October 21, 2026

B. Cameron Webb, MD, JD
State Health Commissioner
Virginia Department of Health
109 Governor Street, 13th Floor
Richmond, VA 23219

**RE: COPN Request No. VA-8906**
**NOVA Heart & Rhythm Center, LLC**
**Establish an ambulatory surgery center with one operating room and one cardiac catheterization laboratory**

Dear Commissioner Webb,

I write on behalf of Inova Health System ("Inova") to raise concerns about the above-captioned COPN application, filed by NOVA Heart & Rhythm Center, LLC. The application seeks approval to establish an ambulatory surgery center with one operating room ("OR") and one cardiac catheterization laboratory in Prince William County, Virginia within Planning District 8 ("PD 8").

On behalf of Inova, I respectfully request your careful consideration of the following:

1. COPN Request No. VA-8906 is not eligible for review in the batch review cycle that began on September 10, 2026, because the July 2, 2026, letter of intent ("LOI") for the project is deficient. Specifically, the LOI for the project was not filed by the COPN applicant as required by 12 VAC 5-220-180. The COPN applicant, NOVA Heart & Rhythm Center, LLC, did not exist and had not been legally formed at the time the LOI was filed.

2. COPN Request No. VA-8906 seeks approval to establish an ambulatory surgery center with one OR and one cardiac catheterization laboratory. The COPN application, however, does not address the public need for the proposed OR. Unless Nova Heart & Rhythm Center, LLC has reduced the scope of its COPN application to eliminate the proposed OR and that reduction in scope is documented in the administrative record, COPN Request No. VA-8906 is incomplete and is not eligible for review in the review cycle that began on September 10, 2026.

3. There is no public need for additional cardiac catheterization laboratories in PD 8.

**1. COPN Request No. VA-8906 is not eligible for review in the batch review cycle that began on September 10, 2026 because the LOI for the project was not filed by the applicant.**

The COPN regulations require the COPN applicant to file a letter of intent for its project. 12 VAC 5-220-180.A states:

> ***An applicant shall file a letter of intent*** with the commissioner to request appropriate application forms, and submit a copy of that letter to the appropriate regional health planning agency, by the later of (i) 30 days prior to the submission of an application for a project included within a particular batch group or (ii) 10 days after the first letter of intent is filed for a project within a particular batch group for the same or similar services and facilities which are proposed for the same planning district or medical service area. The letter shall identify the owner, the type of project for which an application is requested, and the proposed scope (size) and location of the proposed project. The department shall transmit application forms ***to the applicant*** within seven days of the receipt of the letter of intent. A letter of intent filed with the department shall be considered void one year after the date of receipt of such letter. (See 12VAC5-220-310 C.)

12 VAC 5-220-180.A (emphasis added).

The applicant for COPN Request No. VA-8906 is NOVA Heart & Rhythm Center, LLC, a Virginia limited liability company. Pursuant to the requirements of 12 VAC 5-220-180.A, this legal entity was required to file the LOI for COPN Request No. VA-8906. Nova Heart & Rhythm Center, LLC, however, did not exist as of the date the LOI for its project was filed and thus did not (and could not) file the LOI. Instead, a different legal entity, Cavalier MSO, LLC d/b/a Aligned Cardio Partners, filed the LOI on July 2, 2026, stating therein that a to-be-formed entity, Nova Heart & Rhythm Center, LLC, would be the applicant and file the COPN application. NOVA Heart & Rhythm Center, LLC, was not formed until July 19, 2026, some three weeks after the LOI filing deadline.

Because NOVA Heart & Rhythm Center, LLC did not exist and did not file the LOI as required by 12 VAC 5-220-180.A, the LOI was deficient and did not comply with Virginia COPN regulations. COPN Request No. VA-8906 therefore is not eligible for review in the batch review cycle that began on September 10, 2026. Accordingly, COPN Request No. VA-8906 should be rejected from review and Nova Heart & Rhythm Center, LLC, should be required to submit a new, valid LOI for its project in a later applicable review cycle.

**2. COPN Request No. VA-8906 seeks approval to establish an ambulatory surgery center with one OR and one cardiac catheterization laboratory, but the COPN application does not address the public need for the proposed OR.**

As described in the LOI and Section II.C.2 of the COPN application, NOVA Heart & Rhythm Center, LLC seeks COPN approval to establish a dedicated outpatient cardiovascular ambulatory

surgery center with one OR and one cardiac catheterization laboratory. The COPN application, however, is devoid of any information to demonstrate a public need for the proposed OR. NOVA Heart & Rhythm Center, LLC provides no utilization projection for its OR, does not analyze the consistency of the proposed OR with the provisions of the State Medical Facilities Plan ("SMFP") applicable to surgical services, does not appear to include surgical services utilization in its project pro forma, and its design drawings for the proposed ambulatory surgery center included with the COPN application do not include an OR.

The absence of any information in the COPN application to support a public need for the proposed OR suggests that NOVA Heart & Rhythm Center, LLC has reduced the scope of its project to eliminate the proposed OR. The administrative record as made available to Inova pursuant to the Virginia Freedom of Information Act, however, does not contain any documentation addressing a reduction in scope of the project. The COPN Law makes clear that an "application submitted for review shall be considered complete when ***all*** relevant sections of the application form have responses. The applicant shall provide ***sufficient information*** to prove the public need for the requested project exists ***without the addition of supplemental or supporting material at a later date***." Va. Code § 32.1-102.6.A (emphasis added). To the extent that the administrative record does not reflect that NOVA Heart & Rhythm Center, LLC has reduced the scope of its project to eliminate the proposed OR, its COPN application is ***incomplete*** and is not eligible for review in the review cycle that commenced on September 10, 2026.

**3. There is no public need for additional cardiac catheterization laboratories in PD 8.**

NOVA Heart & Rhythm Center, LLC's COPN Request No. VA-8906 proposes to establish a new cardiac catheterization service. The provision of the SMFP applicable to the proposed cardiac catheterization service is 12 VAC 5-230-390. It states in relevant part, "[n]o new fixed site cardiac catheterization service should be approved for a health planning district unless: … Existing fixed site cardiac catheterization services located in the health planning district performed an average of ***1,200 cardiac catheterization DEPs*** [Diagnostic Equivalent Procedures] ***per existing and approved laboratory*** for the relevant reporting period." 12 VAC 5-230-390.A.1 (emphasis added).

COPN Request No. VA-8906 is inconsistent with this provision of the SMFP. Table 2 below includes 2024 and 2025 utilization data for the existing and approved cardiac catheterization laboratories located in PD 8. As reflected in the table, there are 24 existing and approved cardiac catheterization laboratories in PD 8. Based on 2024 VHI data, the most recent year for which utilization data was publicly available from VHI when NOVA Heart & Rhythm Center, LLC filed its application, the existing and approved laboratories in PD 8 performed a total of 26,154 DEPs, for an average of 1,090 DEPs per laboratory. Such DEP utilization data is consistent in all material respects with the Division of Certificate of Public Need's ("DCOPN") analysis of PD 8 cardiac catheterization utilization data as set forth in its May 19, 2026 staff report on a recent project reviewed by DCOPN, COPN Request No. VA-8869, and in which DCOPN calculated 26,145 DEPs – an immaterial difference from the 26,154 DEPS set forth in Table 2 below.

Importantly, both DCOPN and Inova calculate DEPs using cardiac catheterization visit counts, not procedure counts. In 2024, VHI revised its EPICS Survey to capture cardiac catheterization visits and procedures separately for the first time. However, the 2024 and recently released 2025 VHI data demonstrate that the distinction between visits and procedures is not being reported consistently across facilities. For example, within PD 8, in 2024 most facilities reported an equal number of cardiac catheterization visits and procedures. Only three PD 8 facilities — Reston Hospital Center, Sentara Northern Virginia Medical Center, and Stone Springs Hospital Center — reported a different number of cardiac catheterization visits and procedures. In 2025, two additional PD 8 facilities — UVA Health Prince William Medical Center and Virginia Hospital Center — reported a different number of cardiac catheterization visits and procedures. This EPICS Survey reporting change reflects notable differences in the observed growth rates for cardiac catheterization laboratories. As shown in Table 1 below, cardiac catheterization visits increased by 3.2% from 2024 to 2025, while procedures increased by 19.8%. Because DCOPN and providers historically have calculated DEPs based on visits, an arbitrary switch to calculating DEPs based on procedure counts would artificially inflate cardiac catheterization utilization.

*Table 1: 2024 vs 2025 PD 8 Cardiac Catheterization Laboratory Visits and Procedures: Source – VHI Report*

| | 2024 | | 2025 | | Change 2024-2025 | | | |
|---|---|---|---|---|---|---|---|---|
| Inpatient vs Outpatient | Visits | Procedures | Visits | Procedures | Visits | | Procedures | |
| Inpatient | 6,345 | 6,974 | 6,723 | 8,627 | 378 | 6.0% | 1,653 | 23.7% |
| Outpatient | 7,629 | 7,883 | 7,695 | 9,178 | 66 | 0.9% | 1,295 | 16.4% |
| **Total** | **13,974** | **14,857** | **14,418** | **17,805** | **444** | **3.2%** | **2,948** | **19.8%** |

When DEPs are calculated on the basis of cardiac catheterization visits consistent with DCOPN's historical practice, the existing and approved cardiac catheterization laboratories in PD 8 performed an average of 1,090 cardiac catheterization DEPs per laboratory in 2024 and 1,156 DEPs per laboratory in 2025. Accordingly, there is no need for additional cardiac catheterization laboratories in PD 8. Notably, most of the growth in cardiac catheterization laboratory visits from 2024 to 2025 occurred among inpatient cases. NOVA Heart & Rhythm Center, however, is proposing an outpatient cardiac catheterization laboratory. As shown in Table 1 above, outpatient visits have remained largely flat, increasing by less than 1% during this period.

*Table 2: 2024 & 2025 PD 8 Cardiac Catheterization Laboratory Utilization: Source – VHI Report*

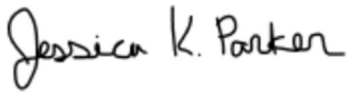
| | 2024 | | | | |
|---|---|---|---|---|---|
| **Facility Name** | **Approved Labs** | **Total Visits** | **Total DEPs** | **Average DEPs per Approved Lab** | **% of SMFP (1,200 DEPs per Approved Laboratory)** |
| Inova Alexandria Hospital | 2 | 1,269 | 1,881 | 941 | 78% |
| Inova Fairfax Hospital [1] | 8 | 6,460 | 13,314 | 1,664 | 139% |
| Inova Loudoun Hospital | 2 | 1,361 | 2,252 | 1,126 | 94% |
| Northern Virginia Heart & Vascular Center [2] | 1 | | | - | 0% |
| Reston Hospital Center | 2 | 739 | 1,352 | 676 | 56% |
| Sentara Northern Virginia Medical Center [2] | 1 | 1,125 | 1,511 | 1,511 | 126% |
| Stone Springs Hospital Center | 1 | 15 | 23 | 23 | 2% |
| UVA Health Prince William Medical Center [3] | 2 | 781 | 1,572 | 786 | 66% |
| Virginia Hospital Center [4] | 5 | 2,224 | 4,249 | 850 | 71% |
| **Total PD 8** | **24** | **13,974** | **26,154** | **1,090** | **91%** |

| | 2025 | | | | |
|---|---|---|---|---|---|
| **Facility Name** | **Approved Labs** | **Total Visits** | **Total DEPs** | **Average DEPs per Approved Lab** | **% of SMFP (1,200 DEPs per Approved Laboratory)** |
| Inova Alexandria Hospital | 2 | 1,483 | 2,104 | 1,052 | 88% |
| Inova Fairfax Hospital [1] | 8 | 6,384 | 13,413 | 1,677 | 140% |
| Inova Loudoun Hospital | 2 | 1,448 | 2,445 | 1,223 | 102% |
| Northern Virginia Heart & Vascular Center [2] | 1 | 65 | 67 | 67 | 6% |
| Reston Hospital Center | 2 | 556 | 928 | 464 | 39% |
| Sentara Northern Virginia Medical Center [2] | 1 | 988 | 1,789 | 1,789 | 149% |
| Stone Springs Hospital Center | 1 | 9 | 9 | 9 | 1% |
| UVA Health Prince William Medical Center [3] | 2 | 993 | 2,022 | 1,011 | 84% |
| Virginia Hospital Center [4] | 5 | 2,492 | 4,956 | 991 | 83% |
| **Total PD 8** | **24** | **14,418** | **27,733** | **1,156** | **96%** |

1. *Inova Fairfax Hospital: Per COPN No. VA-04891, dated June 24, 2024, Inova Fairfax Hospital received approval to add an 8th cardiac catheterization laboratory. The lab became operational in 2026.*
2. *UVA Health Prince William Medical Center: 2nd catheterization laboratory was approved on July 9, 2018. Reported 2 cardiac catheterization laboratories on the VHI EPICS report until 2023.*
3. *Virginia Hospital Center: Per COPN No. VA-04991 dated June 22, 2026, Virginia Hospital Center received approval to add a 5th cardiac catheterization laboratory.*
4. *Sentara Northern Virginia Medical Center: Per COPN No. VA-04847, received approval to relocate one of their 2 cardiac catheterization laboratories to Sentara Heart & Vascular Center – a dedicated cardiac ambulatory surgery center.*

On behalf of Inova, with respect to your evaluation of COPN Request No. VA-8906, I respectfully request your careful consideration of the issues identified in this letter.

