Office of Health Care Access
Certificate of Need Application

Final Decision

Applicant:	**Windsor Dispensary Clinic, Inc.**
Docket Number:	**07-30999-CON**
Project Title:	**Proposal to Establish and Operate Methadone Maintenance and Ambulatory Detoxification Programs for Substance Abuse in Windsor**
Statutory Reference:	**Section 19a-638 of the Connecticut General Statutes**
Filing Date:	**September 29, 2008**
Hearing Date:	**November 6, 2008**
Intervenor:	**The Hartford Dispensary**
Presiding Officer:	**Cristine A. Vogel**
Decision Date:	**December 24, 2008**
Default Date:	**December 28, 2008**
Staff Assigned:	**Laurie K. Greci** **Alexis Fedorjaczenko**

Project Description: Windsor Dispensary Clinic, Inc. ("Applicant") proposes to establish and operate methadone maintenance and ambulatory detoxification programs for substance abuse in Windsor, Connecticut, at a total capital expenditure of $14,150.

Nature of Proceedings: On September 29, 2008, the Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application from the Applicant seeking authorization to establish and operate methadone maintenance and ambulatory detoxification programs for substance abuse in Windsor, Connecticut, at a total capital expenditure of $14,150.

Pursuant to Section 19a-638, C.G.S., a notice to the public concerning OHCA's receipt of the Applicant's Letter of Intent to file its CON application was published in *The Hartford Courant* on July 17, 2007. OHCA received no responses from the public concerning the Applicants' proposal.

Pursuant to Section 19a-638, C.G.S., three individuals, or an individual representing an entity with five or more people, had until October 10, 2008, the twenty-first calendar day following the filing of the Applicant's CON application, to request that OHCA hold a public hearing on the Applicant's proposal. OHCA received no hearing requests from the public.

Pursuant to Section 19a-638, C.G.S., a public hearing regarding the CON application was held on November 6, 2008. On October 20, 2008, the Applicant was notified of the date, time, and place of the hearing. On October 22, 2008, a notice to the public announcing the hearing was published in *The Hartford Courant.* Commissioner Cristine A. Vogel served as Presiding Officer. The hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes) and Section 19a-638, C.G.S.

By petition dated October 31, 2008, The Hartford Dispensary requested Party status or Intervenor status regarding the Applicant's CON application. The Presiding Officer denied the request of The Hartford Dispensary for Party status and designated The Hartford Dispensary as an Intervenor with full rights of participation.

The Presiding Officer heard testimony from the Applicant's witnesses and the Intervenor's witnesses in rendering this decision and considered the entire record of the proceeding. OHCA's authority to review and approve, modify or deny the CON application is established by Section 19a-638, C.G.S. The provisions of this section, as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need
Impact of the Proposal on the Applicant's Current Utilization Statistics
Proposal's Contribution to the Quality of Health Care Delivery in the Region
Proposal's Contribution to the Accessibility of Health Care Delivery in the Region

1. Edwin Njoku, MD, established the Windsor Dispensary Clinic, Inc. ("WDC" or "Applicant"), a not-for-profit corporation, to provide substance abuse services. *(November 30, 2007, Initial CON Submission, page 11)*

2. The Applicant proposes to provide methadone maintenance and ambulatory detoxification for the treatment of opiate addiction.[1] Methadone is taken orally on a daily basis and is used to control withdrawal symptoms, stabilize physiological processes, and improve the patient's functionality. *(November 30, 2007, Initial CON Submission, pages 11 and 12)*

3. Methadone maintenance programs are regulated by SAMHSA[2] and the WDC will apply for certification from SAMHSA to operate. *(November 30, 2007, Initial CON Submission, page 13)*

4. Ambulatory detoxification for opiate addiction is generally done by prescribing methadone as a replacement for the illicit use of opiate substances. It is used for patients who have been abusing opiates for less than a year and are appropriate candidates for daily use of methadone. Detoxification has three essential components: evaluation; stabilization; and fostering readiness to enter substance abuse treatment. *(November 30, 2007, Initial CON Submission, page 13)*

