



Office of Health Care Access Certificate of Need Application

Final Decision

Applicant: Christus Medical Group, P.C. d/b/a Christus Medical Group

Docket Number: 06-30759-CON

Project Title: Proposal to Establish a Freestanding Facility for the Care and Treatment of Substance Abusive or Dependent Persons for Ambulatory Detoxification Program in Windsor

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

Filing Date: January 5, 2007

Hearing Date: March 1, 2007

Intervenor: The Hartford Dispensary

Presiding Officer: Cristine A. Vogel

Decision Date: March 27, 2007

Default Date: April 5, 2007

Staff Assigned: Laurie K. Greci

Project Description: Christus Medical Group, P.C. d/b/a Christus Medical Group (“Applicant”) proposes to establish a freestanding facility for the care and treatment of substance abusive or dependent persons for an ambulatory detoxification program in Windsor, Connecticut, at a total capital expenditure of \$90,000.

Nature of Proceedings: On January 5, 2007, the Office of Health Care Access (“OHCA”) received the Certificate of Need (“CON”) application from the Applicant seeking authorization to establish a freestanding facility for the care and treatment of substance abusive or dependent persons for an ambulatory detoxification program in Windsor, Connecticut, at a total capital expenditure of \$90,000.

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 7, 2006. A notice to the public concerning OHCA's receipt of the Applicant's initial Certificate of Need submission was published in *The Hartford Courant* on September 23, 2006.

Pursuant to Section 19a-638, C.G.S., a public hearing regarding the CON application was held on March 1, 2007. On February 2, 2007, the Applicant was notified of the date, time, and place of the hearing. On January 30, 2007, 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 January 31, 2007, 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 limited rights of participation. At the hearing, the Presiding Officer made a ruling that 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. Christus Medical Group, P.C. d/b/a Christus Medical Group ("Applicant" or "CMG") is a for-profit professional corporation providing primary medical care services in East Hartford and Windsor. (*September 15, 2006, Initial CON Submission, page 47*)
2. The Applicant proposes to establish an ambulatory detoxification ("ambulatory detox") program at 180 Poquonock Avenue in Windsor. The proposal will require licensure from the State of Connecticut Department of Public Health as a "Facility for the Care and Treatment of Substance Abusive or Dependent Persons". (*September 15, 2006, Initial CON Submission, page 9*)

3. The Applicant stated that the proposal is an opioid treatment program (“OTP”) that will provide chemical ambulatory detoxification treatment using methadone and buprenorphine.¹ (*February 1, 2006, Letter of Intent, page 7*)
4. Buprenorphine and methadone are medications used for the treatment of opiate addiction. Under present federal law², a private practitioner is limited to seeing no more than 30 patients at any time for the provision of buprenorphine. Licensure as an OTP will allow CMG to provide methadone detoxification as well as increasing the number of patients that may be treated with buprenorphine. (*September 15, 2006, Initial CON Submission, page 2*)
5. Edwin Njoku, M.D., the Chief Executive Officer of CMG and its practicing physician, was issued a registration certificate on October 20, 2003, by the federal Drug Enforcement Administration, as a medical practitioner authorized to dispense buprenorphine. Dr. Njoku began offering buprenorphine treatment to his patients in Windsor in 2006. (*September 15, 2006, Initial CON Submission, pages 1, 3, and 44*)
6. On September 15, 2006, the Applicant identified Windsor, Windsor Locks, and Enfield as the towns comprising its primary service area. The Applicant stated that “the broader primary and secondary service areas will encompass Windsor, Windsor Locks, East Windsor, Suffield, Enfield, Manchester, and South Windsor and suburban communities proximate thereto.” (*September 15, 2006, Initial CON Submission, page 4*)
7. On November 14, 2006, the Applicant listed the following towns as comprising its primary and secondary service areas: Windsor, Enfield, Windsor Locks, East Windsor, Somers, Suffield, East Granby, Granby, South Windsor, Simsbury, Bloomfield, and West Hartford. (*November 14, 2006, First Completeness Response, page 3*)
8. On January 5, 2007, the Applicant redefined its service area as comprising 37 towns³ within the North Central Region of Connecticut and identified by the State of Connecticut Department of Mental Health and Addiction Services as Region IV⁴. (*January 5, 2007, Second Completeness Response, pages 3 and 4*)
9. On February 22, 2007, the Applicant redefined the towns within its primary service area to include Avon, Bloomfield, Canton, East Granby, East Windsor, Ellington, Enfield, Granby, Simsbury, Somers, Stafford, Suffield, Tolland, Vernon, West Hartford, Windsor, and Windsor Locks. (*February 22, 2007, Response to Interrogatories, page 1*)

¹ Methadone is a Schedule II control substance and buprenorphine is a Schedule III controlled substance. Administration and dispensing of these drugs requires registration with the United States Department of Justice. Suboxone® and Subutex® are two available formulations containing buprenorphine.

