, and, as previously noted, no PET/CT providers are currently located in Loudoun County.

IRMC's current two (2) PET/CT units in Fairfax and Centreville serve large oncology populations but are not conveniently located for the many Loudoun County residents who receive imaging and cancer care through IRMC and affiliated IFRC facilities in Lansdowne.

The absence of PET/CT providers in Loudoun County creates a significant gap in access to care, especially for oncology patients who require repeated, time-sensitive PET/CT examinations for diagnosis, staging, treatment planning, and surveillance. Extended travel can result in delays, hinder clinical decision making, and adversely affect patient experience. As discussed in previous sections, establishing PET/CT services at the Fairfax PET/CT

Center at Riverside Parkway directly addresses this unmet need by providing localized access to PET/CT services for IRMC patients.

The proposed project also strengthens care coordination across IRMC's provider network. Referring physicians refer to IRMC because they recognize that their patients will have the highest quality care by board-certified, fellowship trained, radiologists subspecialized in interpreting the studies within their area of expertise. Locating PET/CT services near to where IRMC patients reside ensures such patients receive timely, high-quality imaging without enduring excessive travel or wait times.

Establishing PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway will complement the services offered at two IFRC imaging sites, the Breast Center of Loudoun and IFRC Lansdowne, which are located approximately 0.6 miles from the proposed site. The Breast Center of Loudoun offers comprehensive breast imaging and diagnostic services supporting oncology and women's health. IFRC Lansdowne offers a range of diagnostic imaging services, including MRI and CT, as well as other imaging services that are not subject to COPN regulation, including X-ray, ultrasound, mammography, and DEXA. As the IFRC Lansdowne facility is space constrained, any expansion of imaging services at the facility is infeasible. Placing PET/CT services in proximity to these facilities enhances continuity of care and allows IRMC patients – particularly oncology patients – to complete complex diagnostic workups within a seamlessly integrated care corridor

The proposed project also addresses an operational unmet need related to oncology clinical trials. PET/CT is frequently required for trial eligibility and protocol-driven assessments. The Fairfax PET/CT unit, which is located on the Inova Schar Cancer Center campus, is currently the only operationally appropriate IRMC site for clinical trial-related imaging given the co-location of research teams and clinical investigators. However, sustained clinical volume at the Fairfax PET/CT facility has prevented IRMC from reserving the protocol-specific scanner time needed to support clinical trials without compromising access for existing patients. Establishing PET/CT capacity at the Fairfax PET/CT Center at Riverside Parkway will enable IRMC to decant clinical volume from the Fairfax PET/CT facility and utilize the Fairfax PET/CT unit for clinical trial-related imaging.

When viewed across IRMC's footprint, the addition of a PET/CT unit at the Fairfax PET/CT Center at Riverside Parkway completes a balanced distribution of PET/CT services across Fairfax, Centreville, and Lansdowne – serving central, western, and northern portions of PD 8, respectively. This enhances systemwide accessibility, particularly in areas that currently have no PET/CT provider.

By reducing travel burden, strengthening continuity of care, improving timely access to essential imaging, and enabling IRMC's participation in oncology clinical trials, the proposed project fills a clear and enduring unmet need in the delivery of cancer and advanced diagnostic services. The proposed project meaningfully enhances access, supports care coordination, and improves the overall delivery of health care across PD 8.

- E. Discuss the consistency of the proposed project with applicable Regional Health Plan, State Health Plan, State Medical Facilities Plan, or other plans promulgated by State agencies.

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.

While PET/CT services, including oncology-focused PET/CT services, are generally available within 60 minutes' driving time of the population of PD 8, notably, drive times in PD 8 can vary significantly based on travel congestion. There are currently no PET/CT providers in Loudoun County and access to PET/CT services in PD 8 can be significantly influenced by roadway congestion patterns along Route 28, VA-267, and I-66 – three of Northern Virginia's most heavily trafficked commuter corridors. Rush-hour congestion materially increases travel time, reliability, and patient burden.

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..*

Not applicable. IRMC is not a hospital and does not propose to establish a hospital or hospital-based PET/CT service.

- 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 individual PET procedures and CT procedures respectively, unless those images are made concurrently.

