COMMONWEALTH of VIRGINIA
Department of Health
P O BOX 2448
RICHMOND, VA 23218

B. Cameron Webb, MD, JD
State Health Commissioner

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

October 19, 2026

Mark S. Hedberg
Hunton Andrews Kurth
951 East Byrd Street
Richmond, Virginia 23219

Re: COPN Request No.VA-8866
Inova Health Care Services d/b/a Inova Loudoun Hospital (ILH)
Loudoun, Virginia
Addition of 48 medical-surgical beds

Dear Mr. Hedberg:

In accordance with Article 1.1 of Chapter 4 of Title 32.1 (§ 32.1-102.1 *et seq.*) of the Code of Virginia (the "COPN Law"), I have reviewed the application captioned above (the "ILH project"). As required by Subsection B of Virginia Code § 32.1-102.3, I have considered all matters listed therein in making a determination of public need under the COPN Law.

I have reviewed and adopted the enclosed findings, conclusions, and recommended decision of the adjudication officer that convened an informal fact-finding conference on the application in accordance with the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq*.

Based on my review of the application and on the recommended decision of the adjudication officer, I am approving the application, with a condition addressing charity care. I find that this project would meet a public need.

The reasons for my decision include the following:

(i) The ILH project is consistent with the State Medical Facilities Plan (SMFP), is in harmony or in general agreement with the SMFP or with the public policies, interests and purposes to which the SMFP and the COPN Law are administered;

(ii) The Health Systems Agency of Northern Virginia (HSANV) has particularized expertise in making recommendations to the Commissioner

on COPN projects arising in PD 8; that regional agency, by a unanimous vote of its board of directors, recommends that the Commissioner approve the ILH project, as proposed;

(iii) ILH has demonstrated a public need, expressed as an institutional need, to expand its contingent of medical-surgical beds, as recognized by HSANV and shown by consistently high utilization data; addressing this need is necessary to ensure that ILH maintains adequate inpatient bed capacity to meet the needs of its existing patient population, as well as the public need of the growing population of PD 8;

(iv) No existing medical-surgical beds within hospitals of the Inova Health Care system are available for reallocation to ILH;

(iv) The total costs of the ILH project are reasonable and the project is financially feasible in the short and long-term;

(v) There is no known opposition to the ILH project; and

(vi) No reasonable alternative exists that would serve the purpose of meeting a public need, expressed as an institutional need, for additional medical-surgical beds at ILH.

Sincerely,

Dr. Cameron Webb
State Health Commissioner

cc: Charis A. Mitchell, Assistant Attorney General, Commonwealth of Virginia
April Dovel, Director, VDH, Office of Licensure and Certification
James Jenkins, Deputy Director, VDH, Office of Licensure and Certification
Antwon Jacobs, Supervisor, Division of Certificate of Public Need
Deborah K. Waite, Virginia Health Information, Inc.
Allyson Tysinger, Esq., Senior Assistant Attorney General
Douglas R. Harris, JD, Adjudication Officer
Dean Montgomery, Executive Director, Health Systems Agency of Northern Virginia
David Goodfriend, MD, Director, Loudoun Health District

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED

THIS CERTIFIES THAT Inova Health Care Services d/b/a Inova Loudoun Hospital is authorized to initiate the proposal as described below.

NAME OF FACILITY: Inova Loudoun Hospital

LOCATION: 44045 Riverside Parkway, Leesburg, Virginia 20176

OWNERSHIP AND CONTROL: Inova Health Care Services d/b/a Inova Loudoun Hospital

SCOPE OF PROJECT: Add 48 Medical-Surgical Acute Care beds to Inova Loudoun Hospital for a total compliment of 237 Medical-Surgical beds. Capital costs authorized for this project total $33,777,107. The project is expected to be completed by December 2028. This certificate is issued with the condition that appears on its reverse.

Pursuant to Chapter 4, Article 1:1 of Title 32.1, Sections 32.1-102.1 through 32.1-102.12 of the Code of Virginia (1950), as amended and the policies and procedures promulgated thereunder, this Medical Care Facilities Certificate of Public Need is issued contingent upon substantial and continuing progress towards implementation of the proposal within twelve (12) months from the date of issuance. A progress report shall be submitted to the State Health Commissioner within twelve (12) months from the date of issuance along with adequate assurance of completion within a reasonable time period. The Commissioner reserves the right not to renew this Certificate in the event the applicant fails to fulfill these conditions. This Certificate is non-transferable and is limited to the location, ownership, control and scope of the project shown herein.