Sincerely,



Jessica Parker
Senior Director, Strategy & Planning
Inova Health System

cc: Antwon Jacobs, Supervisor, Division of Certificate of Public Need
Dean Montgomery, Executive Director, Health Systems Agency of Northern Virginia
Dr. Mitesh Amin, Chief Administrative Officer, NOVA Heart & Rhythm Center, LLC

NOVA HEART & RHYTHM CENTER, LLC
1990 Old Bridge Road
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October 21, 2026

VIA ELECTRONIC MAIL

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State Health Commissioner
Virginia Department of Health
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Division of Certificate of Public Need
Virginia Department of Health
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Henrico, Virginia 23233

RE: COPN Request No. VA-8906 — NOVA Heart & Rhythm Center, LLC
Response to Inova Health System Letter of Concern

Dear Commissioner Webb and DCOPN Review Staff:

On behalf of NOVA Heart & Rhythm Center, LLC ("NOVA" or the "Applicant"), we appreciate the opportunity to respond to the Letter of Concern submitted by Inova Health System ("Inova") regarding COPN Request No. VA-8906.

The Applicant seeks authorization to establish one cardiac catheterization laboratory at 1990 Old Bridge Road in Woodbridge, Virginia. The proposed project is supported by an established cardiovascular practice whose physicians performed 1,454 cardiac catheterization procedures, representing 2,249 diagnostic equivalent procedures ("DEPs"), during 2025. The project is intended to relocate clinically appropriate outpatient procedures currently performed in hospital settings to a dedicated outpatient facility, improving patient access and convenience while preserving hospital resources for patients requiring higher-acuity care.

Inova raises three principal objections: (1) the validity of the July 2, 2026 letter of intent; (2) references to an operating room in the application; and (3) the existence of public need for an additional cardiac catheterization laboratory in Planning District 8. As discussed below, none warrants rejection or denial of the application.

**I. The July 2, 2026 Letter of Intent Satisfied 12 VAC 5-220-180.A**

Inova contends that the letter of intent ("LOI") was deficient because NOVA had not yet been formally organized when it was submitted. This objection is unsupported by the language or purpose of the applicable regulation.

12 VAC 5-220-180.A requires an LOI to identify the owner, type of project, proposed scope, and

location. The regulation does not expressly require that the entity submitting the LOI be the identical legal entity ultimately filing the COPN application, nor does it prohibit a project sponsor from submitting an LOI on behalf of an entity being formed for the project.

The July 2, 2026 LOI was submitted by me, on AlignedCardio letterhead, on behalf of Cavalier MSO, LLC d/b/a AlignedCardio Partners, NOVA's ultimate parent. It stated that NOVA, "a limited liability company to be formed as a wholly owned subsidiary of Cavalier MSO, LLC d/b/a AlignedCardio Partners," intended to file the COPN application on or before August 1, 2026, and identified the project type, scope, and location at 1990 Old Bridge Road in Woodbridge. NOVA was formally organized on July 19, 2026, as a wholly owned subsidiary of James River Cardiology, LLC, itself wholly owned by Cavalier MSO, LLC. Although the final structure places James River Cardiology between Cavalier and NOVA, Cavalier remains the ultimate parent and controlling sponsor identified in the LOI. NOVA subsequently adopted the project and its parent sponsor's prior LOI through submission of the COPN application.

There was no change in sponsor, ultimate ownership, or location between the LOI and the application. As discussed in Section II, the application requests a narrower project than the LOI described: one cardiac catheterization laboratory, rather than an ambulatory surgery center with one operating room and one cardiac catheterization laboratory.

The LOI fulfilled the purpose of providing advance notice to the Department, the regional health planning agency, and potential applicants. It initiated the applicable batch-group process and enabled interested parties to evaluate the project. Because the LOI gave notice of a project that included the cardiac catheterization laboratory now requested, no potential applicant was deprived of notice. Inova identifies no confusion, prejudice, or impairment of the competitive review process.

DCOPN received the LOI, transmitted application materials, accepted NOVA's application, and included it in the review cycle beginning September 10, 2026. Although those administrative steps do not foreclose review of a procedural objection, they further demonstrate that the filing fulfilled its intended function. Inova's interpretation would impose a requirement not expressly stated in the regulation and elevate formal entity organization over the substance of the required project notice.

Without waiving its position that the July 2 LOI complied with Section 180.A, NOVA respectfully requests that, should the Department identify any remaining concern regarding the filing entity, it permit NOVA to provide additional confirmation of its adoption of the original LOI rather than reject an application DCOPN has accepted for review.

Accordingly, the Applicant respectfully submits that the July 2 LOI satisfied 12 VAC 5-220-180.A and that VA-8906 is properly included in the September 10 review cycle.

**II. The Application Requests One Cardiac Catheterization Laboratory; No Separate Operating Room Is Requested**

Inova's second objection is that the application does not demonstrate public need for an operating room. NOVA acknowledges that the LOI described an ambulatory surgery center with one operating room and one cardiac catheterization laboratory, and that some narrative passages of the application use similar language. The COPN request in the application, however, is for one cardiac catheterization laboratory. The application is titled "Introduce Cardiac Catheterization in an Existing Medical Care Facility with 1 Lab," the drawings identify a single proposed procedural space, and the utilization

projections and financial assumptions concern cardiac catheterization rather than an operating-room program.

This issue was previously raised by DCOPN and addressed directly. On October 6, 2026, DCOPN analyst Allison Kagle asked NOVA to clarify what was being requested. NOVA responded the same day that the COPN request is for one cardiac catheterization laboratory only; that the facility will have a single procedural room rather than a separate operating room and cardiac catheterization laboratory; that the room will serve as the cardiac catheterization laboratory for catheterization procedures and will also be used for other cardiovascular procedures; and that the narrative references to "one operating room and one cardiac catheterization laboratory" were intended to describe that dual use but could be read to suggest two rooms. NOVA also offered to provide revised pages. Ms. Kagle replied that DCOPN authorization is not needed for procedure rooms, which are typically in physicians' offices, and that the facility could not be licensed by VDH as an ambulatory surgery center or outpatient surgical hospital without COPN authorization. NOVA confirmed that this is consistent with its understanding and that it does not intend to pursue VDH licensure of the facility as an ambulatory surgery center or outpatient surgical hospital.

The application seeks a subset of the services identified in the LOI rather than introducing an additional service or location. Because the LOI expressly identified the proposed cardiac catheterization laboratory, interested parties received notice of the regulated service for which authorization is now requested. NOVA does not request authorization for an operating room. Any other cardiovascular procedures performed in the room would be limited to services permitted under applicable law and the facility's licensure and regulatory status. Because no operating room is requested, the SMFP provisions governing additional operating-room capacity do not apply, and no operating-room need showing is required.

NOVA asks that this letter be included in the administrative record as written confirmation of the project's scope, and it stands ready to submit conforming revised pages replacing the narrative references to an operating room if DCOPN prefers. NOVA asks DCOPN to evaluate the application as a request for one cardiac catheterization laboratory.

## III. The Proposed Laboratory Is Supported by Demonstrated Public Need

Inova asserts that Planning District 8 does not meet the utilization standard under 12 VAC 5-230-390.A.1. As discussed below, that result depends on the laboratory inventory and DEP methodology DCOPN applies. The project exceeds the new-program volume thresholds in subdivision A.2, and the application's analysis under subdivision A.3 addresses the potential effect on existing services. The project is also supported by established physician volume, patient access considerations, and prior DCOPN analyses.

### A. The Laboratory Inventory in Inova's Calculation Should Be Reconciled with DCOPN's Published Analysis

Inova reports 27,733 DEPs during 2025 and divides that total by 24 existing and approved laboratories. DCOPN's November 19, 2025 staff analysis for COPN Request No. VA-8827 identified 23 existing and approved laboratories in PD8, including four at Virginia Hospital Center ("VHC"). Inova acknowledges that VHC's fifth laboratory was approved on June 22, 2026, under COPN No. VA-04991, after the 2025 reporting period.

| Calculation | DEPs per laboratory |
|---|---|
| 27,733 DEPs ÷ 24 laboratories | 1,156 |
| 27,733 DEPs ÷ 23 laboratories | 1,206 |
| SMFP utilization standard | 1,200 |

NOVA recognizes that the SMFP refers to "existing and approved" laboratories and that DCOPN must determine the appropriate inventory for its utilization analysis. The difference between the 23 laboratories identified in DCOPN's November 2025 staff analysis and the 24 laboratories used by Inova is material. Inova Fairfax's eighth laboratory was approved in June 2024, before the 2025 reporting period, whereas VHC's fifth laboratory was approved in June 2026, after that period ended. On Inova's 24-laboratory count, PD8 averaged approximately 1,156 DEPs per laboratory in 2025, or about 96% of the standard. On the 23-laboratory count in DCOPN's November 2025 analysis, the average is approximately 1,206. NOVA respectfully requests that DCOPN reconcile these figures, determine the applicable inventory, and apply it consistently.

**B. DEP Methodology: Visits Versus Procedures**

Inova states that its DEP figures are calculated using cardiac catheterization visit counts and that VHI began reporting visits and procedures separately in 2024. Inova's Table 1 reports 14,418 visits and 17,805 procedures for PD8 in 2025. For purposes of evaluating Inova's laboratory inventory calculation, NOVA has used Inova's reported 27,733 DEPs without independently verifying or adopting that figure as definitive. NOVA respectfully requests that DCOPN confirm the appropriate VHI data and apply the DEP methodology required by the SMFP consistently with the applicable laboratory inventory. The Applicant's concern regarding Inova's denominator does not depend upon establishing that its reported DEP numerator is incorrect.

**C. Prior DCOPN Analyses Illustrate Consideration of Actual Capacity, Outpatient Access, and Broader Need**

In the staff analysis for COPN Request Nos. VA-8716 and VA-8720 concerning VCS Heart & Vascular Center in PD15, DCOPN agreed to exclude the Henrico Doctors' Hospital–Retreat laboratory from its utilization calculation because it had not performed catheterizations for more than 12 months. Although those circumstances differ from VHC's later approval, the analysis illustrates DCOPN's consideration of actual laboratory availability. DCOPN also recommended approval of the freestanding VCS project even though adjusted district utilization remained materially below 1,200 DEPs per laboratory.

DCOPN's May 19, 2023 staff report on COPN Request No. VA-8693 reviewed a proposed single-laboratory outpatient cardiac catheterization facility in Woodbridge, Sentara Heart and Vascular Center, in this same planning district. The report discusses potential access and cost advantages of outpatient settings for appropriate cardiac catheterization patients. NOVA cites the staff analysis for its discussion of these considerations, rather than as controlling precedent for this application.

Even under Inova's 24-laboratory denominator, PD8 averaged approximately 1,156 DEPs per laboratory in 2025, about 96% of the standard. The modest shortfall should not independently foreclose a project supported by demonstrated physician volume, access considerations, and an existing patient base.

D. Districtwide Averages Mask Utilization at Relevant Facilities

Inova's own 2025 figures show substantial variation among PD8 facilities:

| Facility | 2025 DEPs per laboratory |
|---|---|
| Sentara Northern Virginia Medical Center | 1,789 |
| Inova Fairfax Hospital | 1,677 |
| Inova Loudoun Hospital | 1,223 |
| SMFP standard | 1,200 |

Sentara Northern Virginia Medical Center, serving the Woodbridge market, operated at approximately 149% of the standard, and Inova Fairfax at approximately 140%. A districtwide average incorporating minimally utilized laboratories does not necessarily reflect convenient access to appropriate outpatient cardiac catheterization services for eastern Prince William County patients.

**E. The Project Satisfies the Volume Standard in 12 VAC 5-230-390.A.2**

NOVA's participating physicians have a documented history of increasing cardiac catheterization activity:

| Year | Cath cases | DEPs |
|---|---|---|
| 2022 | 601 | 818 |
| 2023 | 811 | 1,140 |
| 2024 | 1,144 | 1,738 |
| 2025 | 1,454 | 2,249 |

Approximately 958 of the 1,454 procedures in 2025 were performed on an outpatient basis. The application projects 539 cases and 812 DEPs in Year 1, increasing to 881 cases and 1,328 DEPs in Year 2. These projections exceed the 200 DEPs in the first year and 500 DEPs in the second year required by 12 VAC 5-230-390.A.2, and are supported by actual physician activity rather than speculative market-share assumptions. Inpatient, emergency, and clinically complex cases would continue in hospital settings when appropriate.