This project proposes the establishment of a specialized center for PET/CT services in Lansdowne through the acquisition of one (1) fixed PET/CT unit. The current SMFP utilization standard for PET services (average of 6,000 procedures per PET scanner per year) is not satisfied; however, no PET service provider has ever met the current SMFP utilization standard for PET services. As reflected in the HSANV staff analysis for COPN Request No. VA-8754 (June 12, 2024), no PET/CT provider in Planning District 8—or in the Commonwealth—has approached the State Medical Facilities Plan utilization threshold of 6,000 procedures per unit stating, “[u]se of authorized PET service, cardiac and oncology focused alike, have never approached 6,000 procedures per unit. There is no prospect of that happening soon.”

In the DCOPN Staff Report dated March 20, 2024 (COPN Request No. VA-8722), DCOPN acknowledged that the SMFP utilization standard for PET services is outdated:

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 met fully 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).

More recently, as discussed in the DCOPN Staff Report dated July 19, 2024 (COPN Request No. VA-8758), which approved a COPN application for PET/CT services that did not meet the 6,000-procedure threshold, DCOPN noted that the SMFP threshold for PET procedures “has been acknowledged as outdated for current clinical applications of PET technology.”

Importantly, the State Health Services Plan Task Force voted on June 18, 2025 to reduce the PET utilization standard to 3,000 procedures for new and expanded fixed-site PET units, recognizing the need for more realistic planning criteria and that the prior utilization standard no longer aligns with current clinical practice patterns or community need.

As DCOPN, HSANV and the State Health Services Plan Task Force have acknowledged that the current SMFP utilization standard for PET services is outdated, the Commissioner should set aside as outdated and inadequate the SMFP utilization standard for PET services in accordance with the statutory authority vested in him under the COPN law, and specifically Va. Code § 32.1-102.3.A.

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.

The proposed project would establish PET/CT services at the new Fairfax PET/CT Center at Riverside Parkway through the acquisition of one (1) PET/CT unit. The project is proposed to address the need for additional access to PET/CT services among IRMC's patient population.

IRMC's two (2) PET/CT units in Fairfax and Centreville serve a large, clinically complex patient population across broad portions of PD 8. The Fairfax PET/CT unit is heavily utilized, averaging 17 PET/CT procedures per operational day and completing 4,139 PET/CT procedures in 2024 and 4,150 PET/CT procedures in 2025. The minimal year-over-year growth between 2024 and 2025 reflects that the Fairfax PET/CT unit is operating at or near maximum capacity, preventing any further incremental increase in the number of PET/CT procedures. Patients are waiting approximately twelve (12) days for a PET/CT procedure at the Fairfax PET/CT facility. The Centreville PET/CT facility, which opened in February 2026, already averages 8-10 PET/CT procedures per operational day despite having been in operation for less than two (2) months, and continued growth is anticipated as awareness of the Centreville PET/CT facility increases and as clinical indications for PET/CT imaging expand. Establishing PET/CT services at the Fairfax PET/CT Center at Riverside Parkway will improve access to PET/CT services for IRMC patients living in northern PD 8, especially in Loudoun County where no PET/CT provider currently exists.

Introducing PET/CT services in Lansdowne will help decant volume from the Fairfax PET/CT unit, improve appointment availability, reduce wait times, and enhance the patient experience across IRMC's imaging network. It will also enable IRMC to utilize the Fairfax PET/CT unit for clinical trial-related imaging.

By establishing PET/CT services at the Fairfax PET/CT Center at Riverside Parkway, IRMC can:

- Maintain routine PET/CT throughput at all IRMC PET/CT facilities,
- Support clinical trial-related imaging at the Fairfax PET/CT facility,
- Meet the rapidly growing PET/CT demand in PD 8 (projected 43% growth from 2024–2034), and
- Expand timely access to high-quality PET/CT services for northern PD 8 residents.

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.

Not Applicable.

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.

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.

IRMC's PET/CT services are currently under the direct supervision of certified and trained radiologists at the Fairfax and Centreville PET/CT facilities and will remain under the direct supervision of certified and trained radiologists once the proposed PET/CT unit is placed at the Fairfax PET/CT Center at Riverside Parkway.

- F. Show the method and assumptions used in determining the need for additional beds, new services or deletion of service in the proposed project's service area.

