2026 Iowa Certificate of Need (CON) Application

Instructions: 1. Complete all the sections below.2. Provide concise, evidence-based responses, with supporting documentation or data as needed.3. Reference Iowa Code 10A.714, as needed, to complete the application.4. Upload additional documentation, as needed.

Primary Contact
CNO Michelle Andersen

Primary Contact Employer

Primary Contact Email
michelle.andersen@mrhcia.com

Facility Name
Manning Regional Healthcare Center

Facility Address
1550 6th Street, Manning, Iowa 51455

Project Title
Manning Regional Healthcare Center-MRI

Project Type
New Equipment

Would you like to request a summary review?
Yes

1. Applicant and Facility Overview

a. Project Purpose and Objectives:
Access to timely MRI imaging is essential for diagnosing and managing life threatening and chronic conditions, yet MRHC currently lacks permanent MRI equipment and instead relies on a mobile unit available only one afternoon per week. This limited access creates delays in care, forces patient transfers, and restricts providers' ability to make appropriate and timely clinical decisions. Patients who cannot wait for the weekly mobile MRI or who require higher quality imaging must travel at least 30 minutes—and often up to 90 miles—to urban facilities. In the past year alone, fifteen Emergency Department patients were transferred solely due to the need for MRI, and while specialty and clinic referral data are not yet fully captured, the number is known to be substantially higher. Installing an in-house MRI will allow MRHC to continue serving its existing rural geographic area while dramatically expanding local access to advanced diagnostic services. Patients who currently travel significant distances for essential imaging will be able to receive care locally, reducing barriers for elderly adults, medically underserved patients, individuals with disabilities, and those with limited transportation. The proposed wide bore (70 cm) MRI system accommodates obese patients, supports wheelchair users, and offers significantly improved comfort for claustrophobic individuals. It also provides high resolution imaging for oncology, neurological, cardiovascular, and musculoskeletal conditions, as well as enhanced capabilities for patients with dense

breast tissue. These features will fill critical service gaps not only for MRHC but also for neighboring partner hospitals, which currently must refer such patients to distant urban centers. This project strengthens MRHC's long-standing commitment to innovative care delivery and aligns with broader community needs in a medically underserved rural region. MRHC has demonstrated success in implementing technology-enabled care models, including a virtual eHospitalist program with Avel that supports Emergency Department clinicians with real-time access to hospitalists and specialists. This model improves clinical decision-making, reduces unnecessary transfers, and enables sustainable staffing by allowing ARNP led coverage supported through telehealth. Integrating a permanent, advanced MRI system will further enhance MRHC's ability to provide timely, high-quality, locally accessible diagnostic services that address the needs of rural, elderly, disabled, and minority populations while strengthening the regional healthcare system as a whole.

b. Relationship to Long-Range Development Plan:

MRHC's long-range development plan is firmly grounded in aligning organizational strategy with community need, clinical excellence, and sustainable rural healthcare delivery. Guided by a committed senior leadership team and an active board of directors, MRHC operates under a strategic plan that emphasizes adaptability, sustainability, and responsiveness to the evolving needs of rural patients and providers. This strategy is informed by regular Community Health Needs Assessments (CHNAs), conducted every three years, which consistently identify access to timely specialty services—including advanced diagnostics—as a top community priority. The proposed MRI project directly supports these strategic goals by strengthening local access to high-quality imaging and reducing the need for patient transfers to distant urban facilities. Between 2023 and 2025, MRHC transferred fifteen stroke patients solely because MRI imaging was unavailable, resulting in an estimated $419,000 in lost revenue and delayed care for high acuity rural patients. This figure does not include additional transfers from specialty clinics or outpatient referrals, which are known to be substantial. These access gaps reflect the broader challenges faced by rural populations who often experience longer delays, increased travel burdens, and higher risks of late diagnosis. Elevated cancer rates within MRHC's service area further increase the need for reliable, high-resolution imaging to support early detection and treatment planning.

