Radiation Therapy Committee (RADCOM)

February 20, 2026, at 09:30 a.m.
Training Room 2, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

Agenda

1. Call to Order and Welcome – Dr West
2. Roll Call - Ms. Miller
3. Review of Agenda - Ms. Miller
4. Review of Meeting Minutes from January 09, 2026
5. Public Comment Period
6. Review of Red-lined version
7. Wrap-Up
8. Meeting Adjournment

Meeting Minutes
Radiation Therapy Committee (RADCOM)
January 9, 2026, at 09:30 a.m.
In-person
Training Room 2, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

RADCOM Committee members present (alphabetical by last name): Mr. Paul Dreyer; Mr. Paul Hedrick; Mr. Neil Rolfes; Dr. Marilyn West (Chair) [While this was an in-person meeting, Dr. Marilyn West participated remotely.]

Absent committee members: Mr. Michael Dejsadon; Ms. Amanda Dulin

Virgina Department of Health, Office of Licensure and Certification staff members present at Perimeter Center (alphabetical by last name): Mr. Antwon Jacobs, Supervisor of COPN; Mr. Geoff Garner, Senior Policy Analyst; Ms. Allison Kagle, COPN Policy Specialist; Ms. Casey Miller, Policy Specialist

Virtual Participants (alphabetical by last name): Ms. Sharon Honaker, COPN Policy Specialist; Ms. Natalie Scarbrough, COPN Policy Specialist

The meeting was called to order by Dr. Marilyn West at 10:06 a.m.

Roll call.

It was determined that a quorum was established.

No one had signed up in advance to make public comment, and no one present opted to make public comment.

The minutes from the last meeting (October 10, 2025) were reviewed. A motion to accept the minutes was made by Mr. Dreyer, seconded by Mr. Rolfes, and approved unanimously.

Discussion.

The committee discussed the results of the Radiation Therapy Treatment Scheduling Survey.

Mr. Dreyer stated that the committee could infer that a traditional treatment radiation therapy is 15 minutes long

Mr. Garner asked how a block of time would be defined, what event would commence and what event would stop the 15 minute block.

Mr. Dreyer recommended that the committee should look at North Carolina's standards, one conventional treatment block is 15 minutes.

Mr. Rolfes agreed that using a 15 minute baseline, like North Carolina, is very consistent with what is being used in Virginia.

Mr. Dreyer stated there is a difference between SRS (Stereotactic radiosurgery) and SRT (Stereotactic radiotherapy) on a LINAC (Linear Accelerator LINAC). LINAC now can do SRS/SRT in traditional treatments. SRT therapy on a regular LINAC takes 30 minutes, so that would be two blocks. A Cyberknife and a Gamma Knife® are more complicated, that should be a three weighting. Proton takes one half hour, that would be weighted as a two, or two block.

Dr. West asked how the committee is with the standards.

Mr. Dreyer stated there should be no change to staffing.

Mr. Rolfes stated that a new definition needs to be written for

Dr. West asked for the source of that term.

Mr. Rolfes stated that information comes from North Carolina State Medical Facilities Plan.

Mr. Hedrick stated that it will be a new definition.

Mr. Rolfes stated that the genesis of using this idea comes from the diagnostic equivalent procedures within the cardiac catheterization laboratories standards. When writing the standards, the committee should mimic the language used in the cardiac catheterization laboratories standards.

Ms. Miller stated she will capture that and share it for approval before adding it to the definitions.

Mr. Dreyer stated a simple radiation treatment is one block of 15 minutes. IMRT (Intensity modulated radiation therapy), which introduces imaging, would also be one block. A linear accelerator that has SRS/SRT capabilities will be two blocks. A dedicated SRS or SRT machine like a Cyberknife or a Gamma Knife® are more complicated, so that would be three blocks. Proton therapy would be two blocks. This accounts for 95% of radiation therapy, there is 5% that doesn't fit.