See Section III.G for the methods and assumptions used for calculation of projected utilization for the proposed PET/CT unit at the Fairfax PET/CT Center at Riverside Parkway. Based on such methods and assumptions, IRMC

conservatively projects the following utilization for the proposed PET/CT unit at the Fairfax PET/CT Center at Riverside Parkway:

Projected Utilization for Proposed PET/CT Unit at Fairfax PET/CT Center at Riverside Parkway

Fairfax PET/CT Center at Riverside Parkway		
	Projected Year 1 2027	Projected Year 2 2028
PET/CT Units	1	1
PET/CT Procedures	1,800	2,500
Patient Visits	1,754	2,436

Historical and Projected IRMC PET/CT Utilization

	Historical (Fairfax PET/CT)			Projected (Fairfax, Centreville, Lansdowne PET/CTs)		
	2023	2024	2025	2026	Year 1 2027	Year 2 2028
PET/CT Units	1	1	1	2	3	3
PET/CT Procedures	3,893	4,139	4,150	6,450	8,250	8,950
% of SMFP Utilization	65%	69%	69%	65%	55%	60%
Patient Visits	3,813	4,042	4,044	6,285	8,039	8,721

* In February 2025, the Commissioner issued COPN No. VA-04920 authorizing IRMC to introduce one (1) fixed PET/CT unit to the Centreville facility. The PET/CT unit was placed into service in February 2026.

* 2026 projections include PET/CT units located in Fairfax and Centreville.

* Projections for Year 1 (2027) and Year 2 (2028) assume the approval of the proposed PET/CT unit at the Fairfax PET/CT Center at Riverside Parkway.

As described in Section IV.C.2.c, the annual expected growth rate for outpatient PET/CT in PD 8 is 4.3% (the highest outpatient growth rate of any diagnostic imaging modality) while PD 8 population growth is expected to increase by 1.28% per year.

G. Coordination and Affiliation with Other Facilities.

Describe any existing or proposed formal agreements or affiliations to share personnel, facilities, services or equipment. (Attach copies of any formal agreements with another health or medical care facility.)

Not applicable.

H. Attach copies of the following documents:

1. A map of the service area indicating:
 - a. Location of proposed project.
 - b. Location of other existing medical facilities (by name, type (hospital, nursing home, outpatient clinic, etc.) and number of beds in each inpatient facility).

Please see Attachment K for the locations of other existing providers of PET/CT services in PD 8.

2. Any material which indicates community and professional support for this project, i.e. letter of endorsement from physicians, community organizations, local government, Chamber of Commerce, medical society, etc.

Please see Attachments P-1 and P-2.

3. Letters to other area facilities advising of the scope of the proposed project.

Please see Attachment N.

SECTION V

FINANCIAL DATA

It will be the responsibility of the applicant to show sufficient evidence of adequate financial resources to complete construction of the proposed project and provide sufficient working capital and operating income for a period of not less than one (1) year after the date of opening:

- A. Specify the per diem rate for all existing negotiated reimbursement contracts and proposed contracts for patient care with state and federal governmental agencies, Blue Cross/Blue Shield Plans, labor organizations such as health and welfare funds and membership associations.

This question requires the disclosure of confidential and proprietary information.

- B. Does the facility participate in a regional program which provides a means for facilities to compare its costs and operations with similar institutions?

 X Yes No

If yes, specify program **All of IRMC's facilities participate in VHI.**

Provide a copy of report(s) which provide(s) the basis for comparison.

IRMC will continue to participate in VHI and will report utilization for its Lansdowne PET/CT services. Please see Attachment O for a copy of IRMC's 2025 EPICS submission for the current PET/CT facility located at 8081 Innovation Park Drive in Fairfax (identifying 4,150 PET/CT procedures in 2025). As the Centreville PET/CT facility located at 6211 Centreville Road in Centreville opened in February 2026, no VHI reporting is available.

- C. Estimated Capital Costs

Please see "Instructions for Completing Estimated Capital Costs" Section of the Certificate of Need application for detailed instructions for completing this question (attached)

Part I – Direct Construction Costs

1.	Cost of materials	\$ <u>1,046,220</u>
2.	Cost of labor	\$ <u>697,480</u>
3.	Equipment included in construction contract	\$ <u>N/A</u>
4.	Builder's overhead	\$ <u>105,000</u>
5.	Builder's profit	\$ <u>105,000</u>

- | | | |
|----|--------------------------------|---------------------|
| 6. | Allocation for contingencies | \$ <u>293,055</u> |
| 7. | Sub-total (add lines 1 thru 6) | \$ <u>2,246,755</u> |

Part II – Equipment Not Included in Construction Contract
(List each separately) If leasehold, lease expense for the entire term of the initial lease