The project also aligns with MRHC's strategic commitment to clinical innovation and technology. MRHC has demonstrated strong operational readiness for advanced systems through successful expansions in diagnostics—including DEXA scanning, C-arm laser capability, echocardiography, and nuclear medicine services—which have improved continuity of care for patients with chronic diseases, cancer, and musculoskeletal conditions. The organization's partnership with Avel to implement a virtual eHospitalist program illustrates its ability to leverage technology to address rural workforce constraints while improving emergency care. This program provides real-time access to hospitalists and specialists, reduces unnecessary transfers, and strengthens provider confidence, allowing Advanced Registered Nurse Practitioners (ARNPs) to safely and effectively staff the Emergency Department with telehealth support. These innovations reflect MRHC's broader workforce strategy, emphasizing sustainability and provider retention—key priorities within its long-range plan.

In addition, MRHC's extensive clinical and community partnerships further support long-term strategic alignment. Collaborations such as the obstetrics partnership with Myrtue Medical Center ensure patients receive local prenatal and postnatal care while maintaining access to specialized delivery services, demonstrating MRHC's commitment to coordinated rural care. The organization also partners with area schools on youth substance abuse prevention and community groups on health education initiatives, enhancing regional wellness and supporting a strong pipeline of future healthcare professionals. MRHC's growing behavioral health program—one of the region's most significant unmet needs—reflects its strategic focus on addressing complex conditions through integrated care models, including therapy services, care coordination, and programs tailored to older adults and individuals with co-occurring disorders. Collectively, these established services, strong leadership, and proven capacity for maintaining advanced technologies demonstrate MRHC's readiness to undertake and sustain the proposed MRI project. The strategic plan calls for continued investment in diagnostic capabilities that support provider decision-making, strengthen rural care delivery, and ensure that medically underserved, elderly, disabled, and minority populations have equitable access to essential healthcare services. The addition of a

permanent MRI system directly advances these long-term goals and reinforces MRHC's role as a regional leader in rural health innovation.

c. Description of Proposed Service/Program:
This project is included in Healthy Hometowns.

MRHC proposes to establish a permanent, in-house MRI service to replace the current reliance on a mobile MRI unit that is available only one afternoon per week. The new MRI system will provide full-time access to advanced diagnostic imaging. With this system, MRHC will be able to offer comprehensive MRI services locally, including stroke and neurological imaging, cancer diagnostics and monitoring (such as breast cancer evaluation), cardiovascular imaging, and musculoskeletal and spine studies for injuries, chronic pain, and mobility disorders. The MRI will also support chronic disease management by enabling repeat or advanced imaging for patients with long-term health needs. These services directly support MRHC's priority areas of cancer, cardiovascular health, maternal and child health, mental and behavioral health, and chronic disease management. MRI technology enables a level of internal visualization far more detailed than X rays or CT scans, allowing earlier and more accurate diagnosis of serious and life-threatening conditions. The addition of this system is expected to reduce delays in diagnosis and treatment, decrease unnecessary patient transfers to distant hospitals, improve continuity of care for stroke, cancer, and chronic disease patients, and significantly reduce travel time, stress, and cost for rural residents. MRHC anticipates that the permanent MRI will serve hundreds of emergencies, inpatient, and outpatient patients annually, resulting in earlier detection, improved treatment planning, and better long term health outcomes for the community.

