

State Health Services Plan Task Force
Radiation Therapy (RADCOM)
Meeting February 27, 2026
Virginia Department of Health Professions
9960 Mayland Drive, Board Room 3
Henrico, Virginia 23233
08:40 a.m.

Agenda

1. Roll Call –
2. Approval of Meeting Minutes
3. Approval of Redlined Standard

Meeting Minutes

Radiation Therapy Committee (RADCOM)

February 20, 2026, at 09:30 a.m.

In-person

Board Room 1, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

RADCOM Committee members present (alphabetical by last name): Mr. Michael Dejsadon; Mr. Paul Dreyer; Ms. Amanda Dulin; Mr. Paul Hedrick; Mr. Neil Rolfes; Dr. Marilyn West (Chair)

Absent committee members: Dr. Marilyn West

Virginia 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. Casey Miller, Policy Specialist

The meeting was called to order by Mr. Dreyer, acting chair, at 9:31 a.m.

Ms. Miller called the roll.

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 (January 09, 2026) were reviewed.

Mr. Dreyer made note that the minutes as documented on page 2, “He recommends the set be 200” should read, “The standard recommends the set be 7,200”.

Ms. Miller advised this will be updated.

A motion to accept the minutes as amended was made by Mr. Dreyer, seconded by Mr. Rolfes, and approved unanimously.

Redlined Radiation Therapy Standard Discussion.

Mr. Dreyer proposed pediatrics and adults under anesthesia weighted as four ESTVs, inpatient simple visits as 1.5 ESTVs, while Ms. Dulin recommended two ESTVs.

Mr. Dreyer recommended including complex treatment, Total, and Hemibody Irradiation

Ms. Dulin recommended all anesthesia to fall under and complex under as four ESTVs.

The committee discussed all options to fall under complex and inserting a chart with line items in the definition.

Ms. Miller reiterated that the line item under the chart for “Complex Treatment” which will include, but is not limited to, anesthesia, Total Body Irradiation Hemibody Irradiation, Total skin radiation, and Online adaptive radiation therapy.

Mr. Desjadon questioned the word “outperformed” (12VAC5-230-300).

Mr. Dreyer advised to remove and change to performed.

A ten-minute meeting was scheduled for February 27, 2026, at 8:40 a.m. to approve the final red lined version of the Radiation Therapy Standard and meeting minutes, before reporting to the full task force committee at 9 a.m.

Mr. Dreyer is prepared to act as chair on February 27th, if Dr. West is unable to attend.

Mr. Desjadon motioned to adjourn; Mr. Hedrick seconded the motion.

The committee adjourned the meeting at 10:12 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 types 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:

Simple Radiation Treatment	One ESTV
Verification Simulation	One ESTV
Intensity Modulated Radiation Therapy (IMRT)	One ESTV
Inpatient simple radiation treatment	Two ESTVs
SRS or SRT on a non-dedicated linear accelerator	Two ESTVs
SRS or SRT on a dedicated machine, such as Cyberknife or Gamma Knife®	Three ESTVs
Proton Therapy	Two ESTVs
Complex Radiation Treatment (includes but is not limited to, treatment involving anesthesia, Total Body Irradiation (TBI), Hemibody Irradiation (HBI), Total skin	Four ESTVs

radiation, Online adaptive radiation therapy (ART)	
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Part III. Radiation Therapy Services Virginia Administrative Code
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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 exceed~~ 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:~~

$$\text{Population} \times \text{Cancer Incidence Rate} \times 60\%$$

~~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 t/he **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 performed exceed~~ **perform** an average ~~in excess of 8,000~~ **7,200 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 performed 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.~~