- | | | |
|----|--|---------------------|
| 8. | a. PET/CT Unit | \$ <u>2,512,928</u> |
| | b. Furnishings | \$ <u>49,121</u> |
| | c. Signage | \$ <u>21,000</u> |
| | d. Bank interest expense | \$ <u>559,387</u> |
| | See amortization schedule at Attachment M | |
| | e. LV Cabling Access and IT hardware | \$ <u>54,100</u> |
| | f. PET/CT Unit Sales Tax (6%) | \$ <u>150,776</u> |
| 9. | Sub-total (add lines 8a thru 8e) | \$ <u>3,347,312</u> |

Part III – Site Acquisition Costs

- | | | |
|-----|--|---------------------|
| 10. | Full purchase price | \$ _____ 0 _____ |
| 11. | For sites with standing structures | \$ _____ 0 _____ |
| | a. purchase price allocable to structures | \$ _____ 0 _____ |
| | b. purchase price allocable to land | \$ _____ 0 _____ |
| 12. | Closing costs | \$ _____ 0 _____ |
| 13. | If leasehold, lease expense for the entire term of the initial lease | \$ <u>1,409,569</u> |
| | Note: Reflects lease expense for leased space for the PET/CT. | |
| 14. | Additional expenses paid or accrued: | |
| | a. _____ | \$ _____ 0 _____ |
| | b. _____ | \$ _____ 0 _____ |
| | c. _____ | \$ _____ 0 _____ |

33. Sub-total (add lines 29 thru 32) \$ **70,000**

Part VII – Other Consultant Fees (List each separately)

34. a. Attorney's fees \$ **75,000**

b. _____ \$ _____ 0 _____

c. _____ \$ _____ 0 _____

35. Sub-total (add lines 34a thru 34c) \$ **75,000**

Part VIII – Taxes During Construction

36. Property taxes during construction \$ _____ 0 _____

37. List other taxes:

a. _____ \$ _____ 0 _____

b. _____ \$ _____ 0 _____

38. Sub-total (add lines 36 thru 37b) \$ _____ 0 _____

Part IX-A – HUD Section 232 Financing

39. Estimated construction time (in months) _____ 0 _____

40. Dollar amount of construction loan \$ _____ 0 _____

41. Construction loan interest rate _____ %

42. Estimated construction loan interest costs \$ _____ 0 _____

43. Term of financing (in years) _____ 0 _____

44. Interest rate on permanent loan _____ %

45. FHA mortgage insurance premium \$ _____ 0 _____

46. FHA mortgage fees \$ _____ 0 _____

47. Financing fees \$ _____ 0 _____

48. Placement fees \$ _____ 0 _____

49. AMPO (non-profit only) \$ _____ 0 _____
50. Title and recording fees \$ _____ 0 _____
51. Legal fees \$ _____ 0 _____
52. Total interest expense on permanent mortgage loan \$ _____ 0 _____
53. Sub-total Part IX-A HUD Section 232 Financing (add lines 42, 45, 46, 47, 48, 49, 50 and 51) \$ _____ 0 _____

Part IX-B – Industrial Development Authority Revenue and General
Obligation Bond Financing (Circle selected method of financing)

54. Method of construction financing (construction loan, proceeds of bond sales, if other, specify)
- If construction is to be financed from any source other than bond sale proceeds, answer question 56 through 58. Otherwise, proceed to question 59.
55. Estimated construction time (in months) _____
56. Dollar amount of construction loan \$ _____ 0 _____
57. Construction loan interest rate _____ %
58. Estimated construction loan interest cost \$ _____ 0 _____
59. Nature of bond placement (direct, underwriter, if other, specify) _____
60. Will bonds be issued prior to the beginning of construction? _____ Yes _____ No
61. If the answer to question 60 is yes, how long before (in months)? _____
62. Dollar amount of bonds expected to be sold prior to the beginning of construction \$ _____ 0 _____
63. Will principal and interest be paid during construction or only interest? _____
64. Bond interest expense prior to the

- beginning of construction (in dollars) \$ _____ 0 _____
65. How many months after construction begins will last bond be sold? _____
66. Bond interest expense during construction \$ _____ 0 _____
67. What percent of total construction will be Financed from bond issue? \$ _____ 0 _____
68. Expected bond interest rate _____ %
69. Anticipated term of bond issued (in years) _____
70. Anticipated bond discount (in dollars) \$ _____ 0 _____
71. Legal costs \$ _____ 0 _____
72. Printing costs \$ _____ 0 _____
73. Placement fee \$ _____ 0 _____
74. Feasibility study \$ _____
75. Insurance \$ _____ 0 _____
76. Title and recording fees \$ _____ 0 _____
77. Other fees (list each separately)
- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
78. Sinking fund reserve account (Debt Service Reserve) \$ _____ 0 _____
79. Total bond interest expenses (in dollars) \$ _____ 0 _____
80. Sub-total Part IX_B (add lines 58, 64, 66, 71, 72, 73, 74, 75, 76, 77a, b, c and 78) \$ _____ 0 _____