d. Target Population: Specify geographic and demographic areas.
Manning Regional Healthcare Center (MRHC) is a designated Critical Access Hospital located in rural Carroll County, Iowa, serving a multi county area that includes Carroll, Audubon, Crawford, and Shelby counties. The hospital provides care to more than 66% of households in this region and supports approximately 20,000 rural residents across 16 ZIP codes in western Iowa. The target population for this project includes all residents within this service area, with a particular focus on medically underserved groups who face significant barriers to accessing timely MRI imaging. Currently, patients who cannot wait for the mobile MRI's limited once weekly schedule—or who require more advanced imaging capabilities—must travel a minimum of 30 minutes and often up to 90 miles to urban medical centers. These long travel distances, limited scheduling options, and need for multiple appointments create substantial barriers, particularly for elderly individuals, low-income patients, those with disabilities, and people requiring sedation or assistance with transportation. Some patients decline or delay imaging altogether, contributing to delays in diagnosis and early detection of conditions such as cancer, stroke, and chronic diseases. Based on existing demand, documented transfers, and known gaps in regional MRI access—especially for populations requiring wide bore systems such as claustrophobic or obese patients—MRHC anticipates strong utilization of the new in-house MRI. The organization will ensure maximum access by communicating the enhanced service to regional providers, educating the community through targeted outreach, and strengthening referral pathways with surrounding healthcare partners. MRHC has a proven track record of successful integrated marketing strategies using traditional media, social media, and direct mail, which have significantly increased utilization of programs such as Senior Life Solutions, wound care, and specialty clinics. This established outreach infrastructure positions the organization well to promote the new MRI service, emphasizing both convenience and the advanced technology available locally. In addition, vendor provided marketing support—including sample press releases, physician referral letters, fact sheets, brochures, and digital graphics—will further amplify MRHC's regional communication efforts. Collectively, these strategies ensure that residents across the multi-county rural area will be aware of and able to benefit from improved access to high-quality, locally available MRI services.

e. Relation to Existing Provider Network: Summarize relationship with other health care providers/services in the region.
MRHC maintains strong, long-standing partnerships across healthcare, education, and community sectors

that enhance access to care, strengthen workforce sustainability, and improve outcomes for rural patients. A central component of this network is MRHC's collaboration with AveI through the eHospitalist program, which provides 24/7 virtual access to hospitalists and specialists who support Emergency Department and inpatient care. This partnership significantly enhances clinical decision making, supports ARNP led emergency care models, and reduces reliance on onsite physician coverage—directly contributing to the safety and effectiveness of the proposed ARNP position. MRHC's success with the eHospitalist model depends on consistent mid-level provider coverage in the Emergency Department, which is currently supplemented through contracted physicians and Advanced Practice Providers from agencies such as Wapiti, Acute Care, and Highland to ensure around the clock patient care. MRHC also maintains a highly effective obstetrics partnership with Myrtue Medical Center, enabling patients to receive prenatal and postnatal care locally while delivering at a partner facility equipped for full obstetric services. Through this collaboration, board certified OB-GYN Dr. Kelly Anderson provides monthly clinics, supports women's health programming, and offers oversight for pregnant patients receiving services through the Recovery Center. Behavioral health partnerships further strengthen MRHC's provider network by integrating primary care, ED services, licensed therapists, pharmacy services, mental health providers, and the Recovery Center to ensure continuity of care for patients with mental health or substance use disorders—an essential component given the rising number of behavioral health related ED visits. In addition, MRHC collaborates with numerous area school districts to deliver youth substance abuse prevention, early intervention programs, and wellness initiatives, reinforcing long-term community health and reducing future emergency care demand. Broader partnerships with community organizations support health education, emergency preparedness training, and public engagement activities such as CPR classes, Drug Take Back Day, Kinderfest, Senior Day, and the Healthiest State Walk. Collectively, these partnerships expand access to specialty expertise, improve coordinated care, and reduce the professional isolation common in rural practice, demonstrating MRHC's strong capacity to support the proposed Emergency Department ARNP and sustain long-term rural workforce investments.

f. Funding Sources and Financial Resources: Identify and document sources of funding and financial viability.
The total estimated project budget is $2,400,000. The equipment cost of $1,250,000 will be fully funded by the Iowa Department of Health and Human Services Best and Brightest - Medical Equipment grant. The renovation cost of $1,150,000 will be funded by MRHC savings that are designated for capital improvements. The total balance of MRHC Board Designated Savings is $18,309,595 as of 01/31/2025.

