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HB5027

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JOINT
STANDING
COMMITTEE
HEARINGS

HIGHER EDUCATION
AND
EMPLOYMENT ADVANCEMENT
PART 3
618 - 891

2010

CHAIRMEN: Senator Handley
Representative Willis

MEMBERS PRESENT:
REPRESENTATIVES: Candelaria, Sawyer, Alberts, Dillon, Fawcett, Flexer, Giannaros, Hurlburt, Janowski, Lewis, Rojas

REP. WILLIS: Good morning. I apologize for starting the Higher Education and Employment Advancement Committee a little bit late. When we say immediately legislatively it does not mean the same as in medical terms when you say immediately.

Today we are hearing the H.B. 5027, AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN. Just a little way of background information on this, we are -- I think everyone has been -- on the committee has seen the working draft. You will notice, if you're looking at it, there is an LCO number. This is not an accurate -- there is no LCO number, so -- just so we're clear on that.

Tomorrow when we have our JF deadline on Higher Education and Employment Advancement, will be voting out the original concept bill but I asked for members to at least be given what some of the proposed language may be so we have some sort of framework to have the discussion in both of our caucuses.

That being said, I will turn to my co-chair, Senator Handley, to see if she has any comment.

SENATOR HANDLEY: No. I have -- I have looked at

the summary and I'm going to be very interested to hear what folks have to say about it. It -- it's clearly a -- a work in progress for all of us to -- to coin a phrase and I'm happy to see so many folks here to speak and it looks like, at this point, folks who are supporting this. I -- I haven't seen any -- any folks who are not supporting it at this stage.

So I -- I say welcome to you all and I look forward to learning a good deal about this proposal.

REP. WILLIS: Thank you very much.

A few comments on the process and procedures that we will be following. The University of Connecticut will come up first during the official's list -- on the official's list. After one hour we will switch to the general public. I do want to let you know that this is our opportunity to really ask some questions of University of Connecticut. As you know we had an informal hearing last Thursday and it -- it lasted about two and a half hours but clearly the members of this committee had more questions to ask and I reminded them at that time that they would have that opportunity today. So I'm hopeful that we can get a lot of those questions and answers addressed today.

With that I would like to welcome up the UConn -- I guess it's the board of trustees, Bob Ward -- well you guys -- Sandy Cloud --

SENATOR HANDLEY: (Inaudible.)

REP. WILLIS: No Tom Ritter's not on this list. We're not going to --

SENATOR HANDLEY: Yes he is.

REP. WILLIS: Where?

SENATOR HANDLEY: (Inaudible.)

REP. WILLIS: Well it's crossed out.

SENATOR HANDLEY: (Inaudible.)

REP. WILLIS: Okay.

SENATOR HANDLEY: Fran Archambault.

REP. WILLIS: -- Fran Archambault and Gerry Burrow.

Good morning, Tom.

THOMAS RITTER: Well good morning, Chairman (inaudible.)

REP. WILLIS: Fancy meeting you here.

THOMAS RITTER: I'm glad you finally have -- do you have power?

REP. WILLIS: No.

THOMAS RITTER: Okay. I'm glad we put the facilities in here so you could shower.

REP. WILLIS: That's right. Don't ask. We won't have it for a couple of more days apparently.

THOMAS RITTER: Anyway it's a pleasure Senator Handley, Representative Willis.

Tom Ritter and I can -- I can be relatively quick here because I'll be turning it over very quickly to other participants here. Basically people ask a little bit about the process and why things sort of have changed over the last

year. Let me just say that when Larry McHugh took over as chairman of the board of trustees, he asked me to get involved just to review what had happened here, why something that -- why the bills in here never seem to get traction and I reported back to him, after talking to many people here, many of the people behind me, that there is -- people really want something to happen but they want to make sure that there's not something where there's winners and there's losers, that there are -- it's done in a collaborative way where it's good for the region and good for the area hospitals and most particularly good for the medical school which is in what -- everybody's interest.

So after we -- so after the report back, Larry asked for -- that Bob Ward and Fran Archambault would work toward getting -- having one more independent visit with the various constituent groups, all the stakeholders in it. At this point, if it's all right, I'd like to turn it over to Fran and Bob who can relate to this so-called listening tour which probably took three weeks everyday of their life which was much appreciated but clearly came back with the kind of suggestions that were needed to -- to make something look -- make something that we all could be supportive of.

Bob and Fran.

ROBERT WARD: Thank you. For the record I'm Bob Ward and here in capacity as a member of the UConn board of trustees. It's a pleasure to be before this committee today to talk about such an important proposal to the State of Connecticut, not just for the University, but for the state.