**F. The Scale of the Projected Migration Is Limited**

The participating physicians' historical procedures were distributed approximately 42% at Sentara facilities, 35% at Inova facilities, and 23% at Spotsylvania Regional Medical Center, which is outside PD8. The proposed laboratory does not depend on transferring all projected volume from one hospital or system. Only clinically appropriate outpatient procedures would be considered for migration; hospitals would continue to serve inpatient, emergency, and higher-acuity patients.

Measured against Inova's reported 2025 districtwide utilization of 27,733 DEPs, NOVA's projected 812 DEPs in Year 1 and 1,328 DEPs in Year 2 represent approximately 2.9% and 4.8% of districtwide utilization, respectively, even if all projected activity were shifted from existing PD8 laboratories. The application addresses the potential effect on individual existing facilities under subdivision A.3, and NOVA incorporates that analysis here by reference.

**G. Patient Access and Appropriate Site of Service**

The application's 2025 patient-origin analysis indicates that approximately 91.5% of catheterization patients resided in PD8, with a substantial concentration in Prince William County. The proposed facility would offer an additional appropriate outpatient setting for existing patients, improve scheduling flexibility and continuity of care, reduce reliance on hospital lab availability for selected elective cases, and preserve hospital resources for higher-acuity services. Although Inova characterizes outpatient cardiac catheterization visits as relatively flat, its Table 1 reports a 16.4% increase in outpatient procedures, from 7,883 in 2024 to 9,178 in 2025. Site-of-service decisions would remain based on individual clinical circumstances.

**IV. Conclusion**

NOVA respectfully submits that Inova's objections do not warrant rejection or denial of COPN Request No. VA-8906. The July 2 LOI satisfied the text and purpose of 12 VAC 5-220-180.A and gave notice of a project broader than the one now requested. The application requests one cardiac catheterization laboratory, as confirmed in the October 6 correspondence with DCOPN, and no operating room is requested.

Using Inova's reported 2025 DEP total, average district utilization ranges from approximately 1,156 to 1,206 DEPs per laboratory depending on whether 24 or 23 laboratories are included. NOVA respectfully requests that DCOPN determine the appropriate laboratory inventory and independently confirm the DEP methodology. NOVA's projected volumes exceed the thresholds in 12 VAC 5-230-390.A.2, and the application's analysis under subdivision A.3 addresses the potential effect on existing services. Prior DCOPN analyses illustrate that broader public-need considerations may be relevant to the review. Most importantly, NOVA's physicians performed 1,454 cardiac catheterization procedures in 2025 for an established, predominantly PD8 patient population. The proposed facility would primarily relocate selected outpatient procedures already being performed, improve access and patient choice, and preserve hospital capacity for higher-acuity care.

For these reasons, the Applicant respectfully requests that the Commissioner, DCOPN, and the Health Systems Agency of Northern Virginia reject Inova's objections and recommend approval of COPN Request No. VA-8906. We appreciate your consideration and remain available to provide clarification during review.

Sincerely,

Mitesh Amin, MD
Chief Executive Officer, AlignedCardio
President, NOVA Heart & Rhythm Center, LLC

cc: Antwon Jacobs, Supervisor, Division of Certificate of Public Need
Dean Montgomery, Executive Director, Health Systems Agency of Northern Virginia
Allison Kagle, Division of Certificate of Public Need

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October 20, 2026

Dr. B. Cameron Webb, MD, JD
State Health Commissioner
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**Re: COPN Request No. VA-8906**
**NOVA Heart & Rhythm Center, LLC**
**Proposed Ambulatory Surgery Center (One Operating Room and One Cardiac Catheterization Laboratory), Prince William County / Planning District 8**
**Letter of Opposition**

Dear Commissioner Webb,

On behalf of Sentara Health ("Sentara") and Sentara Northern Virginia Medical Center ("SNVMC"), we respectfully submit this letter in opposition to COPN Request No. VA-8906, filed by NOVA Heart & Rhythm Center, LLC ("Applicant"), a wholly owned subsidiary of James River Cardiology, LLC ("JRC"), to establish an ambulatory surgery center at 1990 Old Bridge Road, Woodbridge, Virginia. While Sentara does not dispute that cardiac catheterization capacity may need to grow within Planning District 8 ("PD 8") over time, the Application (1) omits an operational freestanding cardiac catheterization laboratory less than two miles from the proposed site; (2) describes the facility throughout as an ambulatory surgery center with a "fully equipped operating room," but submits only the cardiac catheterization laboratory for review, offering no need, utilization, or financial analysis for the other room even though it would carry most of the facility's schedule and revenue; (3) overstates the district-wide need by excluding approved laboratories the State Medical Facilities Plan ("SMFP") requires to be counted; and (4) would harm existing providers by drawing its volume almost entirely from existing, efficiently operated hospital laboratories in the same corridor. Section references are to this letter unless the Application is specified.

## I. The Application Omits an Existing, Operational Freestanding Cardiac Catheterization Laboratory Located Minutes From the Proposed Site

Section IV.C.2.a of the Application purports to identify "major providers of comparable cardiac catheterization services within the service area," listing SNVMC and eight other hospital-based programs. It does not mention Northern Virginia Heart & Vascular Center, a freestanding cardiac catheterization laboratory owned by a joint venture of Sentara and two area cardiology practices,

authorized under COPN No. VA-04847 (approved June 12, 2023) and now open and treating patients at 13580 Groupe Drive, Woodbridge — approximately 1.9 miles, or about a five-minute drive, from the Applicant's proposed site. SNVMC's own hospital campus at 2300 Opitz Boulevard is approximately 3.0 miles, or about a seven-minute drive, away from the proposed site. Both facilities sit squarely within the Applicant's own defined service area and where most of the Applicant's patients already live: according to the Application's patient-origin data (Table III.G.2), 56.8% of the Applicant's 2025 patients resided in Prince William County. **Figure 1** illustrates the proximity of the proposed site to these existing providers.

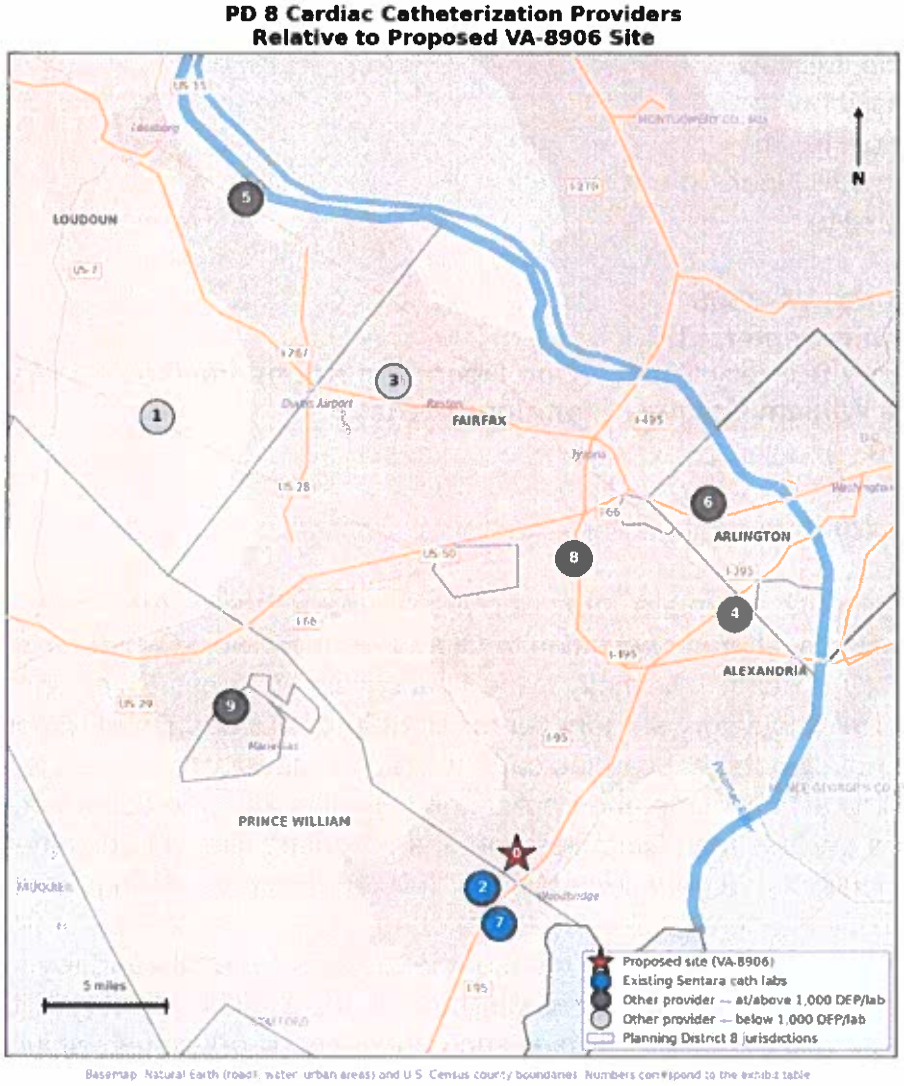



***Figure 1.*** *Proposed site and existing/nearby cardiac catheterization providers across Planning District 8 (see Section IV for the full facility-by-facility utilization table).*

| Facility | COPN Authorization | Address | Approx. Distance / Drive Time |
|---|---|---|---|
| Northern Virginia Heart & Vascular Center (joint-venture freestanding cardiac cath lab) | VA-04847, approved 6/12/2023 | 13580 Groupe Drive, Woodbridge, VA 22192 | ~1.9 mi / ~5 min |
| Sentara Northern Virginia Medical Center (hospital-based cath lab) | N/A — existing hospital program | 2300 Opitz Boulevard, Woodbridge, VA 22191 | ~3.0 mi / ~7 min |
| Proposed NOVA Heart & Rhythm Center | VA-8906 (pending) | 1990 Old Bridge Road, Woodbridge, VA 22192 | — |

This omission is material. DCOPN's review of need and adverse impact depends on an accurate accounting of existing capacity within the relevant service area. A freestanding cardiac catheterization laboratory operating less than two miles from a proposed competing facility — and still in its ramp-up period — is precisely the kind of fact the Application's need methodology should have addressed and did not. It is also the mechanism by which clinically appropriate elective outpatient volume in this corridor is already moving to a lower-cost ambulatory setting: as Northern Virginia Heart & Vascular Center has become operational, treating physicians have increasingly scheduled clinically appropriate elective outpatient procedures there, based on established patient-selection criteria and each physician's independent clinical judgment as to the appropriate site of service. The outcome the Applicant says requires a new facility is already occurring without one.

| Facility | FY2025 Stationary Labs | FY2025 Cardiac Cath Visits / DEPs[1] |
|---|---|---|
| Northern Virginia Heart & Vascular Center | 1 | 65 visits / 67 DEPs (162-day partial reporting period — facility opened mid-FY2025) |
| Sentara Northern Virginia Medical Center | 1 | 988 visits / 1,789 DEPs |

[1] ***Source**: Virginia Health Information, 2025 Annual Licensure Survey Data (Cardiac Catheterization). DEPs calculated using the SMFP diagnostic-equivalent-procedure weighting on a patient-visits basis (diagnostic = 1, simple therapeutic = 2, combined diagnostic/therapeutic same session = 3, complex therapeutic = 5; pediatric procedures at twice the adult weight; non-cardiac catheterization laboratory procedures excluded). See Section VI regarding the visits-versus-procedures methodology used throughout this letter. On a procedures basis SNVMC's FY2025 figure would be approximately 4,152 DEPs; the difference reflects the reporting inconsistency discussed in Section VI, not a difference in the number of patients treated.*

## II. A Collaborative Outpatient Option Already Serves This Corridor

Northern Virginia Heart & Vascular Center was developed as a collaborative, lower-cost outpatient option for clinically appropriate elective cardiac catheterization in eastern Prince William County. During its development, Sentara invited cardiology practices serving the area to participate as owners, and two of those practices chose to join Sentara in the joint venture.

This history is relevant to DCOPN's review. The outpatient need the Applicant describes is the need this facility was developed to meet, with the participation of area cardiologists, less than two miles from the proposed site, and it is still in its ramp-up period. The Application does not acknowledge the facility or explain why a second, separate freestanding laboratory is needed to serve the same patients.

## III. The Project Includes an Operating Room That the Application Neither Justifies Nor Submits for Review

The operating room has been part of this project from the outset. The Applicant's July 2, 2026, letter of intent, filed pursuant to 12VAC5-220-180, describes the project as "the establishment of an ambulatory surgery center with one (1) operating room and one (1) cardiac catheterization laboratory"

that "will provide outpatient surgical and cardiovascular procedural services." The Application repeats that description (Sections I.B(2) and III.A; "a dedicated cardiac catheterization laboratory, a fully equipped operating room, pre-procedure assessment and preparation bays, post-anesthesia recovery areas"). The cover page, however, requests only the "Introduc[tion of] Cardiac Catheterization in an Existing Medical Care Facility with 1 Lab." Nor is the operating room incidental to the Applicant's plans. Section III.A of the Application states that the Applicant's physicians "will perform outpatient cardiovascular procedures such as insertion of permanent pacemakers and implantable cardioverter defibrillators ('ICDs'), pacemaker and defibrillator battery replacements, and implantable cardiac monitors," that the Applicant "anticipate[s] performing cardiac ablations at the Center starting in 2027," and that the Applicant plans "to use the facility 3 days per week for electrophysiology procedures ('EP') and 2 days per week for cath procedures."