Mr. Dreyer identified that the committee needs to figure out how many ESTVs is a full linear accelerator from a planning perspective and regional planning perspective. The 7,200 hours, which is nine hours a day, 250 days a year, 15 minutes visits at 80% would be 7,200 per year. He recommends the set be 200. He stated the language in radiation therapy services would need to be changed from 8,000 or 6,000 procedures to 7,200 ESTVs.

Dr. West asked what North Carolina uses for new service.

Mr. Dreyer stated it should read 4,500 ESTVs by the second year of service, using the same percentage.

Mr. Rolfes stated the language in the need for new service seems duplicative.

Mr. Dreyer stated 12VAC5-320-300, expansion of services, should be 7200. The key is not to significantly reduce utilization of existing providers in the planning district.

Dr. West agreed.

Mr. Garner added the key function of COPN is to avoid saturation of the market. That is why there is a separate standard, but if this committee thinks that for the purpose of radiation therapy services that a differentiation is not necessary, that would be the committee's recommendation.

Mr. Rolfes stated that it is not necessary to keep, when speaking of reducing utilization of existing providers as a concept.

Mr. Hedricks recommended removing it.

Mr. Dreyer recommended to strike the word “all” from the first line in 12VAC5-230-300 to read, “expansion should be when existing radiation therapy services outperformed an average of the 7200 procedures versus every single site having met that target”.

The committee agreed that a separate section should be created to include the table of multipliers, it will be listed after expansion of service as12VAC5-230-305.

The committee agreed to follow the language under 12VAC5-230-10 for “DEP” to define ESTV, the method of weighing the relative values of the various radiation therapy treatments.

Mr. Garner recommended converting today’s discussion into a red-lined version of the regulations, distribute it to the radiation committee and do a final virtual meeting. He explained once the final, red-lined version has been distributed, send the feedback directly to Ms. Miller and advised not to copy other members as that would constitute an additional meeting.

Mr. Hedrick made a motion to adjourn, Mr. Hedrick seconded. The meeting was adjourned at 11:12 a.m.

Redlined Version

Original Definitions in the Virginia Administrative Code

12VAC5-230-10. Definitions.
The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:
"Radiation therapy" means treatment using ionizing radiation to destroy diseased cells and for the relief of symptoms. Radiation therapy may be used alone or in combination with surgery or chemotherapy.
"Stereotactic radiosurgery" or "SRS" means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a therapeutic dose to a tissue volume. SRS may be delivered in a single session or in a fractionated course of treatment up to five sessions.
"Stereotactic radiotherapy" or "SRT" means more than one session of stereotactic radiosurgery.

“Equivalent Simple Treatment Visit” or “ESTV” means a standardized unit used to measure radiation therapy workload across different treatment access and different treatment complexities. One ESTV equals a simple treatment visit, which is 15 minutes. ESTVs are used for weighing the relative value of various radiation therapy procedures as follows: a simple radiation treatment that is one block of 15 minutes equals one ESTV; an Intensity Modulated Radiation Therapy (IMRT), which introduces imaging, is one block of 15 minutes and

is equal to one ESTV; a linear accelerator that has SRS/SRT capabilities is two blocks of 15 minutes and is equal to two ESTVs; a dedicated SRS or SRT machine like a Cyberknife or a Gamma Knife® is three blocks of 15 minutes and equal to three ESTVs; and proton therapy is equal to two ESTVs.

Part III. Radiation Therapy Services
Virginia Administrative Code

Article 1
Radiation Therapy Services

12VAC5-230-280. Travel time.

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

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

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

1. Existing radiation therapy machines located in the ~~health~~ planning district performed an average of ~~8,000 *6,000* procedures~~ 7,200 ESTVs per existing and approved radiation therapy machine in the relevant reporting period; and

2. The new service will perform at least ~~5,000 procedures~~ 4,500 ESTVs by the second year of operation without significantly reducing the utilization of existing providers in the ~~health~~ planning district.

