EX08-012

HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

1. TO:

Chief Procurement Officer

2. FROM: Maui Memorial Medical Center

Department/Division/Agency

Pursuant to \$103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following:

3. Description of goods, services or construction:

The vendor, Ethicon, a subsidiary of Johnson and Johnson, produces Gynecare products, which are various disposable and implantable products and instrumentation for gynecological and urological surgeries. An exemption is sought for purchase of Gynecare supplies to be used with an existing piece of MMMC-owned equipment located in the operating room known as a "Morcellator" used in performing Hysterectomies.

4. Name of Ve	ndor: Ethicon		5. Price: \$40,000
Address:	P.O. Box 151 Somerville, NJ 08876-015	l	
From: Upon date of			7. Prior Exemption Ref.
6. Term of Contract:		Γο: Two Years	No. N/A

8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State:

No other vendor produces the disposable supplies needed for the "Morcellator", equipment located in the MMMC Operating Room used for Hysterectomies, and it is not possible to purchase the supplies through another vendor.

9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable:

The term of the exemption will be for a two (2) year period. MMMC will re-evalaute services in the community and other possibilities to determine if any other vendor could provide such products. Based on available information and research the best procurement practice will be completed.

	agency's internal controls and approval require	rements	s for the ex	empied
procurement:			_	
This exemption sh	all be from HRS, Section 103-302. All other g	guidelir	nes, rules an	nd policies under
Chapter 103D shall	l be upheld. HHSC policies and procedures w	all be for	ollowed an	a periodic
reviews of contrac	t action will be completed.			
11 A list of agency per	sonnel, by position, who will be involved in the	ne appro	oval proces	s and
administration of the	contract:			
Name	Position			nent in Process
Wesley Lo	Regional Chief Executive Officer	<u> X</u>	Approval	Administration
Patrick Saka	Regional Chief Operating Officer	<u>L</u>	Approval	X Administration
			Approval	Administration
			Approval	Administration
		<u>L</u>	Approval	Administration
			Approval	Administration
	Department: Contacts Manager			
12. Direct inquiries to:	Contact Name: Andrew Alvarez			
12. Linect inquires to.	Phone Number: 808 442-5212			
	Fax Number: 808 442-5462			
	ensure adherence to applicable administrative formation provided above is, to the best of my			
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13. I certify that the in	formation provided above is, to the best of my This is the best of my This i	y know U\$107		
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13. I certify that the in	formation provided above is, to the best of my famule stra, co) Reserved for CPO/Delegee Use Only	y know Uslo I		and correct.
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