The -- as Tom correctly pointed out he asked

Fran and I to kind of go on a listening tour when the pri -- prior proposals clearly were not going to become law in the State of Connecticut to see what could done. What -- what are -- what were the stakeholders interested in and to share with you just briefly, that included meeting with Health Center administration, Dr. Laurencin, members of his staff, faculty members, both clinical and academic, with Saint Francis Hospital, with Hartford Hospital, with Bristol Hospital, with the MetroHartford Alliance, with various representatives of employees including the AAUP at the Health Center, including the University health professionals, with a coalition of -- the UCHC union coalition. We talked with the consultants and Children's Medical Center and tried to find from them what -- what was important to them. What was their interest in UConn, the medical school, the Health Center and the like and I'll let Fran fill in some of those details, but basically what we spent is anywhere between one and two and a half hours with all of the various groups.

As I say so it was business, it was employees, it was hospitals, Health Center professionals and it gave us a very interesting look at what they thought was important. Everyone has always kind of looked in this -- to my view as competitive interest but what -- what really emerged was universal support for the medical and dental schools which are perceived to be critical to the future of the region and the state and the importance of the medical school and the Health Center for the entire region and for the entire state, both for health care and for economic development.

And a strong desire to increase in some ways the number of students at the medical school

and the dental school and particularly those that become primary care providers and that there was in fact a way, by working collaboratively, to come up with a list of ideas that would meet those needs and I'll let Fran talk a little bit more now about what we learned from those listening tour items.

FRANCIS ARCHAMBAULT: Good morning. Thank you. I'm Fran Archambault, a member of the UConn board of trustees. We had a lot of stops on our tour. I think we were warmly received at every stop. Some people provided us coffee like Jean Morningstar. Chris Dadlez even provided lunch and -- but we were warmly received by everyone I think.

I'd like to highlight some of the things that Bob has already mentioned but I think these are the major things that we learned. If you have questions, we'd be happy to respond to them as well.

As you well know there's universal support for the medical and dental schools and they're perceived to be critical to the future of the region and the state. I think almost universally, if not universally, there's a strong desire to increase the number of medical/dental students that are produced at -- at UConn, particularly in the primary care areas as -- as Bob said.

There's very, very strong support for the residency programs which impact numerous hospitals in the area. I forget the exact number but it seems to me that there's something like 670, give or take, residents that are out there in those hospitals. They're important to the hospitals; they're important to the Health Center.

There's uniform support for finding ways to entice UConn's residents to remain and practice in Connecticut, particularly again primary care providers. There's uniform support, it appeared to us, among the hospitals for continuing and expanding partnerships with UConn, including the establishment or expansion of programs and centers situated at area hospitals, particularly those devoted to cutting edge research.

There's a recognition that Dempsey Hospital is an important resource and that the facilities need improvement. There's -- it appeared to us generally the universal support for improving and reconfiguring Dempsey Hospital, but not at the expense of other area hospitals.

There's generally strong support for changes in the NICU, particularly at CCMC. There's a recognition that the University of Connecticut Health Center can be an economic engine for the area and the state. And lastly, there's a willingness to work together to bring new research in this unit and jobs to the area.

So those are the highlights of the things that Bob and I heard and we were ably supported, I might add, by Joanne Lumbatto and Rochelle Rubin in our tour.

THOMAS RITTER: If I could briefly turn it over to Sandy Cloud and Gerry Burrow, the chairmen of the Health Center board. The -- the Health Center board has been invaluable and working together I think we've come up with very good suggestions. I particularly appreciate a lot of the concern for the employees who work up there because there's a great deal at stake for everybody there and the sensitivity that the

board has handled the issue goes well.

But thank you.

GERARD BURROW: Thanks Tom.

Good morning. I'm -- my name is Gerard Burrow. I chair the University of Connecticut's Health Center board and have served in this capacity for the past five years. I've served as well on the University board of trustees. I am a former dean of the Yale Medical School and former president and CEO and current board member of the Mystic Aquarium and Institute for Exploration. The relationship between those two is too complicated to go into right now.

It is a privilege to join my colleagues from the University's board of trustees and directors to discuss the proposal Governor Rell unveiled last week to preserve and protect the financial health of the UConn Medical Center in creating innovative regional health care network.

The Health Center's board of directors is expected to meet later this week in conjunction with the University's board of trustees to formally consider the proposal. The Governor's proposal outlines a pathway forward that would allow the UConn Health Center to achieve its long-held goal of financial help by modestly increasing its number of medical/surgical beds and adding and renovating patient care areas to accommodate larger teaching areas, modern medical equipment needs and patient privacy and I am sure you will agree that our schools of medicine and dental medicine are not only a great source of pride to the people of the state but are critical to our health care for the future.