² 21 U.S.C. 823(g), Drug Addiction Treatment Act of 2000 (DATA 2000)

³ Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Farmington, Glastonbury, Granby, Hartford, Hartland, Hebron, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, and Wethersfield.

⁴ The Applicant included Hartland as a town in North Central Connecticut. However, Hartland is part of DMHAS’ Region V.

10. On November 14, 2006, the Applicant stated that the population to be served includes individuals who are 17 years of age through 34 years of age with a history of opioid abuse or dependence. *(November 14, 2006, First Completeness Response, page 2)*
11. On February 22, 2007, the Applicant stated that it would provide ambulatory detox treatment for ages 18 to 45 years. *(February 22, 2007, Response to Interrogatories, page 2)*
12. On February 22, 2007, the Applicant stated that the proposal will provide for two levels of care for alcohol. *(February 22, 2007, Response to Interrogatories, page 2)*
13. On February 22, 2007, the Applicant provided prefiled testimony from Seth Wallace, Ph.D, that indicated that part of the proposal of the Applicant was to establish a “progressive and comprehensive Out-Patient Psychiatric Day Treatment Facility” that would “meet the mental health needs of adults and families within and around the town of Windsor”. *(February 22, 2007, Prefiled Testimony, Dr. Seth Wallace, page 19)*
14. The Applicant stated that the program would be accessible to patients from 7:30 a.m. to 5:30 p.m., seven days of the week. *(September 15, 2006, Initial CON Submission, page 5)*
15. The Applicant testified to the following:
 - a. Patients requiring treatment with methadone or buprenorphine, and without the financial means to provide payment, would receive treatment at CMG;
 - b. Dr. Njoku will continue to provide services to his primary care patients in East Hartford and in Windsor;
 - c. Dr. Njoku is also a staff physician for the Department of Correction at John Dempsey Hospital requiring on-call hours;
 - d. The proposed OTP will be staffed by Dr. Njoku, Seth Wallace Ph.D., Dr. Pillai (specialist in infectious diseases), Olga Colon (nurse practitioner), a drug counselor, a licensed practical nurse, and a receptionist.*(March 1, 2007, Hearing Testimony, Dr. Njoku)*
16. The salaries for the proposed personnel were included in the Financial Pro Forma and were reported at \$302,484, \$307,000, and \$350,000 for the first three years of operations. *(September 15, 2006, Initial CON Submission, page 83)*
17. The Hartford Dispensary (“Intervenor”) is a private, nonprofit organization that specializes in the delivery of regulated medication-assisted treatment for individuals with opioid dependency. The Intervenor provides services at three clinics in Hartford and one clinic in each of the following towns: New Britain; Bristol; New London; Norwich and Willimantic. *(February 22, 2007, Prefiled Testimony, Paul McLaughlin, pages 1 and 2)*
18. The Intervenor’s prefiled testimony reported the following:
 - a. The Intervenor’s clinics have no waiting lists and can provide treatment on demand;
 - b. The Intervenor’s 12-14 Weston Street, Hartford location is a six mile driving distance from the Applicant’s proposed location;

- c. The Intervenor's 345 Main Street, Hartford location is a nine mile drive from the Applicant's proposed location;
- d. There are 38 buprenorphine-certified physicians⁵ within North Central Connecticut;
- e. There are five facilities⁶ within ten miles of the Applicant's proposed location that provide ambulatory detoxification with methadone.

(February 22, 2007, Prefiled Testimony, Paul McLaughlin, Exhibits 3, 4, 6, and 7)

- 19. The Intervenor testified that an amendment to the federal law allows physicians to treat up to 100 patients.⁷ *(March 1, 2007, Hearing Testimony, Paul McLaughlin)*
- 20. The Applicant did not provide the following:
 - a. Any documentary evidence that buprenorphine-certified physicians in the north central region are currently not treating patients with buprenorphine;
 - b. Curricula Vitae for Dr. Pillai and Dr. Wallace;
 - c. Documentation for physician salaries.

⁵ See Attachment 1.

⁶ See Attachment 2.

⁷ DATA 2000 was amended in December 2006 to allow physicians, after an initial one year of buprenorphine certification, to submit a second waiver notification of the need and intent to treat up to 100 patients.

