



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

Department of  
Health and Social Services

CERTIFICATE OF NEED PROGRAM

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Anchorage, Alaska 99503  
Main: 907.334.2471  
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August 14, 2014

Mr. John Hale  
Business Development Program Manager  
Providence Health and Services Alaska  
3760 Piper Street, Suite 3050  
Anchorage, AK 99508

RE: Request for Determination dated August 11, 2014

Dear Mr. Hale,


In a letter dated August 11, 2014, you formally requested a determination under 7 AAC 07.031 as to whether a Certificate of Need (CON) is required to expand the services available within the Maternity Center at Providence Alaska Medical Center (PAMC) in Anchorage. In the letter, you state that PAMC plans to add pregnancy emergency services to its existing obstetric triage and labor and delivery departments within the Maternity Center. Accordingly, patients presenting at the hospital emergency department with an issue specifically related to their pregnancy will be redirected to the pregnancy emergency services program in the Maternity Center. Patients will be seen by an Obstetrician MD, and the services will be available 24 hours a day, 7 days a week, year round.

The certified cost estimates that are considered expenditures for purposes of the CON statutory threshold under AS 18.07.031 include the following:

DESCRIPTION	EXPENDITURE
• Fabricate and install signage	<u>\$1,845.00</u>
• TOTAL	\$1,845.00

Based on the request for determination, a CON is not required for the proposed project, as presented, because the expenditures at issue would not exceed the \$1.5 million statutory threshold under AS 18.07.031. If you are dissatisfied with this determination, you may request reconsideration under 7 AAC 07.033. A request for reconsideration must be postmarked no later than 30 days after publication of the public notice.

Sincerely,

  
Alexandria Hicks, CON Coordinator