



Office of Health Care Access Certificate of Need Application

Agreed Settlement

Applicants: Central Connecticut Health Alliance
New Britain General Hospital
Bradley Memorial Hospital and Health Center

Docket Number: 04-30280

Project Title: Consolidation of Hospital Operations under a Single Hospital License

Statutory Reference: Section 19a-638 of the Connecticut General Statutes

Filing Date: December 14, 2004

Decision Date: March 24, 2005

Default Date: March 29, 2005 (Includes Fifteen Day Time Extension)

Staff Assigned: Harold M. Oberg and Jack A. Huber

Project Description: Central Connecticut Health Alliance (“CCHA”), New Britain General Hospital (“NBGH”) and Bradley Memorial Hospital and Health Center (“BMHHC”) (together known as “the Applicants”) propose to consolidate the operations of both New Britain General Hospital and Bradley Memorial Hospital and Health Center (“Hospitals”) under a single general hospital license, with no associated capital expenditure. The proposed successor hospital would operate and function as one acute care general hospital with two campuses at the Hospitals’ existing locations in New Britain and Southington.

Nature of Proceedings: On December 14, 2004, the Office of Health Care Access (“OHCA”) received a completed Certificate of Need (“CON”) application from CCHA, NBGH and BMHHC to consolidate the operations of both Hospitals under a single general hospital license, with no associated capital expenditure. The Hospitals are health care facilities or institutions as defined by Section 19a-630 of the Connecticut General Statutes (“C.G.S.”).

On April 16, 2004, the Hospitals were informed that a notice to the public regarding OHCA’s receipt of the Applicants’ Letter of Intent (“LOI”) to file their CON application

would be published in the *New Britain Herald* pursuant to Section 19a-638, C.G.S. OHCA received several letters of support from the public concerning the Applicants' LOI and CON application.

On July 30, 2004, OHCA granted the Hospitals' request for a thirty day extension of the CON application filing expiration date, from August 5, 2004 to September 4, 2004. On February 16, 2005, OHCA granted the Hospitals request for a fifteen day extension of the CON application review period expiration date, from March 14, 2005 to March 29, 2005.

A public hearing regarding the CON application was held on February 23, 2005. The Hospitals were notified of the date, time and place of the hearing, and a notice to the public was published prior to the hearing in the *New Britain Herald*. Commissioner Cristine A. Vogel served as Presiding Officer for this case. At the public hearing the Presiding Officer designated Central Connecticut Health Alliance as an Applicant in this proceeding. The public 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.

The Presiding Officer heard testimony from the Applicants and in rendering this decision considered the entire record of the proceeding. OHCA's authority to review and approve, modify or deny this proposal 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 Applicants' 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. Central Connecticut Health Alliance ("CCHA") is the parent corporation of New Britain General Hospital and Bradley Memorial Hospital and Health Center. CCHA was formed as a result of the merger of the BMH Corporation, the parent corporation of Bradley Memorial Hospital and Health Center, and the CenConn Health Corporation, the parent corporation of New Britain General Hospital. (*September 3, 2004 CON Application, Page 7*)
2. New Britain General Hospital ("NBGH") is an acute care general hospital located at 100 Grand Street in New Britain, Connecticut. NBGH's total licensed bed capacity of 362 licensed beds and bassinets includes 330 general hospital beds and 32 bassinets. (*September 3,, 2004 CON Application, Page 65*)
3. Bradley Memorial Hospital and Health Center ("BMHHC") is an acute care general hospital located at 81 Meriden Avenue in Southington, Connecticut. BMHHC's total licensed bed capacity is 84 licensed beds. (*September 3, 2004 CON Application, Page 63*)