**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**

21. On November 14, 2006, the Applicant reported that the total capital expenditure would consist of \$430,000 for the purchase of a building and \$90,000 for construction and renovations, for a total capital expenditure of \$520,000. *(November 14, 2006, Second Completeness Response, page 4)*
22. The Applicant testified that the building where the proposed ambulatory detox program will be located had been purchased in 2004 by another company and is leased to CMG for the medical practice. The estimated total capital expenditure of the project is \$90,000, which is for the purchase of equipment, i.e., a methadone dispensing machine, a safe box, and a security system, that would prevent drug diversion. *(March 1, 2007, Hearing Testimony of Dr. Njoku)*
23. The project will be financed through the Applicant's equity. *(September 15, 2006, Initial CON Submission, page 10)*
24. The Applicant's compiled statements of assets, liabilities, and stockholder's equity (deficit) reported the following as of December 21, 2005:

**Table X: Applicant Compiled Statement of Assets, Liability
and Stockholders' Equity (Deficit)**

Current Assets	\$ 69,944	
Property and Equipment, less accumulated depreciation and amortization	159,151	
Other Assets, net	2,640	
Total Assets	<u>\$231,735</u>	
Current Liabilities		\$ 51,606
Other Liabilities		301,243
Stockholders Equity (deficit)		(121,114)
Total Liabilities and Stockholders Equity (deficit)		<u>\$ 231,735</u>

(November 14, 2006, First Completeness Response, page 30)

25. The Applicant reported excess expenses over revenue for year ended on December 31, 2005, of \$68,581. *(November 14, 2006, First Completeness Response, page 31)*

26. On September 15, 2006, the Applicant reported the following financial projections with the proposal:

Table X: Incremental Financial Projections By Fiscal Year

Description	FY 2007	FY 2008	FY 2009
Incremental Revenue from Operations	\$454,850	\$436,450	\$506,300
Incremental Total Operating Expense	436,546	409,515	463,425
Incremental Gain from Operations	\$ 18,304	\$ 26,935	\$ 42,875

(September 15, 2006, Initial CON Submission, page 83)

27. On January 5, 2007, the Applicant reported the following financial projections with the proposal:

Table X: Incremental Financial Projections By Fiscal Year

Description	FY 2007	FY 2008	FY 2009
Incremental Revenue from Operations	\$489,575	\$483,640	\$589,060
Incremental Total Operating Expense	\$471,263	\$457,414	\$546,185
Incremental Gain from Operations	\$18,307	\$26,226	\$42,875

(January 5, 2007, Second Completeness Response, pages 30 to 35)

28. On February 22, 2007, the Applicant reported the following financial projections with the proposal:

Table X: Incremental Financial Projections By Fiscal Year

Description	FY 2007	FY 2008	FY 2009
Incremental Revenue from Operations	\$985,130	\$968,001	\$1,178,550
Incremental Total Operating Expense	436,543	390,600	463,425
Incremental Gain from Operations	\$479,137	\$494,061	\$622,525

(February 22, 2007, Response to Interrogatories, pages 13 to 18)

29. On September 15, 2006, the Applicant reported the following projected payer mix for the proposal:

Table 9: Three-Year Projected Payer Mix with the CON Proposal

Payer Mix	FY 2007	FY 2008	FY 2009
Medicaid	60%	60%	60%
Total Government	60%	60%	60%
Commercial Insurers	10%	10%	10%
Uninsured and Self-Pay	30%	30%	30%
Total Non-Government	40%	40%	40%
Total Payer Mix	100%	100%	100%

(September 15, 2006, Initial CON Submission, page 14)

30. Based on the incremental gross revenues attributable to the proposal reported by the Applicant on February 22, 2007, the following projected payer mix for the proposal was calculated:

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

Payer Mix	FY 2007	FY 2008	FY 2009
Medicare	7.2%	9.7%	12.0%
Medicaid	45.6%	44.5%	40.6%
CHAMPUS	2.7%	6.4%	10.0%
Total Government	55.5%	60.6%	62.6%
Commercial	28.4%	25.2%	23.8%
Uninsured	9.1%	5.6%	5.8%
Free Care*	7.0%	8.6%	7.9%
Total Non-Government	44.5%	39.4%	37.5%
	100%	100%	100%

* Free care percentage is based on methadone treatment only; there was no inclusion in the Pro Forma indicating free care for patients to be treated with buprenorphine.