Current # of Beds (if changing)	**Current bed type (if changing)**
Requested # of Beds (if changing)	**Requested bed type (if changing)**

Document Upload
MRI Projections for CON.pdf

2. Community Need and Service Gaps

a. Description of Need:
Current Service Limitations
MRI access at MRHC is significantly constrained because services are available only once per week through a mobile unit, creating substantial delays in diagnosis and care. High-acuity patients—particularly those experiencing neurological or stroke-like symptoms—often must be transferred to other hospitals solely to obtain MRI imaging, and many of these patients later return to MRHC for admission once a bed is available, resulting in fragmented and inefficient care. Providers frequently refer patients out due to limited scheduling availability or the mobile unit's imaging constraints, which contributes to delayed diagnoses and disruptions in care continuity. Some clinicians also avoid utilizing the mobile MRI because of concerns

about image quality and diagnostic limitations, further reducing timely access for patients. Collectively, these factors underscore a clear and pressing need for a permanent, high-quality in-house MRI system that can support timely diagnosis, reduce unnecessary transfers, and improve care outcomes for rural patients.

b. Assessment of Existing Services and Gaps:
Assessment of existing MRI services in the region demonstrates significant gaps in adequacy, accessibility, and utilization, underscoring the need for a permanent MRI at MRHC. From 2023 to 2025, MRHC was forced to transfer fifteen stroke patients solely to obtain MRI imaging elsewhere, resulting in an estimated $419,000 in lost revenue and delays in critical diagnosis and treatment; this figure does not include numerous additional transfers from specialty clinics or outpatient referrals. Rural patients in MRHC's service area routinely face long travel distances, extended wait times, and increased risk of delayed diagnosis due to the limited once weekly availability of mobile MRI services. These access barriers are particularly concerning given the elevated cancer rates in the region, which drive increasing demand for high-quality diagnostic imaging to support early detection and ongoing treatment planning. The absence of a permanent MRI contributes to fragmented care, unnecessary transfers, and delays for patients experiencing neurological symptoms, chronic disease progression, or acute emergencies. By installing a full-time, in-house MRI system, MRHC will significantly reduce diagnosis and treatment delays, decrease avoidable patient transfers, and improve care continuity and outcomes for stroke, cancer, and chronic disease patients. The new system will also reduce patient stress, travel burden, and financial costs associated with seeking imaging outside the community. MRHC anticipates that a permanent MRI will serve hundreds of emergencies, inpatient, and outpatient patients annually, enabling earlier diagnosis, more precise treatment planning, and improved long-term health outcomes for the rural population.

c. Alternatives Analysis:
Given the essential need for reliable diagnostic imaging, MRHC evaluated potential alternatives to installing a permanent, in-house MRI system. The only available alternative is to continue relying on the current portable/mobile MRI service, which is limited to a single afternoon per week and cannot meet the clinical demands of the region. This option is less effective because it results in delayed diagnoses, increased patient transfers, and inadequate imaging quality for certain clinical situations—including stroke, cancer staging, and complex neurological cases. The mobile unit also lacks the technological capabilities needed to serve obese or claustrophobic patients and does not provide the advanced imaging required for an increasing number of clinical conditions in MRHC's rural population. Continuing with the mobile unit would not address the known service gaps, would maintain current delays and fragmented care, and would perpetuate patient travel burdens of 30–90 miles for timely imaging. No other cost-effective or clinically adequate alternative exists to meet the community's diagnostic needs. Therefore, the installation of a permanent MRI system is the only viable approach to ensure timely access, reduce transfers, improve diagnostic accuracy, and support long-term sustainability for MRHC's patient population.

d. Accessibility Considerations:
Currently, patients travel 30–90+ minutes to access similar MRI services, often requiring multiple appointments, transportation assistance, or sedation. Some patients decline or delay imaging due to these barriers. And these scheduling and travel issues present a huge barrier to early detection.

e. Community Input/Support:
MRHC surveyed the community and results support the need for in-house MRI that is available every day of the week. Community Health Needs committee members discuss needed services in rural healthcare as well.