4. The Applicants are proposing to consolidate the operations of both New Britain General Hospital and Bradley Memorial Hospital and Health Center (“Hospitals”) under a single general hospital license, with no associated capital expenditure. The CON proposal involves the termination of NBGH and BMHHC as separately licensed general hospitals with the proposed successor hospital operating and functioning as one acute care general hospital with two campuses at the Hospitals’ existing locations in New Britain and Southington. *(September 3, 2004 CON Application, Page 5)*
5. Upon the completion of the consolidation of both Hospitals’ operations proposed by the Applicants, the proposed successor hospital will have a total licensed bed capacity at both campuses of 446 licensed beds and bassinets, which will include 414 general hospital beds and 32 bassinets. *(November 12, 2004 Completeness Responses, Page 18)*
6. The CON proposal does not involve the addition, replacement or termination of any health care functions or services. The proposed successor hospital will continue to offer all of the existing services that are now individually offered by both Hospitals. The existing campuses of both Hospitals in New Britain and Southington will remain in operation, and inpatient services will be provided at both campuses. *(September 3, 2004 CON Application, Page 6)*
7. The Applicants based the need for the proposal on the following:
 - a. Improved quality of health care delivery;
 - b. Enhanced access to medical specialists and services; and
 - c. Implementation of cost saving measures.*(September 3, 2004 CON Application, Pages 9-11)*
8. The estimated driving distance between the New Britain and Southington campuses of the proposed successor hospital is 10.45 miles, and the estimated driving time is 16 minutes. *(November 12, 2004 Completeness Responses, Page 2)*

9. BMHHC serves primarily Southington. The town makes up 76% of the hospital's discharges. The hospital accounts for 0.6% of CT's acute care discharges.

Table 1: Bradley Memorial Hospital and Health Center's Primary Service Area, FY 2003

Patient Town	Discharges	Share of Hospital Total
Southington	1,905	76%
Cheshire	150	6
Meriden	83	3
Plainville	78	3
Bristol	64	3
New Britain	40	2
Total	2,513	100%

(Source: CT Office of Health Care Access, Acute Care Inpatient Discharge Database)

10. New Britain General Hospital serves New Britain, Berlin, Plainville, Newington and Southington. The five towns make up 76% of the hospital's discharges.

Table 2: New Britain General Hospital's Primary Service Area, FY 2003

Patient Town	Discharges	Share of Hospital Total
New Britain	7,728	48%
Berlin	1,459	9
Plainville	1,135	7
Newington	1,123	7
Southington	1,077	7
Bristol	863	5
Farmington	559	3
Meriden	221	1
West Hartford	181	1
Total	16,177	100%

(Source: CT Office of Health Care Access, Acute Care Inpatient Discharge Database)

11. The primary service area of the proposed successor hospital will consist of the same towns currently served by both Hospitals and includes Berlin, Bristol, Farmington, New Britain, Newington, Plainville and Southington. (April 7, 2004 CON Determination Request, Page 9)

12. Hospital utilization in FY 2003 by Southington, New Britain, Berlin, Newington and Plainville residents was as follows:

Table 3: Hospital Utilization in FY 2003 by Residents of Southington, New Britain, Berlin, Newington and Plainville

Hospital	Berlin	New Britain	Newington	Plainville	Southington	Total
New Britain General Hospital	66%	75%	33%	53%	22%	54%
Hartford Hospital	12%	7%	37%	7%	6%	12%
John Dempsey Hospital	6%	7%	5%	8%	4%	6%
Saint Francis Hospital	6%	5%	18%	5%	3%	7%
Middlesex Memorial Hospital	2%	1%	1%	1%	1%	1%
MidState Medical Center	2%	0%	0%	1%	5%	1%
Yale-New Haven Hospital	2%	1%	1%	2%	3%	1%
Connecticut Children's Medical Center	2%	2%	2%	2%	2%	2%
Bradley Memorial Hospital & Health Center	1%	0%	0%	4%	39%	9%
Bristol Hospital	1%	1%	0%	17%	6%	3%
Other Hospitals*	1%	1%	2%	2%	9%	3%
Total	100%	100%	100%	100%	100%	100%

*Includes Hospital of Saint Raphael, Manchester, St. Mary's and Waterbury Hospitals
(Source: CT Office of Health Care Access, Acute Care Inpatient Discharge Database)

13. BMHHC has a disproportionate share of senior discharges, compared to its primary service area share of seniors. In the last four fiscal years, seniors made up over two-thirds of the hospital's discharges, and the other third were adults 18 to 64 years old. The hospital does not have a maternity or a pediatric unit.