5. Dr. Njoku is a licensed physician specializing in Internal Medicine with experience in substance abuse treatment. Dr. Njoku has certification from SAMHSA to subscribe Suboxone®[3] and is a member of the American Society of Addiction Medicine. Dr. Njoku is responsible for the ongoing substance abuse treatment for drug and alcohol dependent inmates at the Osborne Correctional Facility in Somers. *(November 30, 2007, Initial CON Submission, page 8)*

6. The WDC proposes to provide its programs at 180 Poquonock Avenue, Windsor. *(November 30, 2007, Initial CON Submission, page 11)*

7. The proposed services will be offered to individuals 18 years of age or older. The target population includes individuals who have a dependence on, or addiction to, opiates and that can be treated on an ambulatory basis. *(November 30, 2007, Initial CON Submission, page 22)*

8. The Applicant based the need for the proposal on the following factors:
   - Increasing opiate addiction in Connecticut, including suburban areas;
   - Increasing the number of people in substance abuse treatment will ultimately decrease the societal costs of substance abuse; and
   - No methadone maintenance or ambulatory opiate detoxification programs in the proposed service area.

   (November 30, 2007, Initial CON Submission, page 15)

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[1] An Intensive Outpatient Program, also known as Day and Evening Treatment, had been proposed to be offered; the Applicant determined that the program would not be offered during the first three years of operation of the WDC to allow the WDC to focus on its core services. *(July 16, 2008, Completeness Response, page 213)*

[2] Substance Abuse & Mental Health Services Administration of the United States Department of Health and Human Services.

[3] There are five medications available for the treatment of opioid addiction: methadone, LAAM (Levo-Alpha Acetyl Methadol), buprenophine (Subutex®), buprenorphrine-naloxone (Suboxone®), and naltrexone.

9. The Applicant stated that residents of the service area have difficulty accessing Hartford-based methadone maintenance and ambulatory opiate detoxification programs due to high utilization, waiting lists, and safety concerns regarding urban locations. *(November 30, 2007, Initial CON Submission, page 15)*

10. SAMHSA's 2004-2005[4] National Survey on Drug Use and Health[5] ("NSDUH") reported the following information:
    - Opiates, including heroin and non-medical use of prescription pain relievers, accounted for 28% of the cases of illicit drug abuse and or dependency;
    - 80,000 Connecticut residents aged 18 years or older had an illicit drug dependence or abuse problem in the past year; and
    - 72,000 Connecticut residents aged 18 years or older persons needed but did not receive treatment for illicit drug use.

    (November 30, 2007, Initial CON Submission, pages 16, 17, and 23)

11. Using an estimated population in Connecticut in 2004 for persons 18 years of age or older of 2,638,220 persons, the following percentages were calculated:
    - 3% had an illicit drug dependence or abuse problem in the past year; and
    - 2.7% needed but did not receive treatment for illicit drug use.

    (November 30, 2007, Initial CON Submission, pages 17 and 18)

12. The Applicant selected the following service area towns based on their being a suburb of Greater Hartford, having an absence of a methadone maintenance or ambulatory opiate detoxification program, and being within a reasonable travel distance to the proposed Windsor location:

Avon	East Windsor	Simsbury	Vernon
Bloomfield	Ellington	Somers	West Hartford
Canton	Enfield	South Windsor	Windsor
East Granby	Granby	Suffield	Windsor Locks
East Hartford	Manchester		

(November 30, 2007, Initial CON Submission, pages 20 and 21)

[4] Connecticut specific statistics were not yet available from the 2006 survey.
[5] The Department of Health and Human Services, Substance Abuse and Mental Health Services Administration ("SAMHSA"), Office of Applied Studies ("OAS") does an annual survey that is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian non-institutionalized population of the United Stages aged 12 years or older.

