

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

P.O. BOX 110601
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May 15, 2007

Certified, Return Receipt Requested

Bruce Lamoureux, Administrator
Providence Alaska Medical Center
PO Box 196604
Anchorage, AK 99519-6604

Dear Mr. Lamoureux:

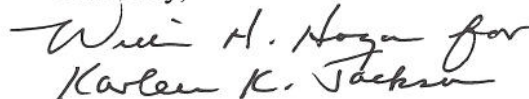
On May 3, 2007 I received the attached staff analysis for the proposed addition of two cardiac catheterization laboratories at Providence Alaska Medical Center. The staff recommendation is for approval of one laboratory.

In accordance with 7 AAC 07.070(c)(1)(C) I am requesting the following additional information from you to assist me in making my decision on the pending application:

1. Please provide a revised cost-estimate consistent with approval of one catheterization laboratory for your project; and
2. Please provide me with any additional information you believe is pertinent regarding the recommended reduction in project scope to one laboratory.

Please provide your response to my office no later than the close-of-business Tuesday, May 29, 2007. In the event I receive all the additional information I have requested by that date and, barring any intervening events that would dictate otherwise, it is my intention to issue a decision on this matter by June 12, 2007.

Sincerely,



Karleen K. Jackson, Ph.D.
Commissioner

cc: Anthony Lombardo, Deputy Commissioner
Pat Carr, Unit Manager, Planning and Infrastructure
David Pierce, Certificate of Need Coordinator