Document Upload (if needed)
MRI Survey.pdf

Community_MRI_Needs_Impact_Su2026-03-06_08_36_04.csv

f. Non-discriminatory Access:
Our in-house MRI services will be provided in full compliance with all federal and state non discrimination standards, ensuring equitable access for all patients regardless of race, ethnicity, gender, age, disability, insurance status, or provider affiliation. Referrals will be accepted from both allopathic (MD) and osteopathic (DO) practitioners without preference or restriction, and scheduling processes will be standardized to guarantee fair and timely access for every referring provider and patient. All clinical protocols, eligibility criteria, and pricing structures will be applied uniformly, and staff will be trained to uphold inclusive, patient centered practices that support equal access to diagnostic imaging for the entire community.

3. Impact on Existing Providers

a. Impact Assessment:
The addition of an in-house MRI is not expected to adversely impact existing providers, nor will it create unnecessary duplication of services. Instead, it will help address current access limitations by reducing patient travel burdens, shortening wait times, and improving continuity of care within our organization. Local MRI providers are often operating near capacity, and the integration of an onsite unit will supplement, not replace, them by accommodating our own patient volume rather than redirecting patients outward. Overall, the in-house MRI will strengthen regional imaging capacity while maintaining a balanced and complementary relationship with existing providers.

b. Community and Economic Impact: Broader system effect and value-added to the community.
The installation of an in-house MRI will provide meaningful community and economic benefits by expanding access to timely, high quality diagnostic imaging close to home. This investment strengthens the local healthcare system by reducing travel time and associated costs for patients and families, improving care coordination, and supporting earlier diagnosis and treatment. Keeping imaging services within the community also helps retain healthcare spending locally, supporting jobs and contributing to the overall economic vitality of the region. In addition, the enhanced imaging capacity may attract new providers, strengthen partnerships with area clinics, and improve population health outcomes by ensuring more efficient, patient centered care. Overall, the project adds clear value by increasing local service availability, improving convenience, and contributing positively to the community's healthcare infrastructure.

c. Efficiency in Use of Resources: Shared/cooperative arrangements to maximize efficiency.
The installation of an in-house MRI will enhance efficiency by enabling shared and cooperative use of imaging resources across our organization and with community partners. Consolidating diagnostic imaging within our facility reduces fragmentation, streamlines scheduling, and allows coordinated staffing and maintenance practices that lower overall operational costs. The MRI unit can also serve as a shared resource for referring providers in the area, supporting collaboration and reducing duplication of expensive equipment in nearby facilities. By centralizing imaging services and creating opportunities for cooperative utilization, the project maximizes resource efficiency while improving access and continuity of care for the community.

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:
Please see attached for project budget, funding sources, and three-year projections.
With an in-house MRI machine, we estimate our MRI scan volume to increase to 20 per month vs. our current average of 14 per month. Long term, we expect an increased margin of $53,000 per year for this service line with an in-house MRI, which will help us sustain the increased cost. We have attached our MRI Project Budget and MRI Financial Projections as part of this application.

Document Upload (3-year budget projections)

MRI Projections for CON.pdf

b. Staffing and Operations:
MRHC currently employs:
- One board-certified MRI technologist
- Two full-time technologists who will be cross-trained
- Two weekend technologists already MRI-certified

Vendor-led training will be provided on site for two weeks prior to start-up. Follow-up training will also be utilized as needed. Remote diagnostics and 24/7 critical monitoring also mean that the technology can be supported remotely if needed

- MRI Services will be available Monday through Friday 8:00 AM-4:00 PM, with additional after hours emergent additional times incorporated on an as needed basis.

