

# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

LINDA LINGLE  
GOVERNOR OF HAWAII  
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DIRECTOR OF HEALTH  
RONALD E. TERRY  
ADMINISTRATOR

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December 16, 2008

## CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Martha Smith  
Chief Operating Officer  
Kapi`olani Medical Center for Women & Children  
1319 Punahou Street, Executive Offices  
Honolulu, Hawaii 96826

Dear Ms. Smith:

The State Health Planning and Development Agency has evaluated Kapi`olani Medical Center for Women & Children's Certificate of Need application #08-20A for the addition of: 28 Neonatal ICU beds, 17 Obstetric beds and the deletion of: 23 Medical/Surgical beds, 8 Critical Care beds and 4 Pediatric beds, at no capital cost.

Pursuant to Title 11, Chapter 186 of the Hawaii Administrative Rules (HAR), the Agency has determined that:

- (a) The proposal is eligible for administrative review as it meets the criterion in Section 11-186-99.1(b)(6), i.e.: "any proposal which is determined by the agency not to have a significant impact on the health care system."
- (b) The applicant, Kapi`olani Medical Center for Women & Children, has proven by a preponderance of the evidence that its proposal meets the Certificate of Need criteria in Section 11-186-15, HAR.
- (c) There is no compelling public interest which will be served by requiring the application to go through the standard review process.

As required under Section 323D-43(b), Hawai`i Revised Statutes (HRS), the Agency finds that:

1. There is a public need for this proposal.
2. The cost of this proposal will not be unreasonable in light of the benefits it will provide and its impact on health care costs.

Accordingly, the State Health Planning and Development Agency hereby APPROVES and ISSUES a Certificate of Need to Kapi`olani Medical Center for Women & Children for the proposal described in Certificate of Need application #08-20A. There is no capital expenditure authorized under this approval.

Please be advised that pursuant to Section 323D-47, HRS, any person may, for good cause shown, request in writing a public hearing for reconsideration of the Agency's decision within ten working days from the date of this decision. Accordingly, if no person makes such a timely request for reconsideration, this decision shall become final immediately after the deadline for making such a request has expired.

  
Ronald E. Terry  
Administrator

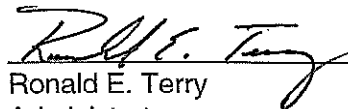
C:OHCA

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the attached Administrative Review Decision was duly served upon the applicant by sending it by certified mail, return receipt requested, in the United States Postal Service addressed as follows on December 16, 2008:

Martha Smith  
Chief Operating Officer  
Kapi`olani Medical Center for Women & Children  
1319 Punahou Street, Executive Offices  
Honolulu, Hawaii 96826

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Ronald E. Terry  
Administrator