Table 4: Age Distribution of Bradley Memorial Hospital and Health Center Discharges, FYs 2000 – 2003

Age	Discharges					Share of Hospital Discharges				
	2000	2001	2002	2003	4-year Ave.	2000	2001	2002	2003	4-year Ave.
0 - 17	11	17	15	6	12	0%	1%	1%	0%	0%
18 - 64	763	753	810	785	778	31%	29%	32%	31%	31%
65+	1,670	1,831	1,708	1,722	1,733	68%	70%	67%	69%	69%
Total	2,444	2,601	2,533	2,513	2,523	100%	100%	100%	100%	100%

(Source: CT Office of Health Care Access Acute Care Discharge Database)

14. On October 19, 1995, the merger of the Hospitals' parent corporations received Certificate of Need ("CON") approval from the Office of Health Care Access ("OHCA") under Docket Number 95-560, and established CCHA. (September 3, 2004 CON Application, Page 7)

15. CCHA is a comprehensive health system that includes the following components:

Table 5: CCHA Health System

Service Provided	Affiliate
Acute Care services	BMHHC NBGH (higher end services)
Services for Seniors	Jerome Home Southington Care Center Mulberry Gardens The Orchards at Southington Center for Healthy Aging Adult Day care
Behavioral Health and Substance Abuse	Alliance Treatment Center Community Mental Health Affiliates
Home Health Care	VNA of Central Connecticut
Rehabilitation Services	Alliance Occupational Health Central Connecticut Sports Medicine Center, LLC
Diagnostic Imaging	MRI of Farmington Avenue, LLC MRI of New Britain, LLC Bradley Health Services, Inc.
Administrative/Joint Venture	NewMed, Inc. CenConn Services, Inc. MedConn Collection Agency, LLC

November 12, 2004 Completeness Responses, Pages 7-12, January 28, 2005, Prefile Testimony, Pages 7-17, February 4, 2005, Amended Prefile Testimony, Page 4)

16. Under the direction of CCHA, the following actions have been undertaken:

- BMHHC and NBGH have consolidated their operations in certain areas including patient accounting, information systems, pathology, infectious disease, finance, managed care contracting and insurance.
- The corporate merger has brought about improved access to health care plans because it allows for the full participation of both Hospitals and their physicians in all insurance plans, and BMHHC and NBGH have formed a single management for several hospital functions including cardiology, facilities management, volunteers, education and purchasing. *(September 3, 2004 CON Application, Page 7)*

17. BMHHC and NBGH have determined that the proposed consolidation under a single hospital license will enable the Hospitals to carry out their integration plan to achieve additional operational efficiencies, service consolidations and other cost saving

measures that are not currently possible under separate licenses. *(September 3, 2004 CON Application, Page 7)*

18. The proposed single provider license will allow the Hospitals to transfer patients from one entity to another without having to discharge and readmit patients, allow emergent patients to be directed to the appropriate emergency room, permit the optimal use of licensed and staffed beds on both campuses during peak volume periods, and allow for a better sharing and use of staff resources between the two hospital campuses. *(September 3, 2004 CON Application, Page 7)*

19. The Hospitals also believe that the quality of and access to health care services at the Hospitals will be improved with the CON proposal due to the following:

- a. a single standard of health care delivery will be put in place;
- b. direct patient access to a broader range of health care services will be improved;
- c. an integrated medical staff will result in improved access to medical specialists;
- d. a strengthened medical staff will result from improved physician recruitment and retention;
- e. patient access to clinical research will be enhanced;
- f. the inpatient services to Southington area residents will continue to be offered;
and
- g. a combined single clinical information system for all patients will be put in operation.

(September 3, 2004 CON Application, Pages 9-11)

20. The Hospitals considered several alternatives to the CON proposal. These proposals included adding services such as psychiatric, chronic disease and rehabilitation at BMHHC to make it more financially viable. These options were not pursued due to financial or logistic constraints. *(January 28, 2005 Responses to Interrogatories, Page 2))*

**Financial Feasibility and Cost Effectiveness of the Proposal and its Impact on
the Applicants' Rates and Financial Conditions
Impact of the Proposal on the Interests of Consumers of Health Care Services
and the Payers for Such Services**

21. There is no capital expenditure associated with the CON proposal. *(September 3, 2004 CON Application, Page 23)*

22. The anticipated effective date on which the Hospitals will consolidate their operations is October 1, 2005. *(November 12, 2004 Completeness Responses, Page 2)*