c. Short and Long-term Viability:
Manning Regional Healthcare Center has a long history of strong financial stability, and the addition of an in house MRI will further support both short and long term sustainability. By bringing imaging services in-house, MRHC will significantly reduce revenue loss from external referrals and retain diagnostic and follow up care within the community. This investment strengthens operational efficiency, enhances care coordination, and supports the broader financial health of the organization by keeping patients and associated services local. For the long term, the MRI will play a critical role in sustaining rural healthcare by ensuring consistent access to high quality, advanced diagnostic technology without requiring residents to travel outside the area. This reliable access supports early detection, timely treatment, and overall community health outcomes, reinforcing MRHC's viability and its mission to provide sustainable, high-quality care for rural Iowa.

5. Community and Economic Impact

a. Community Engagement:
Manning Regional Healthcare Center has actively engaged the community throughout the planning process for an in-house MRI, ensuring the project reflects the needs and concerns of the diverse populations we serve. Outreach efforts have included discussions with local patients, area clinics, community leaders, and representatives of underserved and aging populations to understand barriers to accessing advanced imaging. Feedback consistently emphasized the need for closer-to-home diagnostic services, reduced travel burdens, and improved care coordination. MRHC has incorporated this input into the project design, prioritizing accessibility, equitable scheduling, and culturally responsive communication. By grounding the project in direct community engagement and demonstrating responsiveness to identified needs, the in-house MRI will strengthen trust, improve service equity, and enhance the overall health and wellbeing of the community.

b. Resource Availability:
Manning Regional Healthcare Center has the staffing, management expertise, and operational resources necessary to support the successful implementation and ongoing operation of an in house MRI. The facility already employs qualified radiology technologists, experienced clinical leadership, and established maintenance and safety protocols that can be seamlessly expanded to incorporate the new equipment. Management has evaluated workflow and scheduling adjustments to ensure efficient utilization without disrupting existing services. Additionally, the MRI suite represents an optimal use of available space and capital, providing far greater community value than alternative uses by reducing external referrals and improving care continuity. With appropriate personnel, infrastructure, and administrative support already in place, MRHC is well positioned to operate the MRI safely, efficiently, and sustainably.

c. Organizational Relationships:
Manning Regional Healthcare Center maintains strong organizational relationships that will be further enhanced by the installation of an in-house MRI. Our contracted CRNA, Brian Jacobs, who operates a

highly efficient and well-utilized pain clinic at MRHC, will expand his services by performing MR arthrograms using the new MRI unit—bringing a specialized procedure to the region that previously required patients to travel to larger cities. We also have a longstanding partnership with Diagnostic Imaging Associates, who interpret our imaging studies through MercyOne Des Moines, ensuring continuity in high-quality radiology oversight and reporting. Additionally, MRHC regularly hosts medical students who shadow our providers; having an on-site MRI will enrich their training experience by offering direct exposure to advanced imaging technology and procedures that deepen their understanding of diagnostic capabilities. These established and expanding collaborations with clinical partners, educational institutions, and specialty providers demonstrate a strong, well-integrated network that supports efficient use of the MRI and enhances the overall quality of care delivered to our community.

6. Project Planning

a. Project Timeline:
Medical Equipment Procurement and Installation Timeline:
Months 0–5: Vendor selection, approvals, facility planning
Months 5-14: Minor renovations and site preparation (paid for through MRHC)
Months 14-16: Equipment, delivery and installation
Months 16-18: Staff training and system testing
By July 31, 2027: MRI fully operational

b. Innovative Components:
The installation of an in-house MRI introduces several innovative and value-added components that enhance care quality, expand service capabilities, and support ongoing learning within Manning Regional Healthcare Center. By enabling specialized procedures such as MR arthrograms, the MRI brings advanced diagnostic options typically limited to larger urban facilities directly into our rural community, reducing delays and improving patient outcomes. The integration of this technology also strengthens our collaborative clinical model, allowing providers to incorporate more precise imaging into treatment planning and enabling earlier, more accurate diagnoses. Additionally, the MRI offers significant educational value for the medical students who train at MRHC, giving them hands-on exposure to cutting edge imaging modalities and fostering a deeper understanding of diagnostic innovation in a rural setting. Overall, the project adds meaningful advancements that elevate both the quality of care and the clinical learning environment.