13. The following table summarizes the service area population that may have needed treatment for drug or alcohol abuse or dependency in 2006:

Table 1: Service Area Population in Need but Not Receiving Treatment

Residents in need of but did not receive treatment for illicit drug or alcohol abuse or dependence to:	Service Area Population (18 years of age or older)	Percent of CT Population (%)	Persons in Proposed Service Area
Opiates	339,712	28% of 2.7%	2,586
Opiates and who would benefit from methadone maintenance	-	60% *(of 2,586)*	1,552

(November 30, 2007, Initial CON Submission, pages 23 and 25)

14. The following table reports the number of persons served by town and service for State Fiscal Years 2005 to 2007:

Table 2: Service Utilization by Town and State Fiscal Year

	Methadone Maintenance			Ambulatory Detoxification		
	State Fiscal Year (July 1 to June 30)					
Town	**2007**	**2006**	**2005**	**2007**	**2006**	**2005**
Avon	7	4	3	1	0	0
Bloomfield	35	36	29	1	4	6
Canton	15	14	14	2	0	5
East Granby	3	3	2	0	0	2
East Hartford	255	216	197	32	21	25
East Windsor	25	20	21	3	3	0
Ellington	19	10	11	5	1	2
Enfield	89	71	52	31	23	28
Granby	14	13	13	1	1	2
Manchester	138	112	101	22	24	19
Simsbury	8	8	6	5	5	5
Somers	6	8	6	2	2	1
South Windsor	20	52	45	4	6	5
Suffield	17	9	9	2	6	9
Vernon	77	45	40	16	11	16
West Hartford	67	54	55	14	7	7
Windsor	60	52	49	14	11	9
Windsor Locks	32	26	26	2	7	10
Total	**887**	**753**	**679**	**157**	**132**	**151**

Source: DMHAS, Substance Abuse Treatment Information System
Note: Service utilization data were unavailable for SFY 2008.
(November 30, 2007, Initial CON Submission, page 160)

15. The following table reports the existing providers of methadone maintenance in the greater Hartford area, the program capacity and the average daily census during July 1, 2006 through June 30, 2007:

Table 3: Existing Providers of Methadone Maintenance in Greater Hartford Area

Program	Provider	Program Capacity	Average Daily Census
Methadone Maintenance	Community Substance Abuse Centers I	250	466
	Hartford Dispensary: Henderson/Johnson Clinics	1,320	1,442
	Hartford Dispensary: Main Street (Doctor's Clinic)	760	677
	Hartford Dispensary: Bristol Clinic	305	372
	Hartford Dispensary: New Britain Clinic	435	434

Source: State of Connecticut, Department of Mental Health and Addiction Services ("DMHAS"). *(November 30, 2007, Initial CON Submission, page 158)*

16. The following table reports the existing providers of ambulatory detoxification for opiates in the greater Hartford area, the program capacity and the average daily census during July 1, 2006 through June 30, 2007:

Table 4: Existing Providers of Ambulatory Detox in Greater Hartford Area

Program	Provider	Program Capacity	Average Daily Census
Ambulatory Detoxification	Community Substance Abuse Centers I	50	30
	Hartford Dispensary: Weston Street	65	60
	Hartford Dispensary: Bristol Clinic	25	14
	Hartford Dispensary: New Britain Clinic	25	14

Source: State of Connecticut, Department of Mental Health and Addiction Services ("DMHAS"). *(November 30, 2007, Initial CON Submission, page 158)*

17. Untreated addicts to opiates are one of the largest vectors for the spread of HIV, Hepatitis B and C, and tuberculosis into the general population. *(November 30, 2007, Initial CON Submission, page 16)*

18. The WDC proposes to serve a maximum of 500 patients for methadone treatment. The Applicant based the number of patients on the size of the proposed facility and a manageable census for the proposed program. The Applicant applied varying market share rates depending on the year of operation and the patient town of residence. The following table provides the estimated number of persons that will utilize the methadone maintenance or the ambulatory opiate detoxification program at WDC:

Table 5: Proposed Utilization by Service and Year

Service Towns	Population Ages 18 and over Not Receiving Treatment for Opiate Addiction	Number of Patients Appropriate for Methadone Treatment	Number of Admissions to Program and Market Share		
			Year 1	Year 2	Year 3
			Market Share, %	Market Share, %	Market Share, %
All service area towns, *except* those listed below	1,441	865	**130**	**216**	**389**
			15%	25%	45%
East Hartford, West Hartford, Manchester, and Vernon	1,145	687	**34**	**82**	**103**
			5%	12%	15%
Total	**2,586**	**1,552**	**164**	**299**	**494**
Methadone Maintenance (92%)*			***151***	***275***	***453***
Ambulatory Detox (8%)*			***13***	***24***	***39***

* The Applicant estimated that 92% of the admissions will be for methadone maintenance and 8% for ambulatory detoxification. Percentages based on historical data provided by DMHAS which quantified the number of patients using both programs.