23. BMHHC sustained the following operating losses and revenue under expense from FY 2002 to FY 2004:

Table 6: BMHHC Financial Operating Results FY 2002-2004

Description	FY 2002	FY 2003	FY 2004 (projected)
Operating gains/(losses)	\$(2,094,622)	\$(3,060,965)	\$(2,760,809)
Revenue over/(under) expense	\$(1,209,295)	\$(1,798,923)	\$(1,186,486)

(September 3, 2004 CON Application, Pages 149 and 203)

24. The cash equivalent balance for BMHHC as of September 30, 2004 was \$366,359.
(November 12, 2004 Completeness Responses, Page 14)

25. NBGH sustained the following operating gains/(losses) and revenue over/(under) expense from FY 2002 to FY 2004:

Table 7: NBGH Financial Operating Results FYs 2002-2004

Description	FY 2002	FY 2003	FY 2004 (projected)
Operating gains/(losses)	\$(2,533,642)	\$(4,497,958)	\$6,446,168
Revenue over/(under) expense	\$(1,848,843)	\$(7,428,331)	\$8,098,160

(September 3, 2004 CON Application, Pages 168 and 204)

26. The cash equivalent balance for NBGH as of September 30, 2004 was \$23,981,169.
(November 12, 2004 Completeness Responses, Page 14)

27. As a result of the implementation of the CON proposal, the Hospitals project an increase of \$405,000 in incremental net revenue starting in FY 2006 due to BMHHC subsequently receiving the same rates as NBGH from both Medicare and managed care contracts, since the proposed successor hospital will have one chargemaster and one set of managed care contracts. *(November 12, 2003 Completeness Responses, Page 25)*

28. The Hospitals are projecting annual savings of \$474,287 in operating expenses that includes reductions in salaries of \$400,000 and fringe benefits of \$74,287 associated with the projected reduction of 16 FTEs with the CON proposal. *(December 14, 2004 Completeness Responses, Page 25)*

29. The Hospitals are projecting revenue over expense for the successor hospital of \$2,386,027 for FY 2006, \$2,415,137 for FY 2007 and \$2,444,697 for FY 2008.
(December 14, 2004, Completeness Responses, Attachment C)

30. NBGH's current payer mix is as follows:

Table 8: NBGH's Payer Mix

Description	Current
Medicare	42.20%
Medicaid	11.30%
TriCare (CHAMPUS)	0.10%
Total Government	53.60%
Commercial Insurers	43.09%
Self-Pay	1.89%
Workers Compensation	0.92%
Total Non-Government	45.90%
Uncompensated Care	0.50%
Total Payer Mix	100.00%

(September 3, 2004 CON Application, Page 200)

31. BMHHC's current payer mix is as follows:

Table 9: BMHHC's Payer Mix

Description	Current
Medicare	54.70%
Medicaid	4.70%
TriCare (CHAMPUS)	1.00%
Total Government	80.40%
Commercial Insurers	37.78%
Self-Pay	1.00%
Workers Compensation	0.80%
Total Non-Government	39.58%
Uncompensated Care	0.02%
Total Payer Mix	100.00%

(September 3, 2004 CON Application, Page 199)

32. The successor hospital's projected payer mix for the first three years of operation is as follows:

Table 10: Successor Hospital's Three-Year Projected Payer Mix

Description	Year 1	Year 2	Year 3
Medicare	43.4%	43.4%	43.4%
Medicaid	10.2%	10.2%	10.2%
TriCare (CHAMPUS)	0.1%	0.1%	0.1%
Total Government	53.7%	53.7%	53.7%
Commercial Insurers	43.2%	43.2%	43.2%
Self-Pay	1.8%	1.8%	1.8%
Workers Compensation	0.9%	0.9%	0.9%
Total Non-Government	45.9%	45.9%	45.9%
Uncompensated Care	0.4%	0.4%	0.4%
Total Payer Mix	100.0%	100.0%	100.0%

(November 12, 2004 Completeness Responses, Page 49)

Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines

The following findings are made pursuant to other principles and guidelines set forth in Section 19a-637, C.G.S.:

