

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

May 1, 2009

Ms. Marie J. Gregoire
Executive Director
Ameripath New York, LLC
d/b/a Dermath Diagnostics NE
100 Midland Avenue
Port Chester NY 10573

Re: A Certificate of Need Determination under Report Number 09-31351-DTR
Establishment of a new Pathology Laboratory
Ameripath New York, LLC d/b/a Dermath Diagnostics NE

Dear Ms. Gregoire:

On April 13, 2009, the Office of Health Care Access ("OHCA") received your request for a Certificate of Need Determination in order for Ameripath New York, LLC ("Ameripath") d/b/a Dermath Diagnostics NE to establish a new pathology laboratory at 110 Hopmeadow Street in Weatogue, Connecticut at a total project cost of \$900,000. OHCA notes that Weatogue is within the town of Simsbury. OHCA has reviewed this matter and makes the following findings:

1. Dermath Diagnostics is a Division of the legal entity, AmeriPath New York, LLC, which is a subsidiary of Quest Diagnostics.
2. AmeriPath will be providing dermatopathology services to clients, mostly dermatologists, from the greater Connecticut area.
3. Although clinical laboratories are a "*health care facility or institution*" within the meaning set forth in Section 19a-630 of the Connecticut General Statutes (OHCA's Chapter 368z); Section 19a-639a specifically exempts clinical laboratories from the Certificate of Need process.

Based on the above, OHCA has determined that the establishment of a new pathology laboratory in Weatogue, Connecticut by Ameripath New York, LLC d/b/a Dermath Diagnostics NE is exempt from the Certificate of Need process pursuant Section 19a-639a of the Connecticut General Statutes ("C.G.S."). Therefore, a request for Certificate of Need authorization will not be required in this matter.

As a clinical laboratory, the facility should register (and maintain such registration) in compliance with Section 19a-639a, C.G.S. Attached are (1) a copy of Section 19a-639a, C.G.S. and (2) a copy of the CON-Exempt Facility Registration Form. The attached form has been filled out using the information provided in your CON determination form 2020. You should sign and date the attached form and return it to OHCA (Attn: Gloria Sancho).

Marie J. Gregoire, Executive Director
Ameripath New York, LLC
d/b/a Dermpath Diagnostics NE

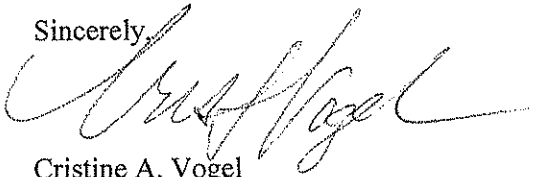
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Thank you for keeping OHCA informed of your plans regarding this proposal. If you have any questions regarding this letter, please contact Karen Roberts, Compliance Officer at OHCA at (860) 418-7001. If you have any question regarding the registration of clinical labs with OHCA pursuant to Section 19a-639a, please contact Gloria Sancho, Associate Health Care Analyst, at OHCA at (860) 418-7001.

Sincerely,



Cristine A. Vogel
Commissioner

Enclosure
CAV:kr

copy: Rose McLellan, DPH,
Gloria Sancho, OHCA Staff, Exemption Registry

**STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS
CON-Exempt Agencies Registry**

Pursuant to Section 19a-639a of the Connecticut General Statutes ("C.G.S."), eleven categories of health care facilities are now exempted from most types of certificate of need (CON) review. These include the following:

- Outpatient clinics operated exclusively by or contracted to be operated for a municipality or municipal agency, a health district or a board of education
- Residential facilities for the mentally retarded (ICFMR)
- Outpatient rehabilitation services existing on January 1, 1998 that are eligible to receive reimbursement under Section 17b-243 C.G.S.
- Clinical laboratories
- Assisted living services agencies
- Outpatient chronic dialysis centers
- Ambulatory services programs offered by an HMO
- Home health agencies
- AmeriCare Foundation clinics
- Nursing homes
- Rest homes

Some of these providers had been exempt for some time; others are newly exempted from many CON requirements. **However, all facilities or institutions listed are now required by law to annually register information with the Office of Health Care Access (OHCA).** The information to be filed is the same as that filed for a CON Letter of Intent. OHCA is also hereby required to maintain a registry of information filed by these exempted agencies and has instituted such registry as of October 1998.

Exempt agencies that intend to change or alter services offerings, scope or location(s) must submit prior notice of that intended change to OHCA. A blank form for any proposed change is provided below.

**STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS
CON-Exempt Facility Registration Form**

NEW FACILITY

EXISTING FACILITY
Registry # _____

FACILITY CATEGORY: (please check applicable category)

- | | |
|--|---|
| <input type="checkbox"/> Outpatient clinics operated exclusively by or contracted to be operated for a municipality or municipal agency, a health district or a board of education | <input type="checkbox"/> Ambulatory services programs offered by an HMO |
| <input type="checkbox"/> Residential facilities for the mentally retarded (ICFMR) | <input type="checkbox"/> Home health agencies |
| <input type="checkbox"/> Outpatient rehabilitation services existing on January 1, 1998 that are eligible to receive reimbursement under Section 17b-243 C.G.S. | <input type="checkbox"/> Americares Foundation clinics |
| <input checked="" type="checkbox"/> Clinical laboratories | <input type="checkbox"/> Nursing homes |
| <input type="checkbox"/> Assisted living services agencies | <input type="checkbox"/> Rest homes |
| <input type="checkbox"/> Outpatient chronic dialysis centers | |

If your facility does not fall into one of the categories above, it does not qualify as a CON Exempt facility. Please refer to the Certificate of Need application forms at: <http://www.ct.gov/ohca/cwp/view.asp?a=1732&q=276934>

CERTIFICATION OF COMPLIANCE – FILING REQUIREMENTS PURSUANT TO SECTION 19a-639a OF THE CONNECTICUT GENERAL STATUTES - AN ACT CONCERNING CERTIFICATE OF NEED

Facility Name	Ameripath New York, LLC d/b/a Dermpath Diagnostics NE		
Contact Person/Title	Marie J. Gregoire, Executive Director		
Address - of new laboratory	110 Hopmeadow Street, Weatogue (Simsbury) CT 06089-9407		
Phone Number of Contact	914-934-5818		
Facility Type	Clinical laboratory	Total number of Beds / Living Units/Stations	—
E-Mail Address	mjgregoire@ameripath.com	Web page	www.dermpathdiagnostics.com

Please provide a brief narrative of new proposal: *see CON Determination 09-31351-DTR*

This is to certify that the information provided to the Office of Health Care Access is true to the best of my ability.

MARIE GREGOIRE
EXECUTIVE DIRECTOR

Print Name and Title

Signature

Date

Return to:

Office of Health Care Access, 410 Capitol Avenue, MS #13HCA, Hartford, CT 06134-0308
FAX: (860) 418-7053