(November 30, 2007, Initial CON Submission, page 200)

19. Admission to the methadone maintenance program will occur through the year. Patients are assumed to remain in the program for several years. Therefore, new patients are added to the existing patient population to obtain the total number of patient admissions for each year. *(November 30, 2007, Initial CON Submission, page 206))*

20. The WDC will provide standard counseling services associated with methadone maintenance and ambulatory detoxification, treatment needs and clinical bio-psychosocial assessments, physical examinations, and random drug testing. In addition, WDC will provide meeting space for a 12-step program through Alcoholics Anonymous/Narcotics Anonymous ("AA/NA") which will be available to the WDC's methadone patients as well as others in the community. *(November 30, 2007, First Completeness Response, pages 213 and 215)*

21. If a patient has an alcohol or cocaine addiction along with an opiate addiction, they will be treated at the WDC. For others that do not have an opiate addiction and seek general or intensive outpatient therapy, they will be referred to other organizations. *(November 30, 2007, First Completeness Response, page 213)*

22. The WDC proposes the following hours of operation. Hours and staffing may be adjusted based on client needs.

Table 6: Hours of Operation

Service	Hours Monday – Friday	Hours Saturday and Sunday
Methadone and ambulatory detoxification- general and counseling hours	6:30 a.m. – 5:00 p.m.	8:00 a.m. – 10:00 a.m.
Medication dispensing	6:30 a.m. – 5:00 p.m.	8:00 a.m. – 10: a.m.
AA/NA	Space to be provided in the evenings	

(September 29, 2008, Second Completeness Response, page 303)

23. The WDC will employ 24-hour beeper coverage. Staff members will be responsible for beeper coverage on a rotating basis. *(July 16, 2008, First Completeness Response, page 219)*

24. Staffing and hours of operation may be adjusted based on client demand. Services will always be available seven days per week. Additional counselor will be added as needed. The WDC proposes the following staffing plan for the first year of operations:

Table 7: Proposed Staffing Plan for First Year of Operations

Personnel	Monday to Friday	Saturday	Sunday
CEO/Medical Director	6:30 a.m. – 10:00 a.m.	8:00 a.m. – 10:30 a.m.	8:00 a.m. – 10:30 a.m.
Staff Nurse	6:30 a.m. – 1:30 p.m.	8:00 a.m. – 10:30 a.m.	8:00 a.m. – 10:30 a.m.
Secretary/Reception	9:00 a.m. – 4:00 p.m.	8:00 a.m. – 10:30 a.m.	8:00 a.m. – 10:30 a.m.
Clinical Coordinator	9:00 a.m. – 5:00 p.m.	-	-
AP Registered Nurse	1:00 p.m. – 5:00 p.m.	-	-
Counselor 1	6:30 a.m. – 2:30 p.m.	-	-
Counselor 2	9:00 a.m. – 5:00 p.m.	-	-

(September 29, 2008, Second Completeness Response, pages 303 and 304)

25. The proposal will require that the Applicant obtain licensure from the State of Connecticut Department of Public Health as a "Facility for the Care and Treatment of Substance Abusive or Dependent Persons." *(November 30, 2007, Initial CON Submission, page 11 and 37)*

26. The WDC will pursue certification through the Commission on Accreditation of Rehabilitation Facilities ("CARF"), a SAMHSA-approved accreditation provider since 2001. WDC has filed an early intent application with CARF. CARF will survey the WDC after it has been operating for at least 90 days. *(July 16, 2008, First Completeness Response, page 229)*

27. WDC will apply for Drug Enforcement Administration certification as a Narcotic Treatment Program. *(July 16, 2008, First Completeness Response, page 229)*

28. The Code of Federal Regulations required that opioid treatment centers maintain a Diversion Control Plan. As part of its quality assurance programs to reduce the possibility of diversion or controlled substances from legitimate treatment use. WDC's Diversion Control Plan includes staff education, physical precautions, such as daily medication counts, use of a safe, and designated staff to provide daily oversight. The only staff members that will be eligible to dispense the methadone are physicians, nurse practitioner, and registered nurses. *(July 16, 2008, First Completeness Response, pages 221, 234-236)*