The Applicant's response to DCOPN's supplemental questions identifies the procedures relevant to the Center as "cardiac electrophysiology procedures, cardiac rhythm management/device procedures, diagnostic coronary angiography and catheterization, percutaneous coronary interventions, and selected peripheral vascular procedures." None of these is an open surgical procedure. All are catheter-based, fluoroscopy-guided procedures performed, as the national standard of care, in cardiac catheterization and electrophysiology laboratories; the Application itself excludes structural heart and other procedures that might require conversion to open surgery. A procedure room may be designed, ventilated, and finished to whatever standard its operator chooses, up to and including the environmental standard of an operating room. Had that been the Applicant's intent, the letter of intent and the Application could readily have said so — "a procedure room constructed to operating room standards" is a familiar formulation — and neither document does. Both instead describe an ambulatory surgery center with "one (1) operating room," and the Application adds "a fully equipped operating room." Those words have a settled regulatory meaning: an operating room in an outpatient surgical hospital is a reviewable general surgical service under Part V of the SMFP, its need is determined by the formula in 12VAC5-230-500, and DCOPN counts it in the district's authorized operating room inventory. The Application contains no general surgical services information and no 12VAC5-230-500 analysis. To be clear, the Applicant was under no obligation to seek COPN authorization for an operating room merely because its letter of intent mentioned one; a letter of intent does not bind the scope of the application that follows. But having carried the operating room language into the Application — and described the room as "fully equipped" — the Applicant is either requesting a COPN-authorized operating room, in which case the Application is incomplete, or requesting a cardiac catheterization certificate for a facility that also contains a non-reviewable procedure room, in which case both the letter of intent and the Application misdescribe the project and the Applicant should say so.

It also bears emphasis that an electrophysiology laboratory is not a COPN-reviewable service in Virginia. The Applicant could establish an electrophysiology procedure room at 1990 Old Bridge Road today, without DCOPN review, and perform every electrophysiology and device procedure listed in its supplemental response. The only element of this project that requires a certificate of public need is the cardiac catheterization laboratory — the room the Applicant plans to operate two days per week. The Application must therefore stand on the need for that laboratory alone; the volume, revenue, and clinical rationale of a non-reviewable electrophysiology room cannot be borrowed to support it. Sentara also notes a pattern with which DCOPN is familiar: freestanding electrophysiology

laboratories established in Virginia without review have subsequently sought COPN authorization to add or convert to outpatient cardiac catheterization, because a fluoroscopy-equipped procedure room can be repurposed at minimal incremental cost. Presenting a non-reviewable electrophysiology room and a reviewable catheterization laboratory together as a single "ambulatory surgery center" is a variant of the same approach. Consistent with that, the Application's capital budget of $4,433,605 (including $1,892,625 in renovation of 3,996 square feet and $1,275,000 in equipment) supports both rooms, while the pro forma at Attachment V.H.3 on which the Applicant rests its financial feasibility showing necessarily reflects the revenue of both. The service under review is the cardiac catheterization laboratory. Its financial feasibility should be demonstrated on the revenue and expense of cardiac catheterization procedures alone, carrying the project's full capital and financing cost — not on electrophysiology and device revenue from a room that is not before DCOPN.

Sentara therefore requests that DCOPN require the Applicant to (a) state whether the room is a COPN-authorized operating room or an electrophysiology procedure room and conform the letter of intent and Application accordingly; (b) if an operating room, submit the general surgical services information and the need analysis required by 12VAC5-230-500, together with volume, staffing, and financial projections for that room; (c) in either case, restate the pro forma so that the financial feasibility of the reviewable cardiac catheterization service is demonstrated on cardiac catheterization revenue and expense alone, against the project's full capital and financing cost; and (d) present the project as the Applicant actually intends to operate it, so that DCOPN can evaluate a facility whose primary planned use is electrophysiology rather than the two-day-per-week catheterization laboratory the cover page describes.

**IV. The SMFP Threshold Is a Minimum Screen the Application Does Not Clear — and Clearing It Would Not Establish Need in This Corridor**

The SMFP's need for new service regulation permits a new fixed-site cardiac catheterization service only where existing services in the planning district "performed an average of 1,200 cardiac catheterization DEPs per existing and approved laboratory for the relevant reporting period." The Application (Table IV.A.2) reports 26,611 DEPs across 21 laboratories using 2024 VHI data, or 1,267 DEPs per lab (105.6% of the standard). That denominator counts only operational laboratories. Two additional laboratories had been approved by DCOPN before the Application was filed on July 30, 2026, and must be included: the eighth laboratory at Inova Fairfax Hospital (COPN No. VA-04891, issued June 24, 2024) and the fifth laboratory at Virginia Hospital Center (COPN No. VA-04491, issued June 22, 2026). Both are approved but not yet operational, and neither is reflected in VHI's FY2025 laboratory count. With 23 existing and approved laboratories, the Application's own 2024 figure becomes 26,611 ÷ 23 = 1,157 DEPs per lab, or 96.4% of the standard. On that showing, the Application does not satisfy the requirements of 12VAC5-230-390 A.1. Using FY2025 VHI data on a visits basis, the planning district average is 27,733 ÷ 23 = 1,206 DEPs per lab — 100.5% of the standard, a margin of six DEPs per laboratory.

Even where it is met, the SMFP threshold is a minimum condition for considering a new service, not a finding that one is needed. The SMFP is one of eight considerations the Commissioner must weigh under Va. Code § 32.1-102.3(B), which also requires consideration of, among other things, the extent to which the project will provide or increase access for people in the area to be served; the availability of reasonable alternatives to the proposed project; the relationship of the project to the existing health

care system of the area, including the utilization and efficiency of existing services and facilities; and whether the project fosters institutional competition that benefits the area while improving access to essential services. A planning district-wide average, even one that clears 1,200, answers none of those questions for the Woodbridge corridor. The Application's demonstration of need rests almost entirely on that average.

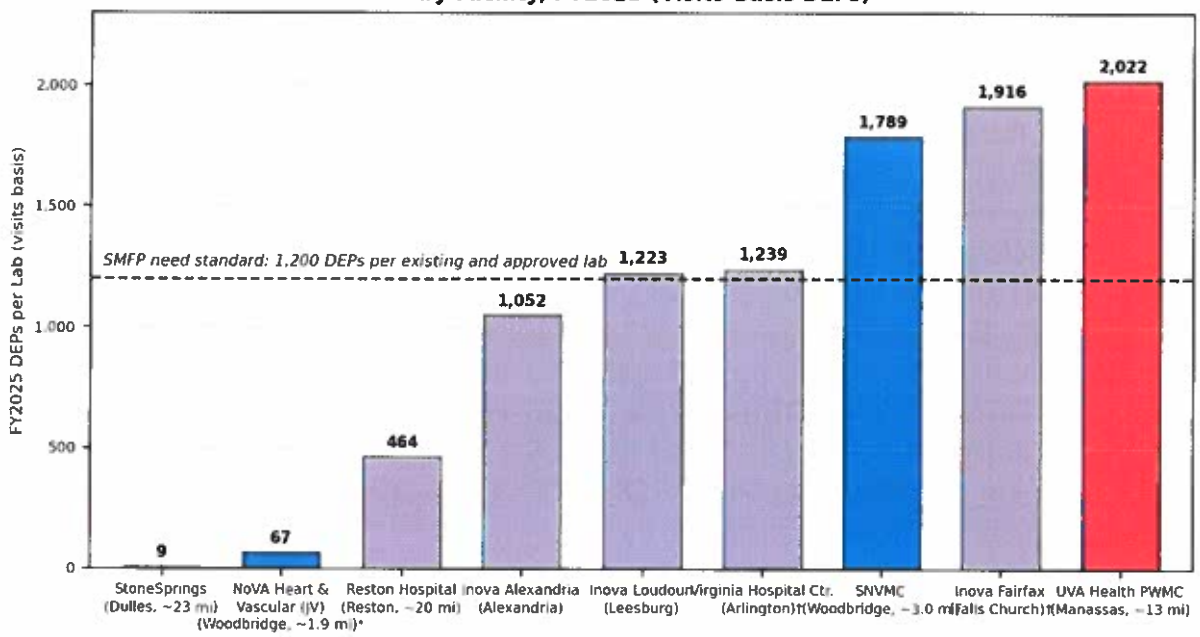
Applying the visits-based methodology to each stationary laboratory in PD 8 (Figure 2) shows that the district average masks wide variation by location. The laboratories with unused capacity are far from the proposed site, while the two hospital laboratories nearest it are single-laboratory programs operating above the standard:

| Facility (PD 8) | Stationary Labs | FY2025 DEPs per Lab[1] | Incl. Approved Labs[2] | General Location |
|---|---|---|---|---|
| StoneSprings Hospital Center | 1 | 9 | 9 | Dulles — ~23 mi from proposed site |
| Northern Virginia Heart & Vascular Center (JV) | 1 | 67 (partial year) | 67 | Woodbridge — ~1.9 mi from proposed site |
| Reston Hospital Center | 2 | 464 | 464 | Reston — ~20 mi from proposed site |
| Inova Alexandria Hospital | 2 | 1,052 | 1,052 | Alexandria — outside Prince William Co. |
| Inova Loudoun Hospital | 2 | 1,223 | 1,223 | Leesburg — outside Prince William Co. |
| Virginia Hospital Center | 4 | 1,239 | 991 (5 labs) | Arlington — outside Prince William Co. |
| Sentara Northern Virginia Medical Center | 1 | 1,789 | 1,789 | Woodbridge — ~3.0 mi from proposed site |
| Inova Fairfax Hospital | 7 | 1,916 | 1,677 (8 labs) | Falls Church — outside Prince William Co. |
| UVA Health Prince William Medical Center | 1 | 2,022 | 2,022 | Manassas — ~13 mi from proposed site |
| PD 8 total / average | 21 (23 approved) | 27,733 / 1,321 | 27,733 / 1,206 | |

[1] *FY2025 VHI ALSD, visits basis (see Section VI). SMFP standard: 1,200 DEPs per existing and approved laboratory (12VAC5-230-390 A.1).*

[2] *Virginia Hospital Center was awarded a fifth laboratory under COPN No. VA-04491 (issued June 22, 2026), and Inova Fairfax Hospital an eighth laboratory under COPN No. VA-04891 (issued June 24, 2024). Both laboratories are approved but not yet operational and are therefore not reflected in VHI's FY2025 laboratory counts. This column restates each facility's FY2025 DEPs across its full complement of existing and approved laboratories, as the SMFP requires, and restates the district average accordingly.*

**Figure 2. Planning District 8 Cardiac Catheterization Utilization by Facility, FY2025 (Visits-Basis DEPs)**




*Partial-year (162-day) reporting period; facility opened mid-FY2025 and continues to ramp toward full operating capacity.
†Does not reflect the additional laboratory approved at each facility (VHC: 991 DEPs/lab across five labs; Inova Fairfax: 1,677 DEPs/lab across eight labs)

***Figure 2.*** *FY2025 DEPs per lab by PD 8 facility (visits basis), against the SMFP 1,200-DEP standard.*

Apart from Northern Virginia Heart & Vascular Center, which is still in its ramp-up period (discussed below), whatever unused capacity the planning district has sits in Loudoun, Fairfax, Arlington, and Alexandria — StoneSprings, Reston Hospital Center, and, once their approved laboratories are counted, Virginia Hospital Center and Inova Alexandria — 13 to 23 miles from the proposed site and outside the corridor the Application identifies as its primary service area (56.8% of its 2025 patients resided in Prince William County). The relevant question under the Eight Considerations is therefore not the planning district average but the utilization and efficiency of the existing services in the Woodbridge corridor, whether those services are serving their patients in a timely manner, and whether a reasonable alternative to a new facility already exists. On each point the answer weighs against the Application.

SNVMC's laboratory is not a bottleneck. SNVMC is a single-laboratory, Level III trauma center and STEMI-receiving facility, and its per-lab figure reflects what that means: one room carrying the hospital's entire diagnostic, interventional, and emergency cardiac volume, staffed around the clock and scheduled efficiently across extended hours. SNVMC is able to schedule and serve its elective cardiac catheterization patients in a timely manner today. (Sentara cannot speak for UVA Health Prince William Medical Center, but its single-laboratory profile is similar.) The DEP is a weighting convention for comparing laboratories, not a precise measure of capacity; a laboratory's practical capacity depends on its hours of operation, case mix, and staffing, and, as Section V below shows, hospital laboratories across the Commonwealth — particularly higher-acuity hospitals operating extended hours — routinely and appropriately run well above 1,200 DEPs while serving patients on time. The 1,200 figure is the floor at which the SMFP will entertain new capacity, not a ceiling on safe or efficient operation.