c. Regulatory Compliance:
Building permits are not required for this project. All other regulatory requirements, safety inspections, and compliance processes remain in place, and MRHC's team has experience successfully navigating them. The selected MRI vendor will ensure full adherence to all imaging, shielding, and safety standards, including those related to equipment installation, radiation safety, and environmental controls. MRHC's facilities and administrative teams have recently completed similar work during the CT project, including meeting state and federal reporting requirements associated with grant funding, giving them strong familiarity with the necessary oversight and documentation. This experience ensures that the MRI installation will be completed efficiently, safely, and in full regulatory compliance.

7. Special Criteria for Specific Services:

a. Alternative Consideration (10A.714(2)(a)):
Several practical alternatives were evaluated prior to selecting an in-house MRI, including continued reliance on external imaging providers and mobile MRI services. Continuing to refer patients externally was deemed insufficient due to ongoing access challenges, long travel times for rural residents, scheduling delays, and the resulting loss of continuity of care. Mobile MRI services were also considered; however, limited availability, variable scheduling, and constraints in performing specialized procedures—such as MR arthrograms—made this option less effective in meeting community needs. After evaluating these

alternatives, an in-house MRI was determined to be the most sustainable, patient centered, and operationally efficient solution, offering improved accessibility, stronger care coordination, and long-term value for the community.

b. Utilization of Similar Facilities (10A.714(2)(b)):
Current utilization of similar MRI facilities in the region demonstrates that existing imaging providers are already operating near capacity, with patients often experiencing delays and significant travel requirements to obtain timely diagnostic services. Manning Regional Healthcare Center consistently refers a high volume of MRI studies to outside providers, indicating that local resources are being appropriately and efficiently used but are insufficient to meet community demand. The growing need for advanced imaging—combined with rural access barriers—shows that existing facilities cannot easily absorb MRHC's patient load without contributing to longer wait times or fragmented care. By bringing MRI services in house, MRHC will not duplicate underused resources but will instead relieve pressure on neighboring facilities, ensure timely access for local residents, and support a more balanced distribution of imaging volume across the region. This demonstrates that similar facilities are fully utilized and that an in-house MRI is both justified and necessary to meet community needs.

c. Construction/Modernization (10A.714(2)(c)):
In planning the addition of an in-house MRI, Manning Regional Healthcare Center carefully evaluated modernization opportunities and selected the most practical and efficient approach. MRHC prioritized using and upgrading existing space, with a modest expansion, to meet all MRI safety, shielding, and workflow requirements. The project enhances and integrates the current infrastructure while modernizing adjacent areas to improve patient flow, staff efficiency, and overall imaging capacity—without unnecessary construction or overbuilding. By optimizing what already exists and implementing targeted upgrades only where needed, the project achieves a thoughtful balance of modernization, resource efficiency, and functional expansion that supports long term sustainability of diagnostic services for the community.

d. Access Concerns (10A.714(2)(d)):
Without the addition of an in-house MRI, Manning Regional Healthcare Center would face significant access challenges that could negatively affect patient care. Rural residents would continue to rely on outside facilities, often requiring long travel distances, limited appointment availability, and extended wait times that delay diagnosis and treatment. These access barriers disproportionately affect elderly patients, individuals with limited transportation, and those managing chronic conditions who require timely imaging. Continued dependence on external MRI providers also fragments care, increases the likelihood of missed follow up, and places additional strain on already busy regional facilities. Without this project, serious access problems would persist and likely worsen over time as imaging demand grows, compromising MRHC's ability to provide timely, coordinated, and equitable diagnostic services for the community.

e. UIHC Special Role (10A.714(3)):
N/A

Signature

Additional Supporting Documents Upload