29. The WDC counselors or clinical staff will have an up-to-date resource directory for community-based social service agencies, vocational rehabilitation, employee assistance programs, preventative healthcare, inpatient and outpatient psychiatric treatment, recovery support groups and health services. *(July 16, 2008, First Completeness Response, pages 219)*

30. Dr. Njoku stated at the hearing that :
    - He has patients for whom he had to intervene to get them admitted to a methadone treatment program;
    - The Windsor site was chosen because it would be centrically located for patient from that come from different directions.
    - There were a *"…number of individuals coming from Enfield, Windsor Locks…who through my screenings and interventions knew that they were dependent on synthetic opiates"*; and
    - An estimated ten (10) Suboxone® patients at his internal medicine practice come from the Windsor area.

31. The Applicant failed to provide documentation to support the number of patients seen from the internal medicine practice that required intervention in order to receive methadone treatment.

Financial Feasibility and Cost Effectiveness of the Proposal and its Impact on the Applicant's Rates and Financial Condition
Impact of the Proposal on the Interests of Consumers of Health Care Services and the Payers for Such Services
Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines

32. The Applicant reported that the total capital expenditure would consist of $10,150 for the purchase of a steel safe and alarm and camera equipment, $2,000 for construction and renovations, and $2,000 for other expenses, for a total capital expenditure of $14,150. *(November 30, 2007, Initial CON Submission, pages 38-40)*

33. The Applicant indicated that the only construction/renovation of the space will be the reinforcement of the floor below where the safe containing all controlled substances will reside. *(November 30, 2007, Initial CON Submission, page 38)*

34. The project will be financed through the Applicant's equity. *(November 30, 2007, Initial CON Submission, page 40)*

35. As of August 14, 2008, Dr. Njoku has funds available totaling $185,498. As of September 17, 2008, Dr. Njoku also has a business line of credit with an available balance of $100,000. *(September 29, 2008, Second Completeness Response, pages 310-311)*

36. The Applicant reported the following financial projections with the proposal:

Table 8: Financial Projections by Fiscal Year

Description	**FY 2009**	**FY 2010**	**FY 2011**
Revenue from Operations	$379,641	$1,149,106	$1,975,711
Expenses:			
Salaries and Fringe Benefits	408,000	642,720	922,983
Professional Services	8,400	9,072	9,804
Supplies and Drugs	78,448	182,235	315,277
Bad Debts	3,796	11,491	19,757
Other Operating Expenses*	137,476	203,644	273,772
Lease Expenses	30,800	30,800	30,800
Total Operating Expenses	666,920	1,079,962	1,572,393
Gain (Loss) from Operations	**($287,279)**	**$ 69,143**	**$ 403,317**

*Includes billing service, security, office supplies, insurance, and other business expenses.
Assumptions: 3% annual increase due to inflation, fringe benefits 20% of salaries.
(July 16, 2008, First Completeness Response, pages 219 and September 29, 2008, Second Completeness Response, page 305)

37. The Applicant will lease space from the UCHE, LLC. Dr. Njoku is the sole member of UCHE, LLC. Dr. Njoku currently uses the location for his private practice on a part-time basis and he plans to consolidate all routine internal medicine care into his East Hartford office. *(November 30, 2007, Initial CON Submission, page 11)*

38. The Applicant reported the following fees for services at the Clinic:

Table 9: Projected Fee Schedule for Services

Service	Payer	Fee per Week
Methadone Maintenance	Medicaid	$92.00
	Commercial	$120.00
	Uninsured (self-pay)	$30.00
Ambulatory Detox for Opiates	Medicaid	$92.00
	Commercial	$120.00
	Uninsured (self-pay)	$30.00

(November 30, 2007, Initial CON Submission, page 206)

39. The Clinic will have a sliding fee scale by family size and federal poverty income guidelines. *(November 30, 2007, Initial CON Submission, page 209)*

40. As a nonprofit facility the Clinic will be able to apply for grant funding to provide services to those who do not have insurance coverage and are unable to afford the services. *(November 30, 2007, Initial CON Submission, page 22)*