This proposal also seeks to streamline regional care for babies born prematurely of the special health care needs. Specifically that means that the newborn intensive care unit will remain at UConn Health Center where neonatology was instituted in northern Connecticut but all services will be managed by Connecticut Children's. The physicians and staff will remain Health Center employees.

This part of the plan carries both important cost and care benefits. It will reduce costs by consolidating services and will lead to improvements in the planning and delivery of these complex medical and surgical services. The move will also allow the Health Center to increase its medical/surgical bed count which is an important move to achieve financial health.

My colleague, Mr. Cloud, will outline the other important elements of the plan designed to establish UConn Health Network and Connecticut Bioscience Initiative and we look forward to discussing these initiatives with you.

Thank you.

SANDY CLOUD: Thank you, Gerry.

Good morning, co-chairs Senator Handley and Representative Willis and members of the committee. Thank you for holding this very important public hearing this morning.

I'm Sandy Cloud and by way of introduction, I have served on the Health Center's board for four and a half years and currently its vice-chair. As some of you know I am a life-long resident of the Hartford region and

have also had the distinct privilege of serving two terms in the Connecticut state senate. So I appreciate the work and leadership that you are providing to this initiative as well as to the people of the State of Connecticut.

I'm here this morning joining my colleague Dr. Burrow and colleagues from the University's board of trustees and thanking Governor Rell for presenting the proposal she unveiled last week to create an innovative regional health care network. This morning I want to encourage you to contemplate this proposal from a much larger vantage point than that of the Health Center's campus in Farmington.

Indeed I'd like to ask that you consider how this proposal could transform the entire area into a health care destination for patients, physicians, dentists, aspiring doctors and other health professionals as well as researchers and innovators.

The transformation starts with a reinvigorated strengthening University hospital that Dr. Burrow outlined. This will pave the way for many regional partnerships articulated in the Governor's proposal and surely additional collaborations that will be fostered and developed in the years ahead.

Beyond Farmington, the Governor's proposal allows existing relationships with regional teaching hospitals, hospitals that already partner with UConn, to reach a higher level through the following initiatives of the new UConn network.

First of all is the primary care institute. This will be based at Saint Francis Hospital and Medical Center and will allow partners to

work collaboratively to address the shortage in primary care physicians. The institute will focus on training more primary care doctors while pursuing and obtaining new funding for research on health care quality and effectiveness and ways to bring new health information technology to the region.

Secondly the center of excellence on health disparities and research. Working with all the regional partners, the center of excellence will take a comprehensive approach to study and attempt to solve some of the more glaring and costly disparities in health care delivery today, particularly among minority populations and families of lower socio-economic status.

The goals of the center will include conducting applied research on health disparities, providing training opportunities for minority scientists, sharing the best practices in the delivery of quality health care within those communities. It's expected that it will generate more than $4.5 million in external grant funding over a period of years, corresponding to more than 80 jobs in the region.

In another hat that I wear as chairman of the Connecticut Health Foundation, I want to share with the committee that I've had a lot of work in this area over the last several years with respect to health care disparities and I am assured that this new center will also allow us to attain a national leadership role model status in this important area.

Thirdly the simulation center based at Hartford Hospital. This is a new state-of-the-art center which will offer sophisticated training for physicians and health care providers

throughout the region and beyond. And it builds on Hartford Hospital's presently nationally recognized programs in robotic and minimal invasive surgery and will attract new federal funds targeted to enhance medical education. At the same time it will create new jobs for faculty, administrators and technicians who are a part of the new center.

Fourth an actual comprehensive cen -- cancer center. This initiative will take the UConn Health Center's existing base of basic and translational research into prevention, detection and treatment of cancer to a much higher level by pooling the resources of all regional hospitals and their respective cancer centers. It will create a wider audience for participation in clinical research and move our region toward a national institute of health comprehensive cancer center designation.

Fifthly the Connecticut Institute for Clinical and Transitional Science, already up and running, CICATS was created in partnership with regional hospitals, state agencies and community health organizations to transform the way biomedical science is conceived, conducted and disseminated in Connecticut.

Finally the Governor's proposed network calls for the creation of a biosciences enterprise zone to attract new commercial investment into the area. This will compliment existing efforts within the University and the region to stimulate job creation, make way for new incubator space for burgeoning research ventures and more. Taken together, these initiatives will distinguish our region as a serious health care destination.

Thank you for allowing me the opportunity to

speak with you this morning.

