



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

October 28, 2013

VIA FACSIMILE ONLY

Barbara A. Durdy  
Director, Strategic Planning  
Hartford Healthcare  
181 Patricia M. Genova Boulevard  
Newington, CT 06111

RE: Certificate of Need Determination Report Number 13-31871-DTR  
Hartford Healthcare  
Replacement of MRI

Dear Ms. Durdy:

On August 23, 2013, the Office of Health Care Access ("OHCA") received your letter on behalf of Hatford Healthcare (the "Hospital") with respect to the replacement of a Siemens Allegra 3T MRI Scanner (the "Existing MRI").

The Existing MRI obtained CON authorization via Docket No. 02-502-CON and is located at the Hospital's Olin Neuropsychiatry Research Center (the "Center"). The Existing MRI has been used to conduct research studies since 2003. The Hospital has purchased a Siemens Skyra 3T MRI Scanner (the "New MRI") to replace the Existing MRI at the Center. However, the Existing MRI will continue to be used by the Hospital until May of 2016 due to the requirement that the same scanner be used from the beginning of each research study through to the end to ensure the most precise, consistent and accurate study comparisons.

Pursuant to Connecticut General Statutes § 19a-638(a)(9), a Certificate of Need ("CON") is required for the acquisition of an MRI Scanner. While Connecticut General Statutes § 19a-638(b)(18) provides an exception from the requirements of §19a-638(a)(9), the addition of the New MRI without disposing of the Existing MRI is not considered the replacement of imaging equipment for purposes of §19a-638(b)(18). Instead, it is considered the acquisition of an MRI requiring CON authorization pursuant to § 19a-638(a)(9). Based upon the foregoing, OHCA concludes that a CON *is required* for the addition of the New MRI.

Please feel free to contact me if you have any questions.

Sincerely,

Kimberly R. Martone  
Director of Operations

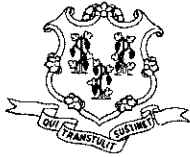
C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308

\* Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: BARBARA DURDY

FAX: 203 694-7601

AGENCY: HARTFORD HEALTHCARE

FROM: OHCA

DATE: 10/28/13 Time: \_\_\_\_\_

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Please see attached determination for DN: 13-31871-DTR

***PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.***

*Phone: (860) 418-7001*

*Fax: (860) 418-7053*

*410 Capitol Ave., MS#13HCA  
P.O.Box 340308  
Hartford, CT 06134*

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\*\*\* TX REPORT \*\*\*  
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