33. There is no State Health Plan in existence at this time. *(September 3, 2004 CON Application, Page 6)*
34. The Applicants have adduced evidence that this proposal is consistent with the Applicants' respective long-range plans. *(September 3, 2004 CON Application, Page 6)*
35. The Applicants have implemented various activities to improve productivity and contain costs involving group purchasing, energy conservation, reengineering, and the application of new technology. *(September 3, 2004 CON Application, Pages 14 – 16)*
36. The Applicants have no current teaching and research responsibilities that would be affected as a result of the proposal. *(September 3, 2004 CON Application, Page 16)*
37. The Applicant's current patient/physician mix is similar to that of other acute care general hospitals in the region. The proposal will not result in any changes to this patient/physician mix. *(September 3, 2004 CON Application, Page 16)*
38. The Applicants have sufficient technical, financial and managerial competence and expertise to provide efficient and adequate service to the public. *(September 3, 2004 CON Application, Attachment C and November 12, 2004 Completeness Responses, Attachment C)*
39. The Applicant's rates are sufficient to cover the proposed operating costs associated with the proposal. *(December 14, 2004 Completeness Responses, Attachment E)*

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 services.

Central Connecticut Health Alliance (“CCHA”), New Britain General Hospital (“NBGH”) and Bradley Memorial Hospital and Health Center (“BMHHC”) (together known as “the Applicants”) propose to consolidate the operations of both New Britain General Hospital and Bradley Memorial Hospital and Health Center (“Hospitals”) under a single general hospital license, with no associated capital expenditure. The proposed successor hospital would operate and function as one acute care general hospital with two campuses at the Hospitals’ existing locations in New Britain and Southington. The CON proposal does not involve the addition, replacement or termination of any health care functions or services. The proposed successor hospital will continue to offer all of the existing services that are now individually offered by both Hospitals. The Applicants based the need for the proposal on improvements to the quality of health care delivery, enhanced access to medical specialists and services, and the implementation of cost saving measures.

On October 19, 1995, the merger of the Hospitals’ parent corporations received Certificate of Need (“CON”) approval from the Office of Health Care Access (“OHCA”) under Docket Number 95-560, and established CCHA. CCHA is a comprehensive health system that provides acute care services, a full continuum of care for seniors, home health care services, occupational health services and diagnostic imaging. Under the direction of CCHA, BMHHC and NBGH have consolidated their operations in certain areas including patient accounting, information systems, pathology, infectious disease, finance, managed care contracting and insurance. The corporate merger has brought about improved access to health care plans, and BMHHC and NBGH have formed a single management for several hospital functions including cardiology, facilities management, volunteers, education and purchasing. The consolidation of the two Hospitals under a single hospital license is the next step in an integration of services at both Hospitals.

Consolidation of both Hospitals is needed in order to further optimize improvements in the quality, accessibility and cost efficiency of health care services that the Hospitals provide. BMHHC and NBGH have determined that the proposed consolidation under one license will enable the Hospitals to carry out their integration plan to achieve additional operational efficiencies, service consolidations and other cost saving measures that are not currently possible under separate hospital licenses. The proposed single provider license will allow the Hospitals to transfer patients from one entity to another without having to discharge and readmit patients, allow emergent patients to be directed to the appropriate emergency room, permit the optimal use of licensed and staffed beds

on both campuses during peak volume periods, and allow for a better sharing and use of staff resources between the two hospital campuses. Additionally, an integrated medical staff will result in improved access to medical specialists and improved physician recruitment and retention. Based on the discussion above, OHCA concludes that the implementation of the proposals will improve the quality and accessibility of health care services in the region.

The Applicants have evaluated several alternatives to the consolidation of operations under a single license. OHCA concurs with the Applicants' assertion that the continued operation of the two hospital campuses as a single licensed hospital is necessary for the continued growth of CCHA and the provision of services in the region. NBGH offers "higher end", more invasive technology, while BMHHC is positioned to concentrate on offering specialized geriatric inpatient services and appears to be a critical component of CCHA's continuum of senior care services. However, OHCA is concerned that the Applicants were unable to submit a detailed operating plan for the proposed successor hospital. Absent such a plan, OHCA is unable to evaluate future hospital operations at the Southington campus of the proposed successor hospital.