Certificate Number: VA-05016

Date of Issuance: October 19, 2026

Expiration Date: October 18, 2027

Dr. Cameron Webb, State Health Commissioner

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

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

Recommended Case Decision
Certificate of Public Need (COPN)
Request Number VA-8866
Inova Health Care Services d/b/a
Inova Loudoun Hospital
Loudoun County
Planning District (PD) 8
Health Planning Region (HPR) II
Addition of 48 medical-surgical beds

This is a recommended decision submitted to the State Health Commissioner (the "Commissioner") for his consideration and adoption. This recommended decision follows the convening of an informal fact-finding conference (IFFC)[1] on the above referenced-project, conducted in accordance with the Virginia Administrative Process Act (VAPA),[2] and an adjudicatory review of the administrative record in accordance with Title 32.1 of the Code of Virginia.

Authority

Specifically, Article 1 of Chapter 4 of Title 32.1 (§ 32.1-102.1 *et seq*.) of the Virginia Code ("COPN Law") addresses medical care facilities and provides that "[n]o person shall undertake a project described in [this Article] or regulations of the [State] Board [of Health] at or on behalf of a medical care facility . . . without first obtaining a certificate [of public need] from the Commissioner."[3]

The endeavor proposed in the above-referenced application involves a resource reviewable under this law by falling within the statutory definition of "project" contained in the COPN Law. The proposed project, thereby, requires the Commissioner's approval, as evinced by a certificate of public need (COPN, or "Certificate"), before it may be undertaken.[4]

[1] The IFFC was convened by the undersigned adjudication officer and held on June 8, 2026. The applicant appeared by officers and witnesses, whose testimony was sworn, and was represented by legal counsel. The administrative record on this matter includes a certified transcript of the testimony and exhibits presented at this IFFC. The applicant submitted filings and briefings according to an agreed-upon schedule following the IFFC and before the close of the record, which occurred on August 11, 2026.
[2] Va. Code § 2.2-400
[3] Va. Code § 32.1-102.1:2 (A).
[4] Va. Code § 32.1-102.1.

Findings of Facts

1. Inova Health Care Services, d/b/a Inova Loudoun Hospital ("Inova" or ILH), the applicant, is a Virginia not-for-profit, nonstock corporation. ILH is one of five hospitals in PD 8 (coterminous with HPR II) within the Inova Health Care system and the only acute care hospital in Loudoun County. ILH is licensed to operate 211 beds on two medical campuses, with 189 medical-surgical beds[5] located at the hospital's main campus in Landsdowne, about six miles east of Leesburg, in the northeastern portion of Loudoun County.

2. ILH's proposed project (the "ILH project") would add 48 medical-surgical beds by outfitting existing shell space. Total capital costs for the project are $33,777,107. These costs would be funded through accumulated reserves with no debt service.

Summary of the DCOPN Staff Report

In a staff report dated April 21, 2026, prepared by the Department of Health's Division of Certificate of Public Need (DCOPN) analyzing the ILH project (the "DCOPN staff report"), that division recommended that the Commissioner deny the project, concluding that:

i) There is a surplus of medical-surgical beds in PD 8;

ii) Underutilized capacity is available at Inova Fair Oaks Hospital (IFOH) and Inova Mount Vernon Hospital (IMVH) for reallocation and relocation to ILH;

iii) Such a reallocation would be a reasonable and cost-effective alternative to the proposed project;

iv) The project is not feasible in its first projected year of operation;[6] and

v) The project's need for human resources and staffing would negatively impact other health care service providers.[7]

The major reasons DCOPN cites for its recommendation (those appearing in the first three items enumerated above) are based on a flawed analysis of numerical need for

[5] Total ILH acute care beds at the Landsdowne campus include 134 adult medical-surgical beds, 23 intensive care beds, eight pediatric beds, and 24 obstetric beds. HSANV Staff Report at 1; Inova Closing at 3. The historic campus of ILH, often referred to as the Cornwall campus, is located in Leesburg and currently consists of facilities for providing emergency, psychiatric, and rehabilitation services.
[6] No evidence in the record supports this conclusion.
[7] No evidence in the record supports this conclusion.

medical-surgical beds in PD 8, discussed further below.[8] As amply demonstrated by ILH at the IFFC, no underutilized capacity in the Inova health system available for reallocation exists.[9]

Regardless, the analysis conducted by DCOPN, whether flawed or appropriately prepared for the Commissioner's consideration, is not directly applicable to a project seeking only an addition of beds due to an institutional need. When deployed correctly, *i.e.*, in review of a project seeking an addition of beds and not an entirely new hospital service, the SMFP's computational methodology is useful in establishing existing, prevailing circumstance and imparts an overall, or PD-wide, picture of inventory and need.[10]

Analysis, Facts, and Conclusions Relating to the Proposed Project

Salient analysis and conclusions regarding the White Oak ER project and relating directly to the eight considerations of public need contained in the COPN Law (the "statutory considerations"),[11] appearing in **bold** type, below, are set forth following each statutory consideration.

