



**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

April 13, 2005

Dan A. Myers, M.D.  
Manager  
Continental Connecticut Lithotripsy, LLC  
2014 Litho Place  
Fayetteville, NC 28304

RE: Certificate of Need Determination; Report Number 05-30448-DTR  
Continental Connecticut Lithotripsy, LLC and Connecticut Lithotripsy, LLC  
Change of Ownership of Lithotripsy Service and Acquisition of Major Medical  
Equipment

Dear Dr. Myers:

On March 4, 2005, the Office of Health Care Access ("OHCA") received your CON Determination request on behalf of Continental Connecticut Lithotripsy, LLC for change of ownership of lithotripsy service and acquisition of major medical equipment, at a total capital expenditure of \$572,400.

OHCA has reviewed the information contained in the request and makes the following findings:

1. Continental Connecticut Lithotripsy, LLC ("Petitioner") is a lithotripsy service vendor located at 2014 Litho Place, Fayetteville, NC 28304.
2. The Petitioner does not currently provide lithotripsy services in Connecticut, nor does it hold any license issued by Connecticut Department of Public Health.
3. The Petitioner proposes to establish lithotripsy service in Connecticut at hospitals that currently have a contractual arrangement for lithotripsy services with Connecticut Lithotripsy, LLC ("CT Litho").
4. CT Litho was deemed to be a health care facility for purposes of providing lithotripsy services in Connecticut.
5. CT Litho currently provides lithotripsy service at eight hospitals in Connecticut. CT Litho is planning to transfer the lithotripsy service at these eight hospitals to the Petitioner.

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6. The total capital expenditure of the proposal is \$572,400. This includes \$475,000 for the lithotripsy machine, \$65,000 for non-medical equipment and \$32,400 for sales tax.
7. Pursuant to Section 19a-630 of the Connecticut General Statutes (“C.G.S.”), Health care facility or institution” means any facility or institution engaged primarily in providing services for the preventions, diagnosis or treatment of human health conditions.”
8. Pursuant to Section 19a-638 C.G.S., the Office of Health Care Access (“OHCA”) requires a CON whenever a health care facility or institution proposes a change in ownership.
9. Pursuant to Section 19a-639, C.G.S., OHCA requires a CON whenever any health care facility or institution proposes a capital expenditure exceeding one million dollars, the acquisition of major medical equipment having a cost exceeding four hundred thousand dollars, including the leasing of equipment or a facility, or whenever any person proposes a capital expenditure to acquire imaging equipment having a cost exceeding four hundred thousand dollars, including the leasing of such equipment.

Based on the above findings, OHCA has determined that Continental Connecticut Lithotripsy, LLC and Connecticut Lithotripsy, LLC are considered health care facilities for certificate of need purposes. Further, the request for the change of ownership of lithotripsy service and acquisition of major medical equipment of over \$400,000, therefore, pursuant to Sections 19a-638 and 19a-639 C.G.S. a certificate of need is required for your proposal.

Please be advised that your CON Determination is considered to be your Letter of Intent and as such you may file your CON Application between May 6, 2005 and July 5, 2005. A CON application will be mailed to your attention under a separate cover.

If you have any questions regarding the above, please contact Steven Lazarus, Associate Health Care Analyst at (860) 418-7012.

Sincerely,

Signed by Cristine A. Vogel  
Commissioner

CAV:sl

Copy: Sandra C. Bauer, Division of Community Based Regulation, DPH