Part IX - C – Conventional Mortgage Loan Financing

81.	Estimated construction time (in months)	_____
82.	Dollar amount of construction loan	
83.	Construction loan interest rate	_____ %
84.	Estimated construction loan interest cost (in dollars)	\$ _____
85.	Term of long-term financing (in years)	_____
86.	Interest rate on long term loan	_____ %
87.	Anticipated mortgage discount (in dollars)	\$ _____ 0 _____
88.	Feasibility study	\$ _____ 0 _____
89.	Finder's fee	\$ _____ 0 _____
90.	Legal fees	\$ _____ 0 _____
91.	Insurance	\$ _____ 0 _____
92.	Other fees (list each separately)	
	_____	\$ _____ 0 _____
93.		\$ _____
94.	Total permanent mortgage loan interest expense (in dollars)	\$ _____ 0 _____
95.	Sub-total Part IX_C (add lines 84 & 88 thru 93)	\$ _____ 0 _____

Financial Data Summary Sheet

96.	Sub-total Part I	Direct Construction Cost (line 7)	\$ <u>2,246,755</u>
97.	Sub-total Part II	Equipment not included in construction contract (line 9)	\$ <u>3,347,312</u>
98.	Sub-total Part III	Site Acquisition Costs (line 15)	\$ <u>1,409,569</u>
99.	Sub-total Part IV	Site Preparation Cost (line 23)	\$ _____ 0 _____
100.	Sub-total Part V	Off-Site Costs (line 28)	\$ _____ 0 _____

101.	Sub-total Part VI	Architectural and Engineering fees (line 33)	\$ <u>70,000</u>
102.	Sub-total Part VII	Other Consultant fees (line 35)	\$ <u>75,000</u>
103.	Sub-total Part VIII	Taxes During Construction (line 38)	\$ _____ 0 _____
104.	Sub-total Part IX-A	HUD-232 Financing (line 53)	\$ _____ 0 _____
105.	Sub-total Part IX-B	Industrial Development Authority Revenue & General Revenue Bond Financing (line 80)	\$ _____ 0 _____
106.	Sub-total Part IX-C	Conventional Loan Financing (line 95)	\$ _____ 0 _____
107.	TOTAL CAPITAL COST (lines 96 thru 106)		\$ <u>7,148,636</u>
108.	Percent of total capital costs to be financed		<u>42%</u>

Note: IRMC intends to acquire the PET/CT unit and fund part of the buildout through a \$3M bank line of credit. This percentage reflects that portion of the total capital cost that will be funded through the \$3M line of credit.

109.	Dollar amount of long-term mortgage (line 107 x 108) N/A - See Note at #108 above		\$ _____
110.	Total Interest Cost on Long Term Financing		\$ _____ 0 _____
	a.	HUD-232 Financing (line 53)	\$ _____ 0 _____
	b.	Industrial Development Authority Revenue & General Revenue Bond Financing (line 79)	\$ _____ 0 _____
	c.	Conventional Loan Financing (line 94)	\$ _____ 0 _____
111.	Anticipated Bond discount		
	a.	HUD-232 Financing (line 53)	\$ _____ 0 _____
	b.	Industrial Development Authority Revenue & General Revenue Bond Financing (line 70)	\$ _____ 0 _____
	c.	Conventional Loan Financing (line 87)	\$ _____ 0 _____
112.	TOTAL CAPITAL AND FINANCING COST		

(ADD LINES 107, 110a, b or c AND 111a, b or c) \$ 7,148,636

Note: Paragraph 8.d includes bank interest expense.

