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Cancer Care and the Certificate of Need Process

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Over the past two decades, cancer care in New Hampshire has experienced significant growth with a number of the State's hospitals having committed to being comprehensive cancer care centers. Mary Hitchcock Memorial Hospital's Norris Cotton Cancer Center was a pioneer in providing a range of oncology services and Elliot Hospital also has provided a comprehensive program for many years. Smaller programs have been established at Cheshire Medical Center and Wentworth Douglass Hospital. Two of the fastest growing programs are at Exeter Hospital and Concord Hospital.

Oncology services are largely unregulated by the State of New Hampshire. Physician specialization is controlled primarily by the hospital credentialing process and board certification. Hospitals are generally exempt through their grandfathered status since every hospital in New Hampshire has treated cancer patients before the Certificate of Need ("CON") laws became effective. However, RSA 151-C, the CON statute, does regulate the introduction of new radiation therapy programs. The principal healthcare areas that the CON process controls are: (1) construction projects costing in excess of the statutory threshold (approximately \$1.9 million for hospitals and approximately \$1.3 million for all other healthcare providers), (2) medical equipment purchases over \$400,000 in value (regardless of how acquired, although certain replacement equipment is exempt), and (3) new inpatient hospital services (such as cardiac surgery or other complex tertiary care services).

The State regulatory agency for the approval of radiation therapy programs is the Health Services Planning and Review Board, commonly called the CON Board. In 1999 Exeter Hospital petitioned the CON Board to re-adopt regulations for approving new radiation therapy programs as the prior regulations had expired without renewal. In 2000, Exeter Hospital and Concord Hospital applied for approval under the new rules. Both hospitals sought to add these programs to make their oncology services comprehensive and to address a significant shortcoming in the delivery of cancer care services to their patients. The conventional treatment protocol for radiation therapy is 23 treatments over a four-week period with each treatment taking only 10-15 minutes. Consequently, having geographically convenient and dispersed radiation therapy centers is very helpful to patients. At that time Exeter and Concord area patients were forced to travel an hour or more each day to be treated at the nearest centers. For New Hampshire's I-93 corridor population there was no radiation therapy program north of Manchester, and likewise, none existed in New Hampshire's second most populated region, Rockingham County.

In 2001, the CON Board approved Concord Hospital's application for radiation therapy and in February 2003, the CON Board approved Exeter

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Hospital's application. The decisions to approve these two applications substantially advance the interests of patients. It not only places two new facilities in the two most highly populated but unserved areas of the state, but it also allows the two hospitals to add the missing program to their quest to offer comprehensive cancer care services.

The award of Certificates of Need are frequently done under a competitive process. In the case of the awards to Exeter Hospital and Concord Hospital, a hospital that already had a radiation therapy program, Wentworth Douglass Hospital, competed in both instances and was denied its requests to expand its existing facility in 2001 and to introduce a new freestanding facility in a joint venture with Portsmouth Hospital in 2003. The CON Board sided with Exeter's position that further development of its program would improve patient convenience, promote collaboration between physicians and add competition to Wentworth Douglass' existing program to help control costs. The decision of the Board recognized the likelihood that patients would benefit more from a comprehensive cancer care center in Rockingham County.

In 2003 Littleton Regional Hospital and Mary Hitchcock Memorial Hospital pursued independent programs for the North Country. Littleton filed its application in New Hampshire and Mary Hitchcock proposed a radiation therapy program for a new outpatient care center in St. Johnsbury, VT. In the face of strong competition from Mary Hitchcock, Littleton withdrew its application in December of 2003. The Mary Hitchcock proposal is nearing a favorable conclusion in Vermont and is likely to be operational in another year. The addition of a North Country program is a substantial advancement in cancer care for that region of the State and will largely complete the development of radiation therapy coverage statewide in New Hampshire.

In addition to the positive developments occurring in recent years in Exeter and the North Country there have also been several significant clinical advancements in cancer care. In the delivery of radiation therapy a new technology known as IMRT has been recently introduced. It allows for a more sophisticated delivery of the eradicating radiation to the points at which cancer tumors are found. These advancements are likely to be beneficial to about 15-20% of the eligible patients. This new technology is to be introduced with all of the new programs. Also recently introduced to New Hampshire is a new diagnostic imaging technique for detecting cancer called PET imaging technology. PET is a nuclear medicine scanning process that has been found to significantly influence the treatment plan in 60% of cancer patients. In 2002 the CON Board approved four vendors to introduce PET technology into New Hampshire and these services began operating in 2003.

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