The corridor also already has the reasonable alternative the Applicant proposes to build. Northern Virginia Heart & Vascular Center, 1.9 miles from the proposed site, is the outpatient relief valve for exactly the clinically appropriate elective cases the Applicant describes, and it is still in its ramp-up period: 162 days of operation in FY2025, with capacity to absorb substantially more volume before approaching the standard. As it matures, it will moderate SNVMC's per-lab figure without any new COPN-authorized capacity. The Applicant, meanwhile, proposes to operate its own laboratory two days per week. Authorizing a second, part-time freestanding laboratory in the same two-mile radius before the first has reached maturity would not increase access; it would divide a corridor's outpatient volume across three sites instead of two.

Finally, 12VAC5-230-390 A.3 requires that a new service "not significantly reduce" the utilization of existing services. The Application answers that its Year 2 volume of 1,328 DEPs is "only approximately 5.0%" of planning district volume. But the Applicant does not propose to draw 5% from each of the planning district's 23 laboratories. It proposes to migrate its physicians' existing outpatient hospital volume, and its Medical Director holds privileges at two hospitals in the district — SNVMC and Inova Fairfax — with SNVMC designated as the facility's transfer partner and located three miles away. The table below shows the effect on SNVMC's single laboratory if one quarter, one half, or three quarters of the Applicant's projected Year 2 volume is drawn from it:

| Share of Applicant's Year 2 volume (1,328 DEPs) drawn from SNVMC | DEPs migrated from SNVMC | SNVMC DEPs after migration (from FY2025 1,789) | Relative to 1,200-DEP standard |
|---|---|---|---|
| 25% | 332 | 1,457 | Above |
| 50% | 664 | 1,125 | Below |
| 75% | 996 | 793 | Below |

At a 50% share or greater, the project would push the only hospital-based cardiac catheterization laboratory serving eastern Prince William County — the laboratory that must remain staffed around the clock for emergency intervention — below the SMFP standard, while adding a second freestanding laboratory in the same two-mile radius. That is a significant reduction in the utilization of an existing service within the meaning of 12VAC5-230-390 A.3, and it is the opposite of the efficient distribution of a constrained clinical workforce discussed in Section IX below.

## V. Statewide Context: Hospital Laboratories Routinely Operate Above 1,200 DEPs; Freestanding Laboratories Do Not

Applying the same visits-based methodology to every stationary cardiac catheterization laboratory reporting to VHI for FY2025, and grouping facilities by VDH trauma designation, shows that utilization well above 1,200 DEPs per lab is the norm for higher-acuity hospitals and that no freestanding laboratory in Virginia approaches the standard:

| Facility type (FY2025, statewide) | Facilities | Labs | Avg. DEPs per Lab | Facilities ≥ 1,200 | Highest per Lab |
|---|---|---|---|---|---|
| Level I trauma / academic medical centers | 6 | 35 | 1,418 | 4 of 6 | 1,916 (Inova Fairfax) |
| Level II trauma centers | 9 | 33 | 1,122 | 3 of 9 | 1,239 (Virginia Hospital Ctr.) |
| Level III trauma centers | 5 | 9 | 1,047 | 1 of 5 | 1,789 (SNVMC) |
| Community hospitals, no trauma designation | 29 | 51 | 771 | 6 of 29 | 2,022 (UVA Health Prince William) |
| Freestanding cardiac catheterization labs | 3 | 3 | 459 | 0 of 3 | 1,004 (Virginia Cardiovascular Specialists, Richmond) |

***Source**: VHI 2025 ALSD, all Virginia facilities reporting stationary cardiac catheterization laboratories; visits-basis DEPs; trauma designations per VDH Office of EMS (September 2026). Children's Hospital of The King's Daughters excluded.*

Three points follow. First, the 1,200-DEP standard is a need threshold, not a capacity limit: Inova Fairfax (1,916), Chesapeake Regional (1,597), Sentara Leigh (1,467), Augusta Health (1,434), and Sentara Norfolk General (1,422) all operated well above it in FY2025 as a matter of routine, and higher-acuity hospitals do so on average, because hospital laboratories run extended and around-the-clock hours that a weighting convention calibrated to a single-shift laboratory does not capture. Second, as discussed in Section IV above, SNVMC's and UVA Health Prince William's figures are consistent with efficient, extended-hours single-laboratory hospital operation, not with a shortage in the corridor. Third, no freestanding cardiac catheterization laboratory in the Commonwealth reached 1,200 DEPs in FY2025. The most established, Virginia Cardiovascular Specialists in Richmond, reached 1,004 after operationalizing; the other full-year freestanding laboratory reached 306. The Applicant projects 1,328 DEPs in Year 2 from a laboratory it plans to operate two days per week. That projection would make the proposed facility the highest-volume freestanding laboratory in Virginia by a wide margin. DCOPN should weigh it accordingly, and should weigh whether authorizing a part-time laboratory in a corridor already served by two efficiently operated hospital laboratories and a freestanding laboratory that is still ramping up is an efficient use of COPN-authorized capacity.

## VI. DEPs Must Be Counted on the Basis the 1,200 Standard Was Built On: Patient Visits

Sentara has calculated DEPs throughout this letter on a patient-visits basis, and requests that DCOPN continue to evaluate cardiac catheterization utilization on that basis rather than transition to utilizing VHI's newer procedure data. Three reasons support that request.

First, the 1,200-DEP standard was calibrated to visits. The standard and the DEP definition in 12VAC5-230-10 were adopted in the 2009 SMFP and have not been revised since. For the first fifteen years of their application, VHI's Cardiac Catheterization survey collected patient visits only; DCOPN computed DEPs from those visits; and every need determination under 12VAC5-230-390 was made on that basis. VHI began collecting procedure data with the 2024 reporting cycle, without guidance on how a "procedure" is to be defined or counted within a single session. Beginning to use VHI's procedure data because the SMFP definition uses the word "procedures" would change the yardstick without changing the standard: a threshold set at 1,200 sessions per laboratory would be applied to a count that, for some facilities, more than doubles the number, with no corresponding change to the 1,200 SMFP threshold figure. That is not aligned with the intent or historical use of the standard.

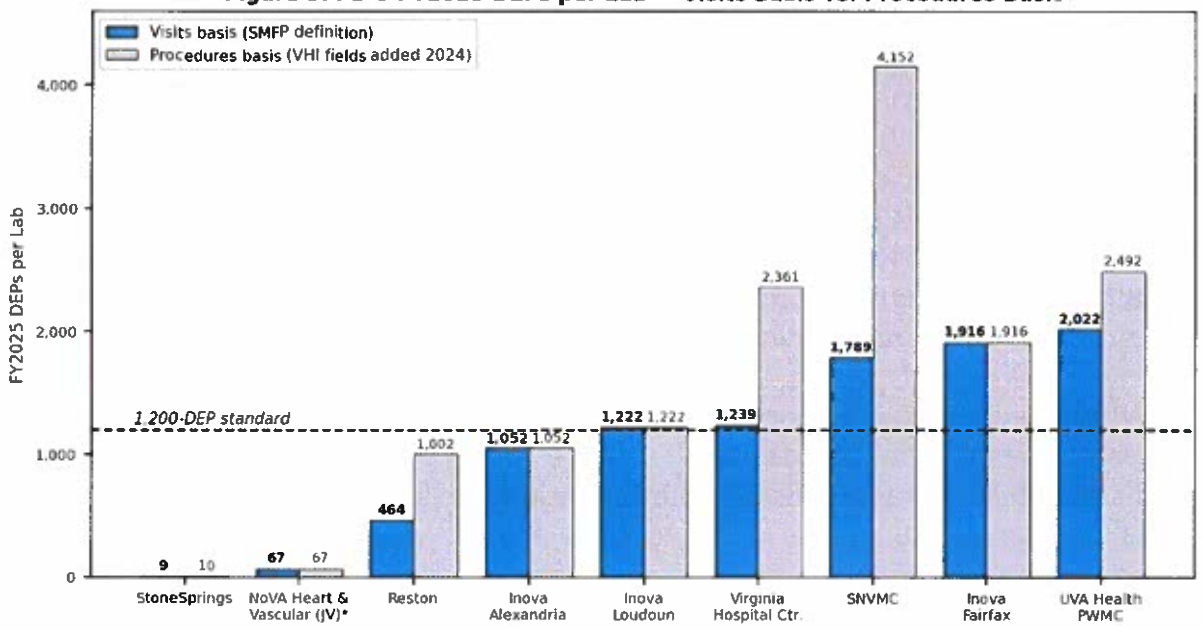
Second, the definition itself describes visits. 12VAC5-230-10 provides: "'DEP' means diagnostic equivalent procedure, a method for weighing the relative value of various cardiac catheterization procedures as follows: a diagnostic cardiac catheterization equals 1 DEP, a simple therapeutic cardiac catheterization equals 2 DEPs, a same session procedure (diagnostic and simple therapeutic) equals 3 DEPs, and a complex therapeutic cardiac catheterization equals 5 DEPs. A multiplier of 2 will be applied for a pediatric procedure (i.e., a pediatric diagnostic cardiac catheterization equals 2 DEPs, a pediatric simple therapeutic cardiac catheterization equals 4 DEPs, and a pediatric complex therapeutic cardiac catheterization equals 10 DEPs.)" The unit being weighted is "a cardiac catheterization" — one patient session — and the separate category for "a same session procedure (diagnostic and simple therapeutic)" confirms it: that category exists only because the regulation counts the session as one event and assigns it a single combined weight. If components were meant to be counted separately, no same-session category would be needed. VHI's visit data (one diagnostic visit, one simple therapeutic visit, one same-session visit, one complex visit, each weighted as prescribed) are precisely what the definition describes; a component count, under which one visit with a left heart catheterization, coronary angiography, and ventriculography can be reported as two or three "procedures," is not.

Third, the procedure data are not being reported consistently, and the effect is severe. In PD 8 alone, the three Inova hospitals and the joint-venture freestanding laboratory reported identical visit and procedure counts in every category, while SNVMC, Reston Hospital Center, Virginia Hospital Center, and UVA Health Prince William reported procedure counts of 1.2 to 2.3 times their visit counts:

| Facility (PD 8) | FY2025 DEPs — Visits Basis | FY2025 DEPs — Procedures Basis | Difference | Ratio |
|---|---|---|---|---|
| Inova Alexandria Hospital | 2,104 | 2,104 | 0 | 1.00 |
| Inova Fairfax Hospital | 13,413 | 13,413 | 0 | 1.00 |
| Inova Loudoun Hospital | 2,445 | 2,445 | 0 | 1.00 |
| Northern Virginia Heart & Vascular Center (JV) | 67 | 67 | 0 | 1.00 |
| StoneSprings Hospital Center | 9 | 10 | +1 | 1.11 |
| UVA Health Prince William Medical Center | 2,022 | 2,492 | +470 | 1.23 |
| Virginia Hospital Center | 4,956 | 9,444 | +4,488 | 1.91 |
| Reston Hospital Center | 928 | 2,005 | +1,077 | 2.16 |
| Sentara Northern Virginia Medical Center | 1,789 | 4,152 | +2,363 | 2.32 |
| PD 8 total | 27,733 | 36,132 | +8,399 | 1.30 |
| PD 8 average per lab (21 operational / 23 approved) | 1,321 / 1,206 | 1,721 / 1,571 | +400 / +365 | 1.30 |

***Source:*** *VHI 2025 ALSD; DEP weighting per 12VAC5-230-10 applied to the patient-visit fields and, separately, to the procedure-count fields. Non-cardiac catheterization laboratory procedures excluded from both.*

**Figure 3. PD 8 FY2025 DEPs per Lab — Visits Basis vs. Procedures Basis**




*Partial-year (162 day) reporting period. Identical bars indicate the facility reported the same count in VHI's visit and procedure fields.

***Figure 3****. PD 8 FY2025 DEPs per lab, visits basis versus procedures basis. Identical bars indicate a facility reported the same count in both VHI fields.*

Under a procedures basis the planning district total rises by 8,399 DEPs, or 30%, without a single additional patient having been treated (Figure 3). The increase is concentrated at four facilities and absent at five, purely as a function of how each facility interpreted an undefined request for data. A need standard cannot be applied fairly to a denominator that different facilities are measuring differently. DCOPN has consistently computed DEPs from visits — through at least May 2026, in its staff report on COPN Request No. VA-8867, with pediatric visits weighted at twice the adult value — and continuing that practice is the sensible course while the procedure data remain new and unstandardized. If a change in the unit of measure is ever warranted, it should follow VHI reporting guidance that ensures every facility is counting the same thing, and should be accompanied by a corresponding review of the 1,200 SMFP threshold figure. Sentara therefore requests that DCOPN

evaluate this Application on a visits basis, or, if it applies a procedures basis, first confirm that each PD 8 facility reported procedures using a common definition. The location-specific conclusions in Section IV above do not depend on this choice: on either basis, the planning district's unused capacity sits outside the Woodbridge corridor, and no freestanding laboratory in the Commonwealth approaches the standard.