- D. 1. Estimated costs for new construction (excluding site acquisition costs) \$ _____
2. Estimated costs of modernization and renovation (excluding site acquisition costs) \$ _____ 0 _____
- E. Anticipated Sources of Funds for Proposed Project Amount
1. Public Campaign \$ _____ 0 _____
2. Bond Issue (Specify Type) _____ \$ _____ 0 _____
3. Commercial Loans **\$ 3,000,000**
4. Government Loans (Specify Type) _____ \$ _____ 0 _____
5. Grants (Specify Type) \$ _____ 0 _____
6. Bequests \$ _____ 0 _____
7. Private Foundations \$ _____ 0 _____
8. Endowment Income \$ _____ 0 _____
9. Accumulated Reserves **\$ 0**
10. Other (Funds from Operations) **\$ 4,148,636**

- F. Describe in detail the proposed method of financing the proposed project, including the various alternatives considered. Attach any documents which indicate the financial feasibility of the project.

The PET/CT unit will be purchased outright from the vendor utilizing funds from a \$3M bank line of credit. A portion of the renovation/buildout costs associated with this project also will be funded from the \$3M bank line of credit, with the remaining renovation/buildout costs to be funded from operations.

- G. Describe the impact the proposed capital expenditure will have on the cost of providing care in the facility. Specify total debt service cost and estimated debt service cost per patient day for the first two (2) years of operation. (Total debt service cost is defined as total interest to be paid during the life of the loan (s). Estimate debt service cost per patient day by dividing estimated total patient days for year one into amount of debt service for

that year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid.

The PET/CT unit will be purchased outright from the vendor utilizing funds from a \$3M bank line of credit. See equipment quote at Attachment T. A portion of the renovation/buildout costs associated with this project also will be funded from the \$3M bank line of credit, with the remaining renovation/buildout costs to be funded from operations. The introduction of PET/CT capacity at the Fairfax PET/CT Center at Riverside Parkway is not expected to impact the cost of providing care. See Attachment M for amortization schedule pertaining to the \$3M line of credit.

H. Attach a copy of the following information of documents.

1. The existing and/or proposed room rate schedule, by type of accommodation.

Not applicable. The Fairfax PET/CT Center at Riverside Parkway will be an outpatient facility and will not provide inpatient services.

2. The audited annual financial statements for the past two (2) years of the existing facility or/if a new facility without operating experience, the financial state of the owner (s). Audited financial statements are required, if available.

Please see Attachment R for the audited financial statements for the most recent two (2) years for IRMC.

3. Copy of the proposed facility's estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.

Please see Attachment S for the pro forma.

SECTION VI

ASSURANCES

I hereby assure and certify that:

- a. The work on the proposed project will be initiated within the period of time set forth in the Certificate of Public Need; and
- b. completion of the proposed project will be pursued with diligence; and
- c. the proposed project will be constructed, operated and maintained in full compliance with all applicable local, State and Federal laws, rules, regulations and ordinances.

I hereby certify that the information included in this application and all attachments are correct to the best of my knowledge and belief and that it is my intent to carry out the proposed project as described.

Carol Burchett

Signature of Authorizing Officer

8260 Willow Oaks Dr. Suite 750

Address – Line1

Carol Burchett

Type/Print Name of Authorizing Officer

Address – Line 2

Chief Strategy Officer

Title of Authorizing Officer

Fairfax, VA 22031

City/State/Zip

703-698-4444

Telephone

3/31/2026

Date

Copies of this request should be sent to:

- A. **Virginia Department of Health
Division of Certificate of Public Need
9960 Mayland Drive – Suite 401
Henrico, Virginia 23233**

- B. The Regional Health Planning Agency if one is currently designated by the Board of Health to serve the area where the project would be located.

IRMC Fairfax PET/CT Center at Riverside Parkway 1 PET/CT unit			
Financial Projections		Projected	
		<u>Year 1</u>	<u>Year 2</u>
Amounts in \$000's Statement of Revenues and Expenses			
Total PET Scans		1,800	2,500
Gross Patient Revenue		11,641	16,330
Deductions from Patient Revenue			
Contractual/Other Discounts		6,892	9,662
Charity Discounts		(175)	(240)
Total Deductions from Revenue		6,717	9,422
Total Operating Revenue		4,924	6,908
Operating Expenses			
Salaries, Wages and Benefits		570	587
Supplies		1,134	1,574
Purchased Services		627	879
Bad Debt (above in Op Rev)		-	-
Depreciation and Amortizations		503	503
Rent Expense - Occupancy		137	140
Other Expense		311	726
Debt (Financing Expense)		163	137
Total Operating Expenses		3,443	4,546
Excess of Revenue Over Expenses		1,481	2,361

Note: The facility will be subject to Inova's system-wide charity care conditions.