



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 25, 2019

Robert A. Leandro
robleandro@parkerpoe.com

No Review

Record #: 3042
Facility Name: Harris Regional Medical Center
FID #: 923046
Business Name: DLP Harris Regional Hospital, LLC
Business #: 867
Project Description: Acquire a 3D Mammography Unit
County: Jackson

Dear Mr. Leandro:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in that correspondence is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

You may need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

[Signature of Ena Lightbourne]

Ena Lightbourne
Project Analyst

[Signature of Martha J. Frisone]

Martha J. Frisone
Chief

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



Robert A. Leandro
Partner
Telephone: 919.835.4636
Direct Fax: 919.835.4614
robbleandro@parkerpoe.com

Atlanta, GA
Charleston, SC
Charlotte, NC
Columbia, SC
Greenville, SC
Raleigh, NC
Spartanburg, SC

September 3, 2019

VIA U.S. AND ELECTRONIC MAIL

Martha Frisone, Chief
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704
Martha.Frisone@dhhs.nc.gov

Re: Harris Regional Hospital's Request for Certificate of Need No Review
Determination

Dear Ms. Frisone:

This letter is intended to provide notice to the Certificate of Need ("CON") Section that DLP Harris Regional Hospital ("Harris") is planning to acquire a 3D Mammography for use at the hospital. The total cost of this project including minor construction and purchasing the equipment is \$653,184.00. The total cost of the 3D Mammography equipment will be \$618,184.00 and construction is expected to be \$35,000.00 with contingencies included.

Under the CON statute, mammography equipment is not specifically subject to CON review unless the cost of acquiring the equipment meets the \$750,000 threshold for "Major Medical Equipment" set forth in N.C. Gen. Stat. 131E-176(14o). Here the cost of the equipment, including all costs to make the equipment operational, will not exceed \$750,000. Accordingly, Harris requests that the CON Section issue a written determination confirming that its proposed acquisition of 3D Mammography equipment on its main campus is not subject to CON review under.

I greatly appreciate your attention to this matter. Please feel free call me if you have any questions.

Sincerely,

Robert A. Leandro