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

$$\frac{\text{Population x Cancer Incidence Rate x 60\%}}{320}$$

~~where:~~

~~1. The population is projected to be at least 150,000 people three years from the current year as reported in the most current projections of a demographic entity as determined by the commissioner;~~

~~2. The cancer incidence rate as determined by data from the Statewide Cancer Registry;~~

~~3. 60% is the estimated number of new cancer cases in a health planning district that are treatable with radiation therapy; and~~

~~4. 320 is 100% utilization of a radiation therapy machine based upon an anticipated average of 25 procedures per case.~~

~~C.~~ *B.* Proposals for new radiation therapy services located less than 60 minutes driving time one way, under normal conditions, from any site that radiation therapy services are available shall demonstrate that the proposed new services will perform an average of 4,500 ESTVs annually by the second year of operation, without significantly reducing the utilization of existing services in the ~~health~~ planning district.

12VAC5-230-300. Expansion of service.

Proposals to expand radiation therapy services should be approved only when ~~all~~ existing radiation therapy services operated by the applicant in the ~~health~~ planning district have outperformed an average of ~~8,000~~ 7200 ESTVs for the relevant reporting period and the proposed expansion would not significantly reduce the utilization of existing providers.

12VAC5-230-310. Statewide Cancer Registry.

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

12VAC5-230-320. Staffing.

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

~~**Article 2**~~

~~**Criteria and Standards for Stereotactic Radiosurgery**~~

~~**12VAC5-230-330. Travel time.**~~

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

~~**12VAC5-230-340. Need for new service.**~~

~~A. No new stereotactic radiosurgery services should be approved unless:~~

~~1. The number of procedures performed with existing units in the health planning region averaged more than 350 per year in the relevant reporting period; and~~

~~2. The proposed new service will perform at least 250 procedures in the second year of operation without significantly reducing the utilization of existing providers in the health planning region.~~

~~B. Preference may be given to a project that incorporates stereotactic radiosurgery service incorporated within an existing standard radiation therapy service using a linear accelerator when an average of 8,000 procedures during the relevant reporting period and utilization of existing services in the health planning region will not be significantly reduced.~~

~~C. Preference may be given to a project that incorporates a dedicated Gamma Knife® within an existing radiation therapy service when:~~

~~1. At least 350 Gamma Knife® appropriate cases were referred out of the region in the relevant reporting period; and~~

~~2. The applicant can demonstrate that:~~

~~a. An average of 250 procedures will be preformed in the second year of operation; and~~

~~b. Utilization of existing services in the health planning region will not be significantly reduced.~~

~~D. Preference may be given to a project that incorporates non-Gamma Knife® SRS technology within an existing radiation therapy service when:~~

~~1. The unit is not part of a linear accelerator;~~

~~2. An average of 8,000 radiation procedures per year were performed by the existing radiation therapy services;~~

~~3. At least 250 procedures will be performed within the second year of operation; and~~

~~4. Utilization of existing services in the health planning region will not be significantly reduced.~~

~~**12VAC5-230-350. Expansion of service.**~~

~~Proposals to increase the number of stereotactic radiosurgery services should be approved only when all existing stereotactic radiosurgery machines in the health planning region have performed an average of 350 procedures per existing and approved unit for the relevant reporting period and the proposed expansion would not significantly reduce the utilization of existing providers in the health planning region.~~

~~**12VAC5-230-360. Statewide Cancer Registry.**~~

~~Facilities with stereotactic radiosurgery services shall participate in the Statewide Cancer Registry as required by Article 9 (§ 32.1-70 et seq.) of Chapter 2 of Title 32.1 of the Code of Virginia.~~

~~12VAC5-230-370. Staffing.~~

~~Stereotactic radiosurgery services should be under the direction or supervision of one or more qualified physicians.~~