**VII. Recent CMS Reimbursement and Coverage Changes, Not a Demonstrated Local Need, Appear to Be a Significant Driver of This Application**

The timing of this Application follows the most significant expansion of Medicare's Ambulatory Surgical Center Covered Procedures List ("ASC CPL") in over a decade. In the CY 2026 Hospital Outpatient Prospective Payment System ("OPPS") and ASC Payment System Final Rule (effective January 1, 2026), CMS added 573 surgical procedures to the ASC CPL, continued its phase-out of the Medicare Inpatient-Only ("IPO") list (with 271 IPO-removed codes proposed simultaneously for ASC CPL addition), and — for the first time — added cardiac catheter ablation and related electrophysiology procedures to the ASC CPL. As noted in Section III above, the Applicant plans to use its operating room three days per week for electrophysiology procedures and to begin ablations in 2027. These are national reimbursement and coverage policy changes, not evidence of a Prince William County-specific gap in cardiac catheterization access.

The same rulemaking cycle also finalized a CY 2026 Medicare Physician Fee Schedule site-of-service payment differential that reduces facility-based professional reimbursement (hospital and ASC settings) by roughly 10-11% for many cardiology services, including PCI, while increasing office-based (non-facility) professional reimbursement by roughly 5-10% for the same period. Read in isolation, that shift might seem to cut against a facility-fee-driven rationale for this Application. It does not: Medicare certification as an ASC creates an entirely separate payment stream — the ASC facility fee — that is simply unavailable to a physician practice performing the same procedures in a physician-office or office-based procedure-room setting, regardless of how the professional-fee component moves. Medicare certification of the facility as an ASC is the prerequisite to that payment stream, and would allow the Applicant's ownership entity to bill both a professional fee and a new ASC facility fee for procedures its physicians already perform elsewhere. DCOPN should weigh whether the Application's projected utilization — which the Applicant itself describes as substantially a migration of existing procedure volume rather than new demand — reflects an unmet community need, as the SMFP requires, or a response to recent, unrelated national payment changes.

**VIII. The Application Appears More Consistent With the Applicant's Statewide Growth Strategy Than With a Demonstrated Need in the Corridor**

The Applicant's ownership structure is also relevant to DCOPN's assessment of the Application's underlying motivation. The Application discloses that NOVA Heart & Rhythm Center, LLC is wholly owned by James River Cardiology, LLC ("JRC"), which is ultimately owned by Cavalier MSO, LLC d/b/a AlignedCardio. AlignedCardio was formed in June 2023, when RC Capital, a healthcare-focused private equity firm, closed a growth investment in JRC; JRC was the platform's first practice and then operated six clinics. AlignedCardio describes itself as "a private equity platform dedicated exclusively to empowering independent cardiovascular practices nationwide," and its physician-recruiting website (accessed September 30, 2026) lists openings at affiliated practices in Richmond, Williamsburg

(Colonial Heart), Roanoke (Southwest Virginia Cardiology), Woodbridge (NOVA Cardiovascular Care), and Greenville, North Carolina (Heart Rhythm Associates), describing the Woodbridge and Greenville positions as offering "future ASC growth plans." The Commissioner's August 20, 2026, decision on COPN No. VA-04996 likewise identifies Southwest Virginia Cardiology as a practice of James River Cardiology, LLC, doing business as AlignedCardio.

DCOPN's own records show the same expansion. Since February 2023, the Commissioner has issued certificates to JRC-affiliated entities for six cardiac PET/CT scanners in five planning districts (PDs 5, 15, 16, 19, and 20) and for two freestanding cardiac catheterization facilities (PD 19, December 2024; PD 15, December 2025). Five of those eight certificates were issued between August 2025 and August 2026. Four further requests are pending, including this Application. **Figure 4** and the table that follows summarize the activity.

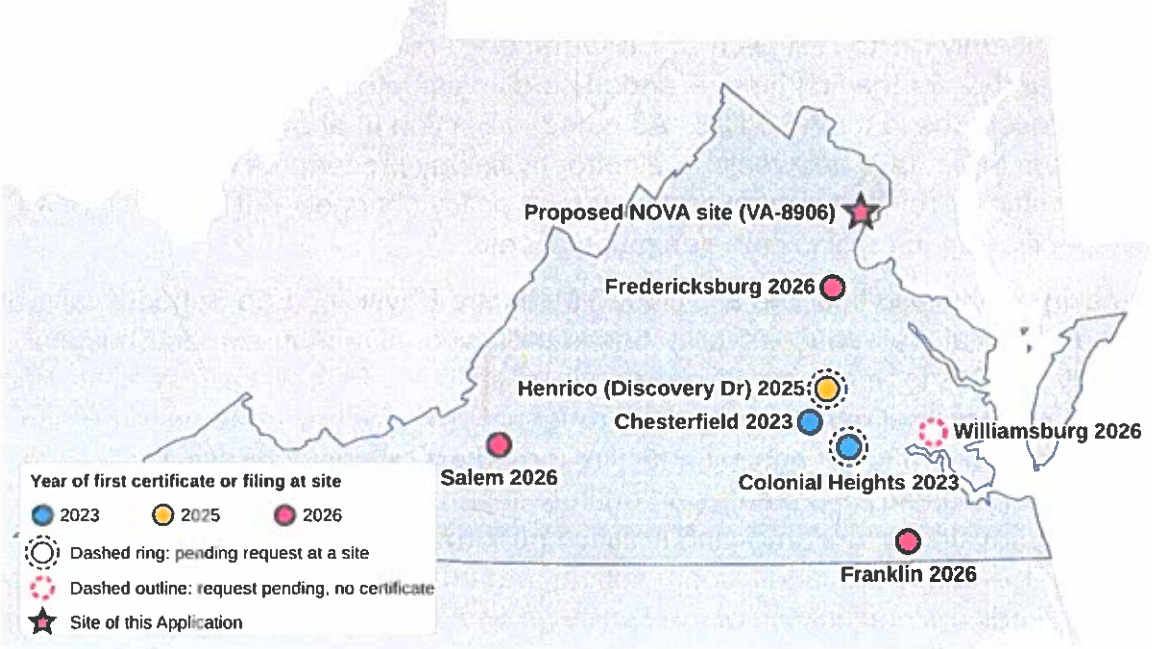



***Figure 4.*** *Sites with a JRC/AlignedCardio-affiliated COPN certificate or pending request, shaded by the year of the first certificate or filing at the site. Ashlake Heart & Rhythm Center (VA-04959) and NOVA Cardiovascular Care (VA-04836) are not plotted because their addresses are not identified in the DCOPN request list.*

| Request / COPN No. | Site | PD | Service | Status |
|---|---|---|---|---|
| VA-04827 | Colonial Heights (445 Charles H. Dimmock Pkwy) | 19 | Cardiac PET/CT | Approved 2/9/2023 |
| VA-04844 | Chesterfield (7300 Ashlake Pkwy) | 15 | Cardiac PET/CT | Approved 6/1/2023 |
| VA-04911 | Colonial Heights (Southpark Heart & Rhythm Center) | 19 | Freestanding cardiac cath, 1 lab | Approved 12/30/2024 |
| VA-04949 | Henrico County (8006 Discovery Dr) | 15 | Cardiac PET/CT | Approved 8/20/2025 |
| VA-04959 | Ashlake Heart & Rhythm Center | 15 | Freestanding cardiac cath | Approved 12/1/2025 |
| VA-04975 | Franklin (101 S. College Dr) | 20 | Cardiac PET/CT | Approved 2/16/2026 |
| VA-04996 | Salem (Southwest Virginia Cardiology, 2850 Keagy Rd) | 5 | Cardiac PET/CT | Approved 8/20/2026 |
| VA-05002 | Fredericksburg (4604 Spotsylvania Pkwy) | 16 | Cardiac PET/CT | Approved 8/21/2026 |
| VA-8904 | Southpark Heart & Rhythm Center | 19 | ASC, 1 operating room | Pending; LOI 7/2/2026 |
| VA-8905 | Discovery Heart & Rhythm Center | 15 | ASC, 1 operating room | Pending; LOI 7/2/2026 |
| **VA-8906** | **NOVA Heart & Rhythm Center (this Application)** | **8** | **ASC, 1 operating room + 1 cath lab** | **Pending; LOI 7/2/2026, application 7/30/2026** |
| VA-8934 | Williamsburg (113 Bulifants Blvd) | 21 | Cardiac PET/CT | Pending; LOI 9/1/2026 |

***Source**: DCOPN COPN request records and Commissioner decision letters (certificates issued); Applicant filings (pending requests). Entities are identified as JRC/AlignedCardio-affiliated based on the Application, DCOPN staff reports and decision letters, and AlignedCardio's website. Certificates are listed by COPN number and pending requests by request number.*

The sequence at individual sites is as instructive as the statewide pattern. At Colonial Heights, JRC obtained cardiac PET/CT (COPN No. VA-04827, February 2023), then a freestanding cardiac catheterization laboratory in the same building, certificated as a laboratory "in an existing medical care facility" (VA-04911, December 2024, issued for the Southpark Heart & Rhythm Center). On July 2, 2026, an entity using the Southpark Heart & Rhythm Center name filed a letter of intent for an ambulatory surgery center with an operating room (Request No. VA-8904). In PD 15, JRC obtained PET/CT at its Discovery Drive office (VA-04949, August 2025), and on that same date a Discovery Heart & Rhythm Center entity filed its own letter of intent for an ambulatory surgery center with an operating room (VA-8905). This Application is the third of those three letters of intent, all filed the same day in three planning districts (PDs 8, 15, and 19), each proposing an operating room and each bearing the "Heart & Rhythm Center" name. In PD 8 itself, NOVA Cardiovascular Care, the physician group described in Section II above, obtained approval for a fixed cardiac PET scanner in April 2023 (COPN No. VA-04836). Read against that record, the potential operating room discussed in Section III above looks less like an incidental feature of a single catheterization laboratory than the next step in a sequence JRC has followed elsewhere, in which each certificate establishes a site and the next request builds on it.

Read together with the facility-fee dynamics described in Section VII above, that expansion suggests that the Application is more consistent with JRC's statewide growth strategy than with a demonstrated need in the Woodbridge corridor. This ownership structure does not, by itself, disqualify the Application, and Sentara does not suggest otherwise. But the Application's need showing rests almost entirely on a planning district-wide average (Section IV above) and on the migration of its physicians' existing outpatient volume (Sections IV and VII above), not on corridor-specific evidence of unmet demand. DCOPN should weigh whether the Application's stated rationale — improving access for an

existing, already well-served patient population — or the extension of an existing multi-site network's outpatient footprint, better explains the timing and structure of this proposed project.

### IX. Duplicating Capacity Minutes From Existing Providers Is Not an Efficient Use of a Constrained Cardiovascular Workforce

Table III.H of the Application shows the Applicant currently has a single full-time employee and plans to add five additional full-time positions, including two registered nurses, one laboratory medical technologist, and one radiologic technologist, drawn from "experienced cardiovascular nurses, radiologic technologists, cardiovascular technologists, surgical technicians, and ambulatory surgery center support personnel." Section III.J of the Application concludes that the project "is not expected to have a material adverse impact on the staffing of other healthcare facilities within Planning District 8," reasoning that much of this staffing will transition from JRC's existing practice and that hospital staffing needs will decline proportionately as volume migrates.

That conclusion warrants scrutiny given the project's location and design. The staffing in Table III.H is a single procedural team for a two-room facility: cardiac catheterization and electrophysiology draw on the same procedural nurses, cardiovascular technologists, and radiologic technologists, and a team of this size can operate only one room at a time. The Applicant will no doubt respond that the facility will be open five days per week and its staff fully occupied. That is precisely the point. The personnel the Applicant intends to recruit — cross-trained cardiovascular procedural staff, the scarcest category in the regional workforce — will be drawn from the same limited pool that supplies SNVMC and the freestanding laboratory within three miles, and health systems and independent practices throughout Northern Virginia continue to compete for that supply. Sixty percent of that team's time will then be committed to a non-reviewable electrophysiology room, while the COPN-authorized asset actually before DCOPN — the catheterization laboratory — sits scheduled for use two days per week. Whether the building is busy does not change that the corridor would gain a certificated laboratory at roughly 40% scheduled use, staffed by people recruited away from two existing laboratories that already operate five or more days per week. Responsible stewardship of the cardiovascular workforce in a period of sustained shortage favors concentrating specialized staff in fewer, fully utilized programs, which is what the corridor's existing hospital laboratories and the ramping freestanding laboratory already represent. Sentara respectfully submits that this consideration reinforces, rather than resolves, the need for the location-specific analysis requested throughout this letter.