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

The project would provide and maintain access to health care services by addressing a public need, specifically, one expressed as an institutional need for medical-surgical beds at ILH.

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[8] *See* Inova Closing at 2-8. DCOPN maintains that all inpatient acute-care beds in operation (whether they are medical-surgical beds, intensive care beds, pediatric beds, or obstetric beds) are fungible and interchangeable (nearly at a hospital's whim?) and therefore should be included in the inventory of operational and approved medical-surgical beds when deploying the computational methodology in the State Medical Facilities Plan (SMFP). DCOPN relies on this in its effort to show that there are underutilized beds at IFOH and IMVH. This policy of overinclusion is flawed, gives an erroneous, exaggerated image of resource availability, and appears to be, or to have the effect of being, an instance of the overzealous administration of regulatory authority. In several adjudicated cases in recent years, the Commissioner has expressly or by clear implication rejected DCOPN's overinclusive approach. Yet that division has remained intractable on this issue, effectively overriding the Commissioner's authority.

[9] Despite the ample evidence ILH presented at the IFFC to show that beds at IFOH and IMVH are not available for reallocation, DCOPN states that its "conclusions remain unchanged following the [IFFC]." DCOPN Proposed Findings at 2. HSANV, with over 45 years' experience, firmly disagrees with DCOPN's flawed approach and overzealous reach.

[10] In this case, DCOPN has plainly failed to provide the Commissioner with a reliable analysis of numerical need for medical-surgical beds by erroneously deploying the SMFP's computational methodology for determining that need in PD 8.

[11] *See* Subsection B of Virginia Code § 32.1-102.3.

Data that ILH has presented indicate that its adult medical-surgical beds have *exceeded the 80 percent occupancy threshold for expansion* in the State Medical Facilities Plan (SMFP) every year since 2022;[12] this patient volume has resulted in a current operational scenario that demonstrates multiple operational challenges. Despite a recent reallocation of six pediatric beds to medical-surgical purpose, ILH reached nearly 100 percent occupancy of the resulting 134 adult medical-surgical beds in 2025.[13] Further, extensive evidence and testimony presented at the IFFC firmly established that neither IFOH nor IMVH have underutilized acute care bed capacity available for reallocation to operate as medical-surgical beds at ILH.[14]

2. The extent to which the proposed project will meet the needs of people in the area to be served, as demonstrated by each of the following: (i) the level of community support for the proposed project demonstrated by people, businesses, and governmental leaders representing the area to be served; (ii) the availability of reasonable alternatives to the proposed project that would meet the needs of people in the area to be served in a less costly, more efficient, or more effective manner; (iii) any recommendation or report of the regional health planning agency regarding an application for a certificate [*i.e.*, Certificate] **that is required to be submitted to the Commissioner pursuant to subsection B of § 32.1-102.6; (iv) any costs and benefits of the proposed project; (v) the financial accessibility of the proposed project to people in the area to be served, including indigent people; and (vi) at the discretion of the Commissioner, any other factors as may be relevant to the determination of public need for a proposed project.**

The ILH project would stand to meet the needs of the people in the area to be served. Several letters in the record indicate the level of community support for the project.[15]

In its staff report, DCOPN suggested the relocation of acute care beds from two other Inova-operated hospitals as an alternative to the outright addition of new beds at ILH, as proposed. But the manner in which DCOPN deployed the SMFP's computational methodology for determining medical-surgical bed need in this case is flawed.[16] In relation to this application, DCOPN reported that a numerical surplus of 279 medical-surgical beds[17] exists in PD 8 and that a sufficient number of combined underutilized beds exist – 30 beds at IFOH and 18 beds at IMVH for relocation.

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[12] Inova IFFC Ex. 2 at 6.
[13] Inova Closing at 3.
[14] *See, e.g.*, IFFC Transcript ("Tr.") at 63-68.
[15] Inova Closing at 15.
[16] DCOPN maintains that all inpatient beds in operation (whether they are medical-surgical beds, intensive care beds, pediatric beds, or obstetric beds) are fungible and interchangeable and therefore should be included in the inventory of operational and approved medical-surgical beds when deploying the SMFP's computational methodology. This presents a faulty picture of resource availability. Further, DCOPN relies on this in its mistaken effort to show underutilized beds at IFOH and IMVH.
[17] HSANV observes that "[t]here are surplus beds . . . in [PD 8], but not the exaggerated number (279) specified in the DCOPN report. HSANV Closing at 3.