(February 22, 2007, Response to Interrogatories, pages 13 to 18)

31. The Applicant provided curricula vitae for the following personnel:
a. Edwin A. Njoku, M.D., M.S., attending physician; and
b. Olga Colon, A.P.R.N., nurse practitioner.
(September 15, 2006, Initial CON Submission, pages 46 to 48)
32. There is no State Health Plan in existence at this time. *(September 15, 2006, Initial CON Submission, page 2)*
33. The Applicant denoted that the proposal is consistent with its long-range plan.
(September 15, 2006, Initial CON Submission, page 3)
34. The Applicant did not undertake any activities in the past year that would improve productivity or contain costs. *(September 15, 2006, Initial CON Submission, page 9)*
35. The Applicant has no current teaching or research responsibilities that would be affected as a result of the proposal. *(September 15, 2006, Initial CON Submission, page 5)*
36. The proposal will not result in any change to the Applicant's patient/physician mix.
(September 15, 2006, 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.

Christus Medical Group (“Applicant or CMG”) is a for-profit professional corporation providing primary medical care services in East Hartford and Windsor. The Applicant is proposing to establish an ambulatory detoxification (“detox”) program at 180 Poquonock Avenue in Windsor, the same location as the medical practice. The Applicant’s proposal is for the establishment of an opioid treatment program (“OTP”) that will provide detox treatment using buprenorphine and methadone. The Applicant is seeking authorization to obtain a license from the State of Connecticut Department of Public Health as a “Facility for the Care and Treatment of Substance Abusive or Dependent Persons”.

The purpose of establishing the Applicant’s primary and secondary service areas is to define the population that will be receiving the proposed services of the Applicant. With each submission of documents made to complete the Applicant’s Certificate of Need (“CON”) application the service area was redefined as well as the population to be served. The first submission made by the Applicant stated that it would provide services to those individuals aged 17 years to 34 years; the second response stated individuals aged 18 to 45 years. Without definitive service areas and demographic groups, OHCA cannot evaluate the need for the Applicant’s proposal. There was no documentation provided to demonstrate that physicians certified to provide buprenorphine for opioid addiction are, or are not, providing that service to their patients. In addition, the change in federal law that will allow each physician, with an initial year of experience at the 30-patient level, to treat 100 patients was not taken into consideration. Therefore, OHCA cannot determine whether or not there is an unmet need for treatment with buprenorphine in North Central Connecticut.

OHCA cannot determine the quality of the technical and managerial expertise of the personnel associated with the proposal. It is not known if the second physician, Dr. Pillai, is experienced in the treatment of patients with a substance abuse problem as there was no Curriculum Vita provided to review his education and work history. With the primary health care provider, Dr. Njoku, practicing in three separate offices located in East Hartford, Windsor, and Farmington, it is not clear who will provide the physician care at a facility that is proposed to be open seven days a week for ten hours each day. OHCA is concerned that the proposed number of medical staff is inadequate for the proposal. Also, there was no Curriculum Vita for Dr. Wallace who provided testimony that the proposal was for an outpatient psychiatric day treatment program. The application contained no request by the Applicant and no information to support that level of care. OHCA cannot determine whether or not the Applicant has adequate technical and managerial expertise to provide adequate service to the public.

The capital expenditure associated with the Applicant's proposal is also in question. It is not clear to OHCA what the Applicant considered as the capital expenditure associated with the proposal. The CON application reported that the proposal required the purchase of a building and the performance of construction and renovations. However, at the hearing OHCA learned that the building was purchased in 2004 by another company and is leased by CMG for its primary care services. At the hearing, OHCA also learned that the Applicant proposes to purchase equipment for the prevention of drug diversion. Neither the purchase of such equipment nor the topic of drug diversion was included in any of the submissions the Applicant provided to OHCA to support the proposal. Furthermore, during the course of review, the Applicant submitted financial projections reporting the incremental gain in revenue from operations that varied from a low of \$18,307 to a high of \$479,137 for the first year of operations. The financial information submitted to OHCA was continually changing. Therefore, without definitive revenues and expenditures and a definitive capital expenditure, OHCA cannot evaluate the financial viability of the proposal.

OHCA has concerns regarding the Applicant's managerial competence as evidenced by the inconsistencies in the information given to OHCA since the initial CON submission. Without consistent and reliable information OHCA cannot determine the need for, or the financial feasibility of, the proposal.

Based upon the foregoing Findings and Rationale, the Certificate of Need application of Christus Medical Group, to establish methadone maintenance and ambulatory detoxification programs under a license for a Facility for the Care of Abusive or Dependent Persons, at 180 Poquonock Avenue, Windsor, Connecticut, at an estimated capital expenditure of \$90,000 is hereby denied.

Order

Christus Medical Group (“Applicant” or “CMG”) proposal to establish a freestanding facility for the care and treatment of substance abusive or dependent persons for an ambulatory detoxification program in Windsor, Connecticut, at a total capital expenditure of \$90,000, 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

March 27, 2007

Signed by Cristine A. Vogel
Commissioner

CAV: lkg

Attachment 1

Buprenorphine Certified Physicians in North Central Connecticut

Robert Rothenberg, M.D.	54 West Avon Road	Avon	CT	06001
Anthony Roselli, M.D.	54 West Avon Road	Avon	CT	06001
Richard Jackson, M.D.	45 West Main Street	Avon	CT	06001
Enrique Tello-Silva, M.D.	Bristol Hospital Community 44D North Main Street	Bristol	CT	06010
Jonathan Kost, M.D.	Bristol Hospital/ 80 Brewster Road	Bristol	CT	06010
Karen Guadagnini, M.D.	1001 Farmington Avenue	Bristol	CT	06010
Edwin Njoku, M.D.	587 Burnside Avenue	East Hartford	CT	06108
Michael Fischer, M.D.	UConn Health Partners 99 Ash Street	East Hartford	CT	06108
Virginia Hofmann, M.D.	UConn Health Center 263 Farmington Avenue	Farmington	CT	06030
Naimetulla Syed, M.D.	300 Hebron Avenue, Suite 215	Glastonbury	CT	06033
Edward Blanchette, M.D.	92 Partridge Landing	Glastonbury	CT	06033
Danilo Pangilinan, M.D.	21 Woodland St.	Hartford	CT	06105
John Wenceslao, M.D.	1000 Asylum Avenue	Hartford	CT	06105
Marvin Zelman, M.D.	31 Woodland Street, Suite 1-A	Hartford	CT	06105
Peter Strong, M.D.	Hartford Dispensary 345 Main Street	Hartford	CT	06106
Steven Katz, M.D.	Central Connecticut Psychiatric 200 Retreat Avenue	Hartford	CT	06106
Julian Offsay, M.D.	400 Washington Street	Hartford	CT	06106
Clairemon Reyes, M.D., M.P.H.	Blue Hills Hospital 51 Coventry St.	Hartford	CT	06112
Virgil Rona, M.D.	Blue Hills Substance Abuse 500 Vine Street	Hartford	CT	06112
Eugenia Popescu, M.D.	Saint Francis Hospital, Mt. Sinai 500 Blue Hills Avenue	Hartford	CT	06112
Sachin Parekh, M.D.	16-18 Weston Street	Hartford	CT	06120
Arturo Morales, M.D.	Hartford Behavioral Health 2550 Main Street	Hartford	CT	06120
Richard Goldberg, M.D.	211 New Britain Road, Suite 206	Berlin	CT	06037
Gerson Sternstein, M.D.	Paragon Behavioral Health 26 Chamberlain Highway	Berlin	CT	06037
Padam Jain, M.D.	150 North Main	Manchester	CT	06040
Lakshmi Padala, M.D.	71 Haynes Street	Manchester	CT	06040
John Rivera, M.D.	P.O. Box 770	Southington	CT	06467
John Antonucci, M.D.	VA Medical Center 555 Willard Avenue	Newington	CT	06111
Kevin Sevarino, M.D., Ph.D.	V.A. Medical Center 555 Willard Avenue	Newington	CT	06111
Todd Pinter, M.D.	Wheeler Clinic 91 Northwest Drive	Plainville	CT	06062
Peter Benet, M.D.	479 Buckland Road	South Windsor	CT	06074
Peter Smith, M.D.	1050 Sullivan Avenue	South Windsor	CT	06074
Dale Wallington, M.D.	1216 Farmington Avenue Ste. 303	West Hartford	CT	06107
Murray Wellner, M.D.	10 Dale Street	West Hartford	CT	06107
Michael Tress, M.D.	Psychological Health Associates 345 North Main Street, Suite 302	West Hartford	CT	06117
Samuel Silverman, M.D.	2446 Albany Avenue	West Hartford	CT	06117
William Garrity, D.O.	24 Harvest Hill Road	Simsbury	CT	06092
Rekha Ranade-Kapur, M.D.	530 Silas Deane Highway	Wethersfield	CT	06109

Attachment 2
Methadone Clinics in North Central Connecticut that Provide
Ambulatory Detoxification with Methadone

Hartford Dispensary - Bristol Clinic
1098 Farmington Avenue,
Bristol, CT 06010

Hartford Dispensary
345 Main Street
Hartford, CT 06106

Community Substance Abuse Centers – Ambulatory Detox
55 Fishfry Street
Hartford, CT 06120

Hartford Dispensary – Henderson/Johnson Clinic
12-14 Weston Street
Hartford, CT 06120

Hartford Dispensary – New Britain Clinic
19 Rockwell Avenue
New Britain, CT 06050