### Conclusion

For the reasons above, Sentara respectfully requests that DCOPN (1) require the Applicant to supplement the Application to identify and address Northern Virginia Heart & Vascular Center and its VHI utilization data, including the facility's ramp-up trajectory since opening under COPN No. VA-04847; (2) consider, as part of its public interest and need analysis, that a collaborative outpatient cardiac catheterization facility, developed with participation offered to cardiology practices serving the area, already serves the corridor; (3) require the Applicant to identify the operating room described throughout the Application and its letter of intent as an operating room or an electrophysiology procedure room, to submit, if the former, the need analysis required by 12VAC5-230-500 together with volume, staffing, and financial projections for that room, and in either case to restate the pro

forma so that the financial feasibility of the reviewable cardiac catheterization service is demonstrated on cardiac catheterization revenue and expense alone, against the project's full capital and financing cost; (4) apply 12VAC5-230-390 A.1 using all 23 existing and approved laboratories in PD 8, on which basis the Application's own 2024 data do not meet the 1,200-DEP standard; (5) require the Applicant to identify the hospitals from which its projected volume would migrate and evaluate the resulting reduction in those laboratories' utilization under 12VAC5-230-390 A.3; (6) evaluate need on a service-area-specific, rather than district-wide, basis, consistent with the patient-origin data the Applicant itself submitted; and (7) deny COPN Request No. VA-8906, or hold it in abeyance pending the supplementation described above. Sentara reserves the right to submit additional comments, data, or testimony as this Application proceeds through review.

Thank you for your consideration of these comments.

Sincerely,



Jeff Joyner, MHA, FACHE
SVP, Acute Care Market President
Northwestern Market
Sentara Health

cc: Sara Heisler, JD, Senior Associate General Counsel, Sentara Health
Antwon Jacobs, MBA, Supervisor, Division of Certificate of Public Need

NOVA
HEART & RHYTHM CENTER

**NOVA HEART & RHYTHM CENTER, LLC**
1990 Old Bridge Road
Woodbridge, Virginia 22192

October 23, 2026

**VIA ELECTRONIC MAIL**

B. Cameron Webb, MD, JD
State Health Commissioner
Virginia Department of Health
109 Governor Street, 13th Floor
Richmond, Virginia 23219

Division of Certificate of Public Need
Virginia Department of Health
9960 Mayland Drive
Henrico, Virginia 23233

**RE: COPN Request No. VA-8906 — NOVA Heart & Rhythm Center, LLC**
**Response to Sentara Health Letter of Opposition**

Dear Commissioner Webb and DCOPN Review Staff:
On behalf of NOVA Heart & Rhythm Center, LLC ("NOVA"), we respond to the October 20, 2026 letter from Sentara Health and Sentara Northern Virginia Medical Center ("Sentara" and "SNVMC") opposing COPN Request No. VA-8906. NOVA seeks authorization for one cardiac catheterization laboratory at 1990 Old Bridge Road in Woodbridge, supported by the 1,454 catheterization procedures (2,249 diagnostic equivalent procedures, or "DEPs") its participating physicians performed in 2025. Sentara's objections do not show that the project is unnecessary or inconsistent with the State Medical Facilities Plan ("SMFP"), and several of Sentara's own statements support it.

**I. NVHVC Is Not Shown to Be an Available Alternative**
Sentara notes that Northern Virginia Heart & Vascular Center ("NVHVC"), a freestanding laboratory owned by a Sentara joint venture with two cardiology practices, is about 1.9 miles from the proposed site and is not identified in the application. NOVA acknowledges the omission. NVHVC opened in mid-2025, and the 2025 VHI data that first reflect it were not available when NOVA filed. NOVA will provide a conforming page if DCOPN wishes.

Sentara describes NVHVC as a lower-cost outpatient option for appropriate elective cases and says that shift is already occurring. NOVA agrees; that is the premise of its project. But NVHVC is not shown to be available to NOVA's physicians. Sentara does not say whether it is open to non-owners or on what terms. NOVA Cardiovascular Care supported NVHVC's application, and when NVHVC was being developed, Jeff Joyner, who signed Sentara's letter, asked Dr. Amin whether NOVA would like to participate. Dr. Amin said NOVA would be interested only if participation did not involve noncompetition obligations, which would limit its physicians' ability to care for their patients. Mr. Joyner told him that was not possible, and NOVA did not participate. NOVA does not question Sentara's decision regarding the structure of its venture. However, an opportunity to participate in a joint venture subject to noncompetition restrictions is not equivalent to unrestricted access to outpatient catheterization services

for NOVA's physicians and their patients.

NVHVC also remains in early ramp-up: 65 visits and 67 DEPs over a 162-day partial period in 2025, compared with the 2,249 DEPs NOVA's physicians performed that year. A facility still building volume does not show that NOVA's established outpatient volume has somewhere else to go.

**II. The Request Is for One Cardiac Catheterization Laboratory, Not an Operating Room**

NOVA's COPN request is for one cardiac catheterization laboratory. As NOVA told DCOPN on October 6, 2026, and in its response to Inova, the facility will have a single procedural room that serves as the catheterization laboratory and will also be used for other cardiovascular procedures. NOVA does not seek authorization for an operating room and does not intend to pursue VDH licensure as an ambulatory surgery center or outpatient surgical hospital. The narrative references to "one operating room and one cardiac catheterization laboratory" were intended to describe that dual functionality, and NOVA recognizes they could be read to suggest two rooms. NOVA will provide conforming pages if DCOPN wishes. Because no operating room is requested, 12 VAC 5-230-500 does not apply.

Sentara acknowledges that an electrophysiology laboratory is not a COPN-reviewable service. Ms. Kagle likewise advised on October 6 that DCOPN authorization is not needed for procedure rooms, which are typically in physicians' offices. NOVA's application seeks authorization only for the catheterization laboratory, and any other procedures in the room will comply with applicable law and licensure requirements. NOVA's showing of need does not depend on any other service. Sentara's own NVHVC combines catheterization with electrophysiology, including pacemaker and ICD implants, in an outpatient setting.

Sentara also asks that the pro forma be restated on catheterization revenue alone. The facility's costs are shared across the services its single room supports, and the application's financial presentation reflects the facility as it will operate.

**III. Sentara's Own Calculation Places Planning District 8 Above the SMFP Standard on 2025 Data**

Sentara argues that Planning District 8 fails 12 VAC 5-230-390.A.1, relying on the application's 2024 data (26,611 DEPs ÷ 23 laboratories = 1,157). Those data are no longer the most recent. Sentara itself reports 27,733 DEPs for 2025 and, on its own count of 23 existing and approved laboratories, calculates an average of 1,206 DEPs per laboratory, or 100.5% of the standard.

| Laboratory inventory | Average DEPs per laboratory |
|---|---|
| **Inova's count (24 laboratories)** | 1,156 |
| **Sentara's count (23 laboratories)** | 1,206 |
| **SMFP utilization standard** | 1,200 |

Inova's letter uses 24 laboratories, and DCOPN's November 19, 2025 analysis in COPN Request No. VA-8827 identified 23 at that time, including four at Virginia Hospital Center. NOVA recognizes that DCOPN must determine the appropriate inventory, and need not resolve the question here: on Sentara's inventory the standard is exceeded, and across the inventories in the record the average is within about 4% of it. NOVA agrees with Sentara that DEPs should be calculated consistently on a visits basis, as the 1,206 figure is, and has used the 27,733 figure without independently verifying it.

**IV. The Project Is Supported by Established Volume and Exceeds the SMFP's New-Program**

**Requirements**
NOVA's participating physicians have a documented history of increasing activity:

| Year | Cardiac catheterization cases | DEPs |
|---|---|---|
| **2022** | 601 | 818 |
| **2023** | 811 | 1,140 |
| **2024** | 1,144 | 1,738 |
| **2025** | 1,454 | 2,249 |

Approximately 958 of the 1,454 procedures in 2025 were outpatient. The application projects 539 cases (812 DEPs) in Year 1 and 881 cases (1,328 DEPs) in Year 2, exceeding the minimums in 12 VAC 5-230-390.A.2.

Sentara questions whether a laboratory used two days per week could reach 1,328 DEPs. The projections do not depend on attracting new patients: Year 1 and Year 2 DEPs equal about 36% and 59% of the 2,249 DEPs NOVA's physicians performed in 2025. Even on a two-day schedule, 881 cases a year is roughly 8 to 9 cases per catheterization day.

**V. Sentara's SNVMC Scenarios Do Not Reflect NOVA's Actual Case Distribution**
Sentara argues under 12 VAC 5-230-390.A.3 that migrating NOVA's volume could push SNVMC's laboratory below the standard, modeling 25%, 50%, and 75% of NOVA's Year 2 volume. Those shares are assumptions. NOVA's actual distribution is:

| Hospital system | Historical share |
|---|---|
| **Sentara facilities** | 42% |
| **Inova facilities** | 35% |
| **Spotsylvania Regional Medical Center** | 23% |

Sentara facilities account for about 42%. For illustration, applying that share to Year 2 volume of 1,328 DEPs moves about 558 DEPs. Even if all were performed at SNVMC, and the share applies equally to the migrating outpatient cases, SNVMC's 1,789 DEPs would fall to about 1,231, still above 1,200 and below the 50% share at which Sentara's table shows SNVMC falling beneath the standard. Actual migration will depend on the distribution of clinically eligible outpatient cases. Spotsylvania Regional Medical Center is outside Planning District 8, and only selected outpatient procedures would move; inpatient, emergency, and higher-acuity cases would remain in hospitals.

Sentara's own description of SNVMC supports the point. Sentara describes SNVMC's single laboratory as carrying the hospital's entire diagnostic, interventional, and emergency volume, and on its figures that laboratory operates at about 149% of the standard. When Sentara announced NVHVC, it said the center would care for lower-acuity patients and enhance access at SNVMC's main campus for high-acuity and emergent catheterization. Relocating selected elective cases preserves that capacity.

Sentara's A.1 and A.3 arguments assume SNVMC operates a single laboratory. DCOPN's May 19, 2023 staff report on VA-8693 stated that one of SNVMC's two laboratories would be relocated to the freestanding facility, and that the relocated laboratory would no longer be available for catheterization at the hospital and would be used exclusively for electrophysiology. NOVA asks DCOPN to confirm SNVMC's current authorized and operating catheterization laboratory complement, and how its volume is reported to VHI.

Measured against 27,733 districtwide DEPs, NOVA's projected Year 1 and Year 2 volumes are about 2.9% and 4.8%. The application addresses the effect on existing facilities under A.3, and NOVA incorporates that analysis by reference.

**VI. Access, Corridor Need, and Competition Support the Project**
Sentara urges a "Woodbridge corridor" analysis, citing the 56.8% of NOVA's 2025 patients who live in Prince William County. The SMFP standard is applied by planning district, and about 91.5% of NOVA's catheterization patients live in Planning District 8. Within the corridor, Sentara's own data show SNVMC at about 149% of the standard.

The laboratory would let appropriate patients receive outpatient procedures in a setting integrated with their physicians' care, with better scheduling, continuity, and patient choice, and less reliance on hospital laboratory availability for selected elective cases. NOVA does not contend that every catheterization is appropriate for an outpatient setting; clinical circumstances will continue to determine the site of service.

Sentara invokes Va. Code § 32.1-102.3(B), which includes institutional competition that benefits the area while improving access. The two laboratories nearest the site, NVHVC and SNVMC, are both Sentara-affiliated; a second, non-Sentara-affiliated outpatient option would add choice.

**VII. NOVA's Application Is Driven by Patient Care and Documented Need**
Sentara suggests that Medicare payment changes and NOVA's development of facilities elsewhere, rather than local need, explain this application. NOVA's purpose is to give appropriate patients convenient, high-quality, lower-cost cardiovascular care close to home, and the need it documents is local: procedures its physicians already perform for patients who live here. Those procedures are already being performed in hospital settings; the project changes where appropriate cases are done. Sentara itself calls that shift appropriate and lower cost, its own NVHVC application cited the lower-cost setting as a patient benefit, and DCOPN's staff report in COPN Request Nos. VA-8716 and VA-8720 found the benefits of freestanding catheterization options clear.

Sentara's own table lists eight certificates issued by the Commissioner for NOVA's affiliated projects, each reviewed and approved on its own record. That record of approvals does not diminish the documented need for the Woodbridge laboratory. Sentara's description of NVHVC as still ramping does not tell DCOPN how its volume compares with the projections in Sentara's own application, VA-8693, a comparison DCOPN can make. Sentara also acknowledges that NOVA's ownership structure does not disqualify the application; this request rests on the 1,454 procedures its physicians performed in 2025.

**VIII. Staffing**
Sentara argues that staffing would draw scarce personnel from existing laboratories and that one team can operate only one room. The facility has one procedural room. The application (Section III.J) describes the staffing approach, including use of existing practice personnel where appropriate, and Table III.H identifies the additional positions. NOVA does not assume staffing requires reductions at any particular hospital and will provide detail if requested.

**IX. Requested Relief and Conclusion**
Sentara asks DCOPN to require supplementation and otherwise deny the application or hold it in

abeyance. NOVA has offered conforming pages on NVHVC and the procedural room. The application was accepted for the September 10, 2026 cycle and addresses the SMFP criteria; nothing in Sentara's letter warrants suspending review.