At best, DCOPN's conclusions are substantially overstated because the overall inventory of medical-surgical beds in PD 8 has been inflated to include additional inpatient beds. But ultimately, DCOPN's conclusions are unreliable for the Commissioner's use and I recommend that they be disregarded.

Regardless, requiring bed relocation would bring no cost savings or increase in efficiency or effectiveness to the proposed project.[18] In fact, requiring the beds sought to be reallocated would be imprudent, maybe even rash, possibly leading to future applications from the donating hospitals to backfill the beds DCOPN would have the Commissioner reallocate today.[19]

Health Planning Region II (PD 8) is served by a regional health planning agency, the Health Systems Agency of Northern Virginia (HSANV). Staff of HSANV, with over 40 years of specialized experience and intimate familiarity with public need in PD 8, reviewed the ILH project and prepared a detailed report.[20] Reflecting the benefit of that report, HSANV's board of directors, by a unanimous vote, recommends the approval of the ILH project.[21]

Providing additional and particular insight for the Commissioner's consideration and determination, HSANV flatly disagrees with DCOPN's practice of including all acute-care hospital beds in the inventory of existing medical-surgical beds when calculating the numerical need for medical-surgical beds in a PD under the SMFP's methodology. In particular to the ILH project (and others similar), HSANV observes that DCOPN's insistence on including all acute care hospital beds in calculations of medical-surgical bed need due to supposed fungibility is "problematic." I agree.

While DCOPN may have happened upon the conclusion that wholesale fungibility may technically exist by circumstance or some sort of regulatory omission and that this is a bugaboo necessitating overinclusion of beds in the inventory of existing beds, HSANV indicates that it is "not actually true or possible in practice" for such fungibility to exert a distorting effect on need calculations to any concerning level in PD 8.[22]

So, while it may be theoretically or supposedly easy for a particular hospital to make the programmatic decision to convert a number of beds to or from medical-surgical purpose, as its needs may dictate, such a development, in isolation,[23] is not at all likely to operate with such an effect or to such a degree that calculations of numerical need should be altered as DCOPN has chosen to do. Wariness of hospitals' free sway in making

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[18] HSANV agrees, observing that recasting the project to require relocation of existing beds "doesn't save a dollar in capital costs." IFFC Tr. at 87.
[19] *See* related discussion in Inova Closing at 9-14.
[20] Administrative Record ("A.R.") Exhibit ("Ex.")10.
[21] *See* Letter from D. Montgomery to A. Jacobs, April 17, 2026 (A.R. Ex. 12), citing six specific regional agency findings and conclusions that tidily establish public need.
[22] HSANV Closing at 4.
[23] In determining the programmatic orientation for internal contingents of beds, acute-care hospitals are more likely to act according to facility-based, quotidian need than as a group. Any substantial, combined effect from the supposed skewing of the numerical need calculation is highly unlikely.

business decisions regarding beds does not warrant an overzealous regulatory reach requiring reallocation and is highly unlikely to thwart any supposed bugaboo here.

The capital costs of the project total less than $34 million. Set against the number of beds operationalized, these costs are reasonable. These costs would be funded through accumulated reserves with no debt service. HSANV found them reasonable. The benefits of the project are considerable. By addressing current high levels of utilization, the project would allow ILH to operate with rational resourcing, thereby continuing to meet public need and the needs of its patient population.

The Inova system of hospitals and facilities is a charitable, tax-exempt health system with an established record of charity care. The ILH project would be financially accessible to people in the area to be served. No other relevant factors for the Commissioner's discretion present themselves in what should have been a straightforward review of a project proposed by an applicant showing institutional need.

3. The extent to which the proposed project is consistent with the State Health Services Plan [*i.e.*, *de facto*, the SMFP]**.**[24]

The COPN law requires that "[a]ny decision to issue . . . a [COPN] shall be consistent with the most recent applicable provisions of the [SMFP]"[25] The SMFP, contained in the Virginia Administrative Code (VAC), includes provisions applicable to projects proposing the addition of medical-surgical hospital beds.