THOMAS RITTER: We're please to answer any quick questions. I would say that probably we have a group behind -- President Hogan, Dr. Laurencin and Rich Gray and others will be testifying and my suggestion would be they would be more of the substance of the bill and we would be more of the process but obviously we're here to answer any questions you may have.

REP. WILLIS: Well since you've said you're here to answer process, that's exactly what I had in mind for you.

THOMAS RITTER: Thank you, pleasure, Representative Willis.

REP. WILLIS: Last week on the 9th of March, it was announced that there was a Governor's plan. The last time I --

THOMAS RITTER: So it was announced there was a Governor's --

REP. WILLIS: -- there is a Governor's plan. The Governor announced the plan. About a week before, or ten days before, and then several weeks before that, you and I had a conversation about the trustees' plan; that you were developing a plan. I asked last week to President Hogan exactly where does the trustees' plan -- what part of this plan that's being presented to us now is your plan. How is that incorporated into it that you're not -- it's not your plan anymore.

So I'm a little confused about the process and as it moves through the process, you know, we'll be voting on a bill, we'll be working on making changes to this bill as we vet it. I

understand the Governor has more things that they would like to add to it. So the question is as -- as we go through this, are there -- first of all I want to hear about the process because I'm really confused about how this evolved.

A VOICE: (Inaudible.)

REP. WILLIS: Yeah, exactly, whose bill is this, where did it come from, who wrote it. Is the best interests of the University's here, you know, in terms of the best interests of the Health Center, patients, students. Obviously this is the Higher Education Committee so we care deeply about the dental and the medical school and will this plan do that.

So my first part is, Tom, if you could please explain to me what happened.

THOMAS RITTER: Sure. Um --

A VOICE: (Inaudible.)

REP. WILLIS: No we have plenty.

THOMAS RITTER: -- well again as I say Chairman McHugh asked the trustees to be -- to be more involved as this year approached. When it wouldn't be (inaudible) I said that I met with many people during this process or the people I met with was the Governor and the Governor expressed that she had an interest in trying to help the situation. This is something that she felt actually very strongly about. At the same time she wanted us to sort of -- the plans that we were developing to -- to work with her to see whether it was something that we all could agree on.

So in fact that day that we canceled the press conference was deference because we didn't -- it was too soon to announce it. Actually one of the people really working hard on this is Greg Hart who's been a consultant and working on this for two years, he probably knows more about health care in our region than anybody, with all due respect, I mean -- certainly I've -- I've learned a great deal from him.

So what happened was as the trustees -- when I say trustees that includes obviously our President Hogan, Dr. Laurencin, Rich Gray, people that we all together were trying to come up with proposals. We also wanted to -- to work with the Governor. She wanted to be supportive of this and, in fact, a lot of the things that she suggested were very helpful. One of the things that she made it very clear to us was that she's not going to support this unless there's collaboration, unless it helps the medical school, whether we figure out how to pay for it and whether -- make sure the employees were in good shape.

So, no, it was a lot of concerns that she had, just as all the concerns that everybody behind you, I think she probably, when she goes on the circuit, runs into, you know Chris Dadlez and Marty Gavin and Elliot Joseph and our friends from Bristol and hears these things. So -- so what basically what I'd say -- I don't think you can say it's anybody's plan. It's now -- in fact when we met with people from the hospital, we said this is unlike last year where UConn shook hands with an institution on a deal.

We're just -- the reason why we're doing it on a listening tour is to listen to your concerns and then we're going to offer suggestions but

we're not going to go back to anybody and say this is our -- it's our plan and just shake hands. So I would say it's a big pot of stew and I would hope that the future would be that, if you do working sessions, to come in and -- and put your ingredients in the stew.

But I think we've -- I will say that the people behind me have done a remarkable job of relieving a lot of the tensions that have been prior bills because of the hard work that they have done and because everybody was focused this year again on what can we do -- what -- what do we have in common and what can we do for the region to make it work.

And again the Governor is a big part of that and the Governor met with everybody too so that's -- I would -- that's the process. I don't know if I can be any clearer.

REP. WILLIS: Okay, um, and a -- a follow up to that is -- is the buy-in from the area hospitals, could you explain what enticed everyone to have a kumbaya meeting on this because we were -- we're in a way different place than we were.

THOMAS RITTER: Well they're here. I -- I think again the fact that -- the all -- this is even before the Governor really worked on the simulation center at Hartford Hospital primary care, I would -- the -- the presidents are here. I would say that the number one concern they have was not to use taxpayer dollars to subsidize the facility in Farmington that's going to compete with them.

I mