



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

July 22, 2005

Jeffery B. Hughes
Director, Planning and Business Development
Hospital of Saint Raphael
1450 Chapel Street
New Haven, CT 06511

Re: Certificate of Need Determination; Report Number: 05-30553-DTR
Hospital of Saint Raphael
Acquisition of Three Replacement Mammography Units

Dear Mr. Hughes:

On July 20, 2005, the Office of Health Care Access ("OHCA") received a Certificate of Need Determination request regarding the Hospital of Saint Raphael's proposal to acquire three replacement mammography units at a total expenditure of \$967,065. OHCA has reviewed the information contained in your request and makes the following findings:

1. The Hospital of Saint Raphael ("Hospital") is an acute care hospital located at 1450 Chapel Street in New Haven, Connecticut.
2. The Hospital proposes to replace three of its existing mammography units with state-of-the-art digital mammography units.
3. The existing mammography units are fully depreciated and each unit has reached the end of its useful life.
4. A mammography unit is not considered within any of the classifications of imaging equipment as delineated in and pursuant to Public Act 05-93 of the Connecticut General Statutes and therefore, their acquisition does not require Certificate of Need authorization.
5. The total capital expenditure for the proposed project is \$967,065.
6. The Hospital provided a vendor quotation supporting the proposed capital expenditures for the replacement units.

An Equal Opportunity Employer

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

7. The Hospital proposes to pay for the replacement equipment through its operating funds.

8. The Hospital intends to acquire the three replacement units prior to September 30, 2005.

Based on the above findings, OHCA has determined that Certificate of Need approval is not required for the Hospital of Saint Raphael to acquire three replacement mammography units.

Thank you for informing OHCA of your plans. If you have any questions concerning this letter, please contact Jack A. Huber, OHCA Health Care Analyst, Certification, Financial Analysis and Forecasting Unit, at (860) 418-7034.

Sincerely,

Signed by Cristine A. Vogel
Commissioner

cc: Rose McLellan, Licensing Examination Assistant, DHSR, DPH

CAV:jah