The SMFP includes a provision allowing institutional expansion when a facility's need for additional resources exceeds its current capacity and no resources available for reallocation exist, despite the existence of a PD-wide surplus.[26] ILH has experienced high utilization of its medical-surgical beds for several years. ILH has demonstrated an institutional need. No medical-surgical beds in the Inova system are underutilized and readily available for reallocation. They appear so due only to DCOPN's unwarranted policy of comingling of all types of acute care beds, resulting in a substantial overstatement of resource availability, in PD 8 generally and at IFOH and IMVH in particular. DCOPN's assertion is based on a flawed deployment of the SMFP's

[24] 12 Virginia Administrative Code (VAC) 5-230-10 *et seq.* While Senate Bill 764 (Acts of Assembly, c. 1271, 2020) calls for promulgation and adoption of a State Health Services Plan (SHSP) to replace the SMFP, the public process for developing the SHSP has not been brought to completion. The SMFP, last revised in 2009, remains in effect as regulatory governance and guidance in reviewing applications for a COPN.
[25] Va. Code § 32.1-102.3 (B).
[26] 12 VAC 5-230-80 A and B.

computational methodology,[27] which is not even directly applicable to projects seeking an address of institutional need.[28] HSANV agrees.[29]

Sufficient evidence weighs in favor of and substantiates a determination that the ILH project is consistent with the SMFP, or in harmony or in general agreement with the SMFP or with the public policies, interests, and purposes to which the SMFP and the COPN Law are dedicated.[30]

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

The ILH project would address an institutional need – an operational need at that hospital; as such, it is not intended to foster institutional competition, nor is it likely to have any direct effect on competition in the area to be served. It would not harm beneficial competition in PD 8. Notably, the project is not opposed by any health care provider, including those currently operating in PD 8.

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

The ILH project would address resourcing and operational challenges at ILH. To any degree the project relates in a direct, meaningful way to the existing health care system in PD 8, it bears an appropriate and complimentary relationship to that system.

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

The ILH project is financially and practically feasible. The construction costs and total capital costs of the project are reasonable. Inova had dedicated resources for recruiting necessary hospital personnel and does not anticipate challenges to operationalize the project by developing and employing necessary human resources.[31]

The cost of capital, as that issue may be conventionally understood and could be pertinent under this statutory consideration, is an opportunity cost that has likely been

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[27] The computational methodology for determining a PD's overall need for medical-surgical hospital beds is contained in 12 VAC 5-230-540.
[28] 12 VAC 5-230-540 applies to projects proposing a new service. ILH does not seek to establish a new hospital service; rather ILH seeks to expand a highly utilized service so that resource levels meet operational demand and vital functions of the hospital may operate effectively, rationally and safely in meeting public need. Any supposed surplus in PD 8 cannot serve as the basis for dismissing such an apparent need and denying the ILH project.
[29] *See* HSANV Closing at 2-3.
[30] This language reflects specific judicial guidance given in *Roanoke Mem. Hosp. v. Kenley*, 3 Va. App. 599, 352 S.E.2d 525 (1987).
[31] *See* ILH Closing at 28-29.

analyzed by the applicant when making the business decision to pursue the proposed project. It is not an identified or apparent matter for discussion in the review of this project.

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

Not applicable, without prejudice to the applicant.

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

Not applicable, without prejudice to the applicant.

Conclusion and Recommendation

In deploying the eight statutory considerations of public need, and upon review of the administrative record compiled in relation to the ILH project, I conclude that the evidence overall amply supports the conclusion that the project would meet a public need, expressed as an institutional need. A public need for the project is substantiated by evidence in the record, and the project merits approval. I recommend that the project be approved by issuance of a Certificate, with a condition to ensure charity care (as routinely devised by DCOPN).

Specific reasons supporting this recommendation include:

(i) The ILH project is consistent with the SMFP, is in harmony or in general agreement with the SMFP or with the public policies, interests and purposes to which the SMFP and the COPN Law are administered;

(ii) HSANV has particularized expertise in making recommendations to the Commissioner on COPN projects arising in PD 8; that regional agency, by a unanimous vote of its board of directors, recommends that the Commissioner approve the ILH project, as proposed;

(iii) ILH has demonstrated a public need, expressed as an institutional need, to expand its contingent of medical-surgical beds, as recognized by HSANV and shown by consistently high utilization data; addressing this

need is necessary to ensure that ILH maintains adequate inpatient bed capacity to meet the needs of its existing patient population, as well as the public need of the growing population of PD 8;

(iv) No existing medical-surgical beds within hospitals of the Inova Health Care system are available for reallocation to ILH;

(v) The total costs of the ILH project are reasonable and the project is financially feasible in the short and long-term;

(vi) There is no known opposition to the ILH project; and

(vii) No reasonable alternative exists that would serve the purpose of meeting a public need, expressed as an institutional need, for additional medical-surgical beds at ILH.

Respectfully submitted,



October 2, 2026

Douglas R. Harris, JD
Adjudication Officer