41. The Applicant provided the following projected payer mix, based on gross patient revenue, for the proposal:

Table 10: Three-Year Projected Payer Mix with the CON Proposal

Payer	FY 2008	FY 2009	FY 2010
Medicare	0	0	0
Medicaid	60.0%	60.0%	60.0%
CHAMPUS/TriCare	0	0	0
Total Government	60.0%	60.0%	60.0%
Commercial Insurers	30.0%	30.0%	30.0%
Uninsured / Self-Pay	10.0%	10.0%	10.0%
Total Non-Government	40.0%	40.0%	40.0%
Total Payer Mix	**100%**	**100%**	**100%**

(November 30, 2007, Initial CON Submission, pages 202, 203, and 204)

42. The WDC plans to participate in the Medicaid program. However, the WDC will serve all patients in need regardless of their ability to pay for services. *(November 30, 2007, Initial CON Submission, page 11)*

43. The Medical Director has not yet been determined. Additional staff at the Clinic will include certified addiction counselors, a staff nurse, and administrative support staff. The Clinic will contract for pharmacy services. *(November 30, 2007, Initial CON Submission, page 34)*

44. There is no State Health Plan in existence at this time. *(November 30, 2007, Initial CON Submission, page 15)*

45. The Applicant stated that the proposal is consistent with its long-range plan. *(November 30, 2007, Initial CON Submission, page 15)*

46. The Applicant did not undertake any activities in the past year that would improve productivity or contain costs. *(November 30, 2007, Initial CON Submission, page 36)*

47. The Applicant has sufficient technical and managerial competence to provide efficient and adequate services to the public. *(November 30, 2007, Initial CON Submission, pages 1709 to 185)*

48. The Applicant has no current teaching or research responsibilities that would be affected as a result of the proposal. *(November 30, 2007, Initial CON Submission, page 36)*

49. The Applicant stated that its patient/physician mix will be characterized by having two staff members who are bilingual. *(November 30, 2007, Initial CON Submission, page 5)*

Rationale

The Office of Health Care Access ("OHCA") approaches community and regional need for Certificate of Need ("CON") proposals on a case by case basis. CON applications do not lend themselves to general applicability due to a variety of factors, which may affect any given proposal; e.g. the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

Windsor Dispensary Clinic, Inc. ("WDC" or "Applicant") is a not-for-profit corporation established by Edwin Njoku, MD to provide substance abuse services. WDC proposes to establish and operate methadone maintenance and ambulatory detoxification programs for treatment of opiate abuse or dependency. Methadone, which is taken orally on a daily basis, is used to control withdrawal symptoms, stabilize physiological processes, and improve the functionality of individuals with opiate addictions. The Applicant proposes to locate the program at 180 Poquonock Avenue, Windsor, in a building that is currently owned by Dr. Njoku and used for his private practice on a part-time basis.

The Applicant claims that there is a need for the proposal due to increasing opiate addiction in Connecticut, including suburban areas, and a lack of access to methadone programs. The Applicant testified that there are no methadone maintenance or ambulatory opiate detoxification programs in the proposed service area and that the proposed program would be centrically located for area patients; however, the Applicant failed to provide any documentation in support of the need for a methadone maintenance and ambulatory detoxification program in Windsor. In addition, despite the applicant's allegations that there are patients who have difficulty getting into methadone treatment programs, the applicant failed to provide sufficient evidence in support of this contention. OHCA finds that the application lacked substantial evidence to support the need to locate the proposed programs in Windsor; therefore, OHCA is unable to conclude definitively that there is a need for treatment of opiate abuse or dependency in the Windsor area and questions the Applicant's assertion that Windsor is the best location for the proposed program.

Since OHCA cannot conclude definitely that need exists for the Applicant's proposal, OHCA is unable to evaluate the financial feasibility of the proposal.

Order

Based upon the foregoing Findings and Rationale, the Certificate of Need application of Windsor Dispensary Clinic, Inc. to establish and operate methadone maintenance and ambulatory detoxification programs for substance abuse in Windsor, Connecticut, at a total capital expenditure of $14,150 is hereby **DENIED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Office of Health Care Access

Signed by Commissioner Vogel on December 24, 2008

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Date Cristine A. Vogel
Commissioner

CAV: lkg