There is no capital expenditure associated with the proposal. During the last three fiscal years BMHHC has experienced operating losses during FYs 2002-2004 and NBGH has experienced operating losses in FYs 2002 and 2003, and an operating gain in FY 2004. As a result of the implementation of the CON proposal, the Hospitals project an increase of \$405,000 in incremental net revenue starting in FY 2006. The Hospitals also project annual savings of \$474, 287 in operating expenses that includes reductions in salaries of \$400,000 and fringe benefits of \$74,287 associated with the projected reduction of 16 FTE's with the CON proposal. The proposed successor hospital is expected to experience revenue over expense of \$2,386,027 for FY 2006, \$2,415,137 for FY 2007, and \$2,444,697 for FY 2008. The financial projections appear to be reasonable and achievable. OHCA finds that the proposal is financially feasible and cost effective and will improve the financial stability of CCHA.

In summary, the proposed consolidation of the operations of both New Britain General Hospital and Bradley Memorial Hospital and Health Center under a single general hospital license has the potential to result in improvements to the quality of health care delivery through enhanced access to medical specialists and services. Additionally, the Hospitals will be able to implement cost saving measures that are not currently available.

ORDER

NOW, THEREFORE, the Office of Health Care Access (“OHCA”) and Central Connecticut Health Alliance, New Britain General Hospital and Bradley Memorial Hospital and Health Center (together known as “the Applicants”) hereby stipulate and agree to the terms of settlement with respect to the Applicants’ request for a Certificate of Need (“CON”) to consolidate the operations of both New Britain General Hospital and Bradley Memorial Hospital and Health Center (“Hospitals”) under a single general hospital license, with no associated capital expenditure, as follows:

1. The Applicants’ request for a CON to consolidate the operations of both Hospitals under a single general hospital license, with no associated capital expenditure, is hereby approved. The effective date of the Hospitals’ consolidation will be October 1, 2005.
2. The successor hospital’s total licensed bed capacity after consolidation of operations under a single general hospital license shall be 446 licensed beds and bassinets, which includes 414 general hospital beds and 32 bassinets.
3. The Applicants shall submit to OHCA by no later than September 30, 2005 a detailed and comprehensive plan to integrate the operations of both Hospitals in order to form the successor hospital with two campuses in New Britain and Southington. At a minimum, the plan shall address location of services and beds, cost savings, staffing and quality improvements. Starting October 1, 2005, the Applicants shall file semi-annual updates of the implementation progress of the plan for FY 2006 through FY 2008.
4. OHCA and the Applicants agree that both Hospitals comprising the successor hospital shall be considered one acute care general hospital operating with two campuses in New Britain and Southington, and that the Applicants shall give prior notification to OHCA of their intent to move any or all licensed beds and hospital services from one campus to the other campus.
5. OHCA and the Applicants agree that pursuant to Section 19a-638, C.G.S., should the successor hospital seek to terminate a service in its entirety from both campuses and/or substantively reduce the services offered by the successor hospital, CON approval from OHCA would be required for the successor hospital to so proceed.
6. The Applicants shall obtain all further required approvals of the Department of Public Health and all other local, state and federal agencies governing the licensure and operation of health care facilities, and the Applicants shall notify OHCA upon receiving such required approvals.

7. This authorization shall expire on October 1, 2006. Should the Applicants' project to consolidate the operations of both Hospitals under a single general hospital license not be completed by that date, the Applicants must seek further approval from OHCA to complete the project beyond that date.
8. OHCA and Central Connecticut Health Alliance, New Britain General Hospital and Bradley Memorial Hospital and Health Center agree that this Agreed Settlement represents a final agreement between OHCA and Central Connecticut Health Alliance, New Britain General Hospital and Bradley Memorial Hospital and Health Center with respect to this request. The signing of this Agreed Settlement resolves all objections, claims and disputes, which may have been raised by the Applicants with regard to Docket Number 04-30280.
9. This Agreed Settlement is an order of the Office of Health Care Access with all the rights and obligations attendant thereto, and the Office of Health Care Access may enforce this Agreed Settlement pursuant to the provisions of Sections 19a-642 and 19a-653 of the Connecticut General Statutes at the Applicants' expense, if the Applicants fail to comply with its terms.

March 23, 2005

Signed by Laurence Tanner
Central Connecticut Health Alliance

March 23, 2005

Signed by Laurence Tanner
New Britain General Hospital

March 23, 2005

Center

Signed by Clarence J. Silvia
Bradley Memorial Hospital and Health

The above Agreed Settlement is hereby accepted and so ordered by the Office of Health Care Access on March 24, 2005.

March 24, 2005

Signed by Cristine A. Vogel
Commissioner
Office of Health Care Access

CAV: ho