



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of  
Health and Social Services

Certificate of Need Program

3601 C Street, Suite 978  
Anchorage, Alaska 99503  
Main: 907-754-3428  
Alexandria.Hicks@alaska.gov

January 14, 2022

Alfred Lonser, MD  
c/o [jbercier@aapain.com](mailto:jbercier@aapain.com)  
South Anchorage Surgery Center, LLC  
1917 Abbott Road  
Suite 103  
Anchorage, Alaska 99507

RE: Request for Determination dated 12-20-2021-Additional Information Required

Dear Dr. Lonser,

Thank you for your letter dated December 20, 2021, requesting a determination whether a certificate of need was necessary for your proposed project in Anchorage. Based on the information in the letter, including the attached certified cost estimate of your proposed project, the CON Program has adequate information to issue a determination per 7 AAC 07.031.

In your letter you formally request a determination as to whether the South Anchorage Surgery Center (SASC) requires a CON to add a new category of service, specifically gastrointestinal procedures. You state that the new category of service proposed does not require any changes to your existing anesthesia protocol, and that the current anesthesia provided to patients at SASC is no deeper than moderate sedation.

You also state that the existing SASC square footage will not change, and no building improvements or renovation is necessary to add this proposed category of service or procedure.

SASC is an ambulatory surgery center and subject to 7 AAC 07.031, Request for determination of whether a certificate of need is required, which states:

- (a) A request for determination must contain
  - (1) a clear, complete, and current description of the proposed activity, including a description of each component of the activity proposed to be undertaken;
  - (2) a certified estimate of the total cost of each proposed component of the activity listed in 7 AAC, as applicable, for the entire activity; and
  - (3) an estimated starting date and completion date for the proposed activity.

Your letter requesting a determination contained a list of equipment and associated cost, along with the date acquired. However, these were not certified costs. Copies of invoices or quotes from the vendor(s), for identified equipment on the list, are necessary to complete the determination.

Dr. Lonser  
SASC RFD dated 12-20-2021  
Page TWO

In addition, please provide the current square footage of the SASC and the number of surgery suites and/or procedure rooms currently utilized. And lastly, please provide a project timeline. Your request stated you would begin offering the additional service in January of this year.

Once you have supplied this additional information, the department will respond with its determination in short order.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Alexandria Hicks".

Alexandria Hicks  
CON Program Coordinator