Dean and Members of the HSANV Board,

Thank you for the thoughtful analysis of our application. We appreciate the time and effort that went into the staff report and look forward to discussing the project at Monday's hearing.

We recognize that freestanding, non-hospital cardiac catheterization facilities represent a relatively new model of care in Planning District 8. However, these facilities are increasingly being developed across Virginia and throughout the country. For appropriately selected patients and procedures, published experience demonstrates that outpatient cardiovascular facilities can achieve clinical outcomes comparable to hospital settings, while offering greater efficiency, improved access, and opportunities for meaningful cost savings.

We also recognize that hospitals have historically opposed the development of independent outpatient cardiovascular facilities. However, healthcare delivery is changing. We believe the regulatory process should recognize the benefits of this evolution, particularly when projects are supported by established physicians, demonstrated patient demand, and a commitment to maintaining quality while reducing the cost of care.

I wanted to offer several observations for the Board's consideration.

1. NOVA has an established patient population and demonstrated procedural demand.

Our physicians performed 1,454 cardiac catheterization procedures in 2025, representing 2,249 diagnostic equivalent procedures (DEPs). Approximately 91.5% of these patients reside within Planning District 8, with 56.8% residing in Prince William County.

These are not speculative volumes. These are patients already under our physicians' care who currently receive their procedures at regional hospitals.

Our proposal would transition a portion of clinically appropriate outpatient procedures into a dedicated outpatient setting while continuing to utilize hospitals for inpatient, emergency, and higher-acuity care.

Importantly, the staff report acknowledges that NOVA is likely to satisfy the applicable first- and second-year utilization requirements.

2. Our proposed location is based on patient convenience and established patterns of care.

Woodbridge was selected because it is centrally located for the patient population we already serve.

Patients from Fredericksburg and surrounding communities routinely travel north for specialty cardiovascular care. The reverse is much less common. Locating the facility farther south would create additional travel burdens for our established Northern Virginia patients rather than improving their access.

Our objective is to develop facilities where our patients need them, not simply where regulatory approval may be easier to obtain.

3. Sentara's existing facility does not provide an equivalent independent outpatient alternative.

We recognize Sentara's investment in its recently established freestanding catheterization facility. However, it is important to understand the distinction between that facility and the one NOVA proposes.

Sentara's facility is a hospital-affiliated joint venture involving physician investors associated with another private equity-backed cardiology organization. It is structured around its participating ownership group rather than operating as a broadly accessible independent facility.

We explored participating in that venture, but were informed that participation without noncompetition restrictions was not an option. We were unwilling to compromise our ability to practice independently and maintain relationships with multiple hospital systems.

There is also an important distinction regarding cost. Hospital-affiliated outpatient facilities do not necessarily deliver the reimbursement advantages associated with independent outpatient care. Based on our understanding of Sentara's reimbursement arrangements, its facility maintains substantial rates that may limit the savings available to patients and payers.

We believe NOVA's independent, physician-operated model offers an opportunity to deliver clinically appropriate procedures at meaningfully lower overall cost.

We respect Sentara's right to structure its venture as it chooses. However, the existence of a restricted, hospital-affiliated joint venture should not automatically eliminate the need for an independent alternative serving an established patient population.

4. Recent Virginia approvals demonstrate that regional utilization should not be considered in isolation.

Virginia has recently approved freestanding catheterization facilities, including projects involving Virginia Cardiovascular Specialists and Hanover Cardiac, despite concerns regarding regional utilization.

These approvals recognize that the need for outpatient cardiovascular services cannot always be determined solely by averaging utilization across existing hospital laboratories.

The demonstrated procedural volume of the applicant's physicians, the ability to migrate appropriate outpatient cases, financial feasibility, patient access, and the impact on healthcare costs are all important considerations.

NOVA's application is supported by an established practice with substantial existing procedural volume. We believe it deserves the same comprehensive consideration.

5. AlignedCardio has a demonstrated history of implementing approved projects and exceeding projected utilization.

Sentara's correspondence raises questions regarding the number of COPN applications pursued by AlignedCardio and suggests that our activity warrants scrutiny.

We respectfully disagree with that characterization.

Our applications are part of a deliberate effort to expand access to outpatient cardiovascular care in communities where our physicians already practice.

More importantly, we have demonstrated our commitment through actual investment and execution. We have developed and opened approved facilities in a timely manner, deployed the capital required to make those projects operational, and achieved procedural volumes exceeding our original projections.

We are not seeking COPN approvals to reserve capacity, discourage competition, or prevent other providers from developing services. We are seeking approvals because we have the physicians, patients, and demonstrated demand to support these facilities.

We believe an applicant's record of implementing approved projects and delivering on its commitments should be an important consideration in evaluating future applications.

That standard should apply equally to all applicants, including hospital-sponsored projects. The actual utilization of previously approved facilities, relative to their projected volumes and operational timelines, is relevant when evaluating whether additional capacity is being meaningfully deployed.

6. Independent outpatient cardiovascular facilities represent an important evolution in healthcare delivery.

Hospitals will always play an essential role in cardiovascular care, particularly for emergency, inpatient, and complex procedures. We will continue working closely with Sentara, Inova, and other regional hospitals to ensure our patients receive appropriate care.

However, not every cardiovascular procedure requires a hospital setting.

For appropriately selected patients, independent outpatient facilities can provide comparable clinical outcomes, more convenient scheduling, and a more efficient cost structure.

This is not simply about creating another catheterization laboratory. It is about modernizing how cardiovascular care is delivered.

We believe patients benefit when there are multiple options for receiving high-quality care, particularly when those options can reduce overall healthcare expenditures.

We recognize the staff report's concerns regarding regional utilization and the potential impact on existing facilities. However, we respectfully believe these considerations must be balanced against demonstrated patient demand, the accessibility of existing facilities, the changing landscape of cardiovascular care, and the opportunity to provide patients with greater choice and lower costs.

NOVA has the physicians, patients, financial resources, and operational experience to make this project successful.

For these reasons, we respectfully ask the Board to consider the approval alternative presented in the staff report and recommend approval of COPN VA-8906.

We also request that this correspondence be included in the materials available to the Board and the official application record.

Thank you again for your consideration. I look forward to discussing the project further on Monday.

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