NOVA respectfully submits that Sentara's opposition does not show that VA-8906 should be denied. Sentara itself calculates 2025 utilization above the SMFP standard on its own inventory, acknowledges that electrophysiology is not COPN-reviewable and that NOVA's ownership does not disqualify the application, and describes the shift to a lower-cost outpatient setting as appropriate and already occurring. NOVA's request is for one catheterization laboratory, supported by 1,454 cases and 2,249 DEPs in 2025, with projected volumes that exceed the new-program requirements and primarily relocate outpatient procedures its physicians already perform across multiple hospital systems. NOVA respectfully requests that the Commissioner, DCOPN, and the Health Systems Agency of Northern Virginia recommend approval of COPN Request No. VA-8906, and remains available to provide any additional information.

Sincerely,

Mitesh Amin, MD
Chief Executive Officer, AlignedCardio
President, NOVA Heart & Rhythm Center, LLC

cc: Antwon Jacobs, Supervisor, Division of Certificate of Public Need
Dean Montgomery, Executive Director, Health Systems Agency of Northern Virginia
Allison Kagle, Division of Certificate of Public Need

NORTHERN VIRGINIA
Heart & Vascular Center

**October 21, 2026**

**Via Email: COPN@VDH.Virginia.gov**
B. Cameron Webb, MD, JD
State Health Commissioner
Virginia Department of Health
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485

**Re: COPN Request No. VA-8906 - NOVA Heart & Rhythm Center, LLC - Proposed Outpatient Surgical Hospital with One Operating Room and One Cardiac Catheterization Laboratory, Prince William County / Planning District 8 - Letter of Opposition**

Dear Commissioner Webb:

On behalf of Northern Virginia Heart & Vascular Center, LLC ("NVHVC"), we respectfully submit this letter in opposition to COPN Request No. VA-8906, filed by NOVA Heart & Rhythm Center, LLC ("Applicant"), for the establishment of an outpatient surgical hospital with one operating room and one cardiac catheterization laboratory at 1990 Old Bridge Road in Woodbridge, Virginia.

NVHVC is an operational freestanding cardiovascular ambulatory surgery center located at 13580 Groupe Drive, Suite 100, Woodbridge, Virginia, approximately 1.9 miles from the Applicant's proposed location. NVHVC was developed pursuant to COPN No. VA-04847 to provide cardiac catheterization and other approved outpatient cardiovascular services, including Electrophysiology procedures, to patients in Prince William County and the surrounding regions.

NVHVC does not oppose the development of cardiovascular services when supported by a clearly documented public need. However, the Applicant proposes duplicative procedural capacity in immediate proximity to an existing, operational cardiovascular facility without adequately demonstrating that present or projected patient demand cannot be safely and efficiently accommodated by NVHVC and other existing providers.

NVHVC is not operating at full capacity and can accommodate additional patients and future community growth. Approving another cardiovascular facility less than two miles away would duplicate available capacity, fragment case volume, and further strain the same limited regional cardiovascular workforce.

For the reasons set forth below, NVHVC respectfully requests that the Commissioner deny COPN Request No. VA-8906.

## I. The Application Fails to Account Adequately for an Existing, Operational Freestanding Cardiovascular Facility Located Less Than Two Miles Away

The Applicant proposes to establish a new outpatient surgical hospital with a cardiac catheterization laboratory at 1990 Old Bridge Road. NVHVC is located at 13580 Groupe Drive, approximately 1.9 miles, or roughly a five-minute drive, from the proposed facility.

NVHVC is not a theoretical or planned source of capacity. It is an existing, operational freestanding cardiovascular ASC that has made substantial investments in specialized facilities, clinical infrastructure, equipment, staffing, physician credentialing, accreditation (AAAHC accredited and Medicare deemed status), payer contracting, emergency preparedness, and regulatory compliance to serve cardiovascular patients in Planning District 8.

Any assessment of public need for an additional cardiac catheterization laboratory in this immediate service area must meaningfully account for NVHVC's existing capacity, current utilization, available scheduling capacity, approved scope of services, and ability to accommodate additional appropriate outpatient cases. Notably, the Application does not identify, acknowledge, or evaluate NVHVC—an operational cardiovascular ASC located less than two miles from the proposed site. This omission leaves the Application's need analysis materially incomplete because it fails to account for existing, immediately available cardiovascular capacity serving the same community.

The establishment of a second freestanding cardiovascular facility less than two miles away would substantially overlap NVHVC's existing geographic service area and patient population. The Applicant should not be permitted to establish need by defining a service area or calculating utilization in a manner that excludes or understates an operational facility located within minutes of its proposed site.

**II. NVHVC Was Developed as a Collaborative Outpatient Cardiovascular Resource for the Community**

Northern Virginia Heart & Vascular Center was developed as a collaborative, lower-cost outpatient option for clinically appropriate elective cardiac catheterization in eastern Prince William County. During its development, Sentara invited cardiology practices serving the area to participate as owners, and two independent cardiology practices chose to join Sentara in the joint venture.

This history is relevant to DCOPN’s review because NVHVC was developed, with the participation of area cardiologists, to meet the same outpatient need the Applicant now identifies. NVHVC is less than two miles from the proposed site and remains in its ramp-up period. The facility currently operates four days per week, leaving an additional weekday available to serve the community and accommodate increased volume. Although procedural volume continues to grow as NVHVC works through the commercial payer contracting process, the facility remains well below capacity. The Application does not acknowledge NVHVC or explain why a second freestanding laboratory is needed to serve the same community.

**III. The Proposed Project Represents an Unnecessary Duplication of Existing Services and Resources**

NVHVC already maintains the specialized infrastructure required for outpatient cardiovascular services. The Applicant proposes a substantially overlapping ambulatory model for cardiac catheterization and other cardiovascular procedures.

Given the proximity and overlapping scope of the proposed facility, approval would result in two specialized outpatient cardiovascular facilities competing for substantially the same patients, clinical personnel, anesthesia resources, vendor support, and payer relationships.

Authorizing a new facility while an existing provider has available capacity and is still progressing toward stabilized operations would undermine the orderly development of healthcare resources contemplated by the COPN program.

**IV. The Applicant Must Demonstrate Genuine Incremental Need Rather Than Reallocate Existing Cases**

The Applicant should be required to establish that the proposed facility would address unmet community need rather than redirect cases already being performed, scheduled, or capable of being performed at NVHVC or existing hospital-based cardiac catheterization laboratories.

The Applicant's physicians may have an established cardiovascular patient base, but physician referral patterns and projected redirection of existing cases do not independently demonstrate a public need for additional capital-intensive procedural capacity.

If the Applicant's projections depend substantially on transferring existing physician cases from current facilities, the project would not create meaningful new access. Instead, it would divide existing utilization among more procedural rooms, potentially leaving all affected facilities operating less efficiently.

The relevant inquiry is not merely whether the Applicant believes it can generate enough volume to operate a new facility. The inquiry is whether the public needs an additional facility and whether that need cannot reasonably be met through existing providers and resources.

### V. Existing Capacity Is Available and Can Accommodate Future Community Growth

NVHVC can accommodate additional procedural volume and future growth in Prince William County and surrounding communities. It currently operates four days per week and has an additional weekday available for expanded community access and case volume. Volume continues to grow as commercial payer contracts are secured, but NVHVC remains well below capacity. Its existing infrastructure, equipment, quality systems, staffing, accreditation, and scheduling availability were established to provide long-term outpatient cardiovascular capacity for the region.

Before authorizing duplicative capacity, the Commissioner should require the Applicant to demonstrate why projected growth cannot be accommodated through NVHVC and other existing providers or facilities and why a new facility is the most efficient use of healthcare resources.

### VI. Duplicating Capacity Minutes From Existing Providers Is Not an Efficient Use of a Constrained Cardiovascular Workforce

The proposed project also raises significant concerns regarding workforce utilization. Cardiovascular care depends on a highly specialized workforce, including cardiovascular registered nurses, cardiovascular technologists, radiologic technologists, electrophysiology personnel, anesthesia professionals, and other procedural staff.

Regardless of the Applicant's recruitment plans, the proposed facility would draw personnel from the same limited regional labor pool that supports existing hospitals, cardiovascular programs, independent practices, and freestanding centers. Approval would not create a new supply of specialized cardiovascular professionals. It would redistribute a constrained workforce across additional procedural rooms and facilities.

Because NVHVC has available capacity, duplicating both capital infrastructure and specialized staffing would be an inefficient use of limited healthcare personnel.

Maximizing existing infrastructure and personnel before authorizing another facility would support efficient scheduling, maintenance of clinical competencies, continuity of care, and lower overhead while reducing unnecessary competition for scarce staff.

### VII. The Proposed Project Could Adversely Affect the Utilization and Financial Viability of NVHVC

NVHVC made significant investments in reliance on its COPN authorization and the identified need for freestanding cardiovascular capacity in Planning District 8. Those investments include cardiovascular equipment, clinical technology, information systems, licensed and credentialed personnel, specialized supplies, quality and infection-prevention programs, emergency transfer arrangements, and administrative and regulatory infrastructure.

Because both facilities would draw from overlapping patient populations and physician referral sources, approval could fragment outpatient cardiovascular procedure volume to the detriment of efficient utilization. Fragmented volume could also make it more difficult for facilities to maintain appropriately trained personnel and operational resources while continuing to deliver services cost-effectively.

Before approving additional capacity, the Commissioner should require a complete assessment of the number and types of cases the Applicant expects to redirect, projected patient origin, anticipated physician referral sources, overlap with procedures available at NVHVC, NVHVC's available capacity, the effect of redistributed cases on existing providers, and whether collaboration with an existing provider could meet the asserted need without duplicative construction.

## VIII. The Entire Proposed Procedural Configuration Should Be Evaluated

The Applicant proposes an outpatient surgical hospital containing one operating room and one cardiac catheterization laboratory. The public-need analysis should evaluate the entire proposed procedural configuration, including the intended use of each room and the procedures to be performed within each space.

The Commissioner should require full disclosure regarding the planned use of the operating room; the types and volumes of procedures projected for each room; whether electrophysiology procedures will be performed; whether either room may function for cardiac catheterization, electrophysiology, vascular, device, or surgical procedures; staffing and anesthesia requirements; anticipated hours and days of operation; and whether the total proposed capacity is consistent with the scope submitted for COPN review.

The Applicant should not obtain approval based on a limited description of one component of a broader facility and later use additional procedural space to create capacity that was not fully reviewed under the COPN process.

## IX. The Applicant Has Not Demonstrated That Existing Capacity Is Inaccessible or Insufficient

The proximity of an operational freestanding cardiovascular facility weighs heavily against the claim that another facility is necessary to improve geographic access. The Applicant should be required to document specific, measurable barriers that existing providers cannot address, such as verified scheduling delays, wait times, geographic hardship, or unavailable capacity.

General statements regarding convenience, patient-centered care, or anticipated cardiovascular growth do not establish that current capacity is inadequate. The outpatient access benefits claimed for the proposed project are already available through NVHVC's existing care model.

## X. Approval Is Not the Most Efficient Use of Healthcare Resources

The COPN process is intended to promote the orderly development of healthcare services, protect access to necessary care, and avoid unnecessary duplication of facilities and capital expenditures.

The Virginia Department of Health public notice identifies a total capital cost of $5,108,118 for the proposed outpatient surgical hospital with one operating room and one cardiac catheterization laboratory at 1990 Old Bridge Road.

Before authorizing that investment, the Commissioner should determine whether the asserted need can be met by using NVHVC’s available capacity, thereby preserving access and patient choice without unnecessary construction or duplication of specialized resources.

## XI. Requested Action

For the foregoing reasons, Northern Virginia Heart & Vascular Center respectfully requests that the Commissioner deny COPN Request No. VA-8906.

The Applicant has not demonstrated that the community lacks access to outpatient cardiovascular services, that existing providers are unable to accommodate future growth, or that a second freestanding cardiovascular facility located less than two miles from NVHVC represents the most efficient use of healthcare resources. The available information instead shows that NVHVC was developed collaboratively with area cardiology practices, has existing capacity, remains in its ramp-up period, and that approval would duplicate services, infrastructure, and scarce cardiovascular workforce resources.

At a minimum, approval should not be granted unless the Applicant:

1. Fully incorporates NVHVC's existing and available capacity into its need analysis;

2. Demonstrates an unmet need that cannot reasonably be accommodated by NVHVC and other existing providers;
3. Identifies the source of all projected procedure volumes and quantifies cases expected to be redirected from existing providers;
4. Discloses and subjects to review the intended use of both proposed procedural rooms;
5. Demonstrates that the project will not cause unnecessary duplication, harmful fragmentation of case volume, or inefficient competition for a constrained cardiovascular workforce; and
6. Establishes a material public benefit beyond the outpatient cardiovascular services and capacity already available at NVHVC.

NVHVC appreciates the opportunity to provide comments and respectfully asks that this letter be included in the official record for COPN Request No. VA-8906.

Sincerely,

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cc: Antwon Jacobs, Supervisor, Division of Certificate of Public Need
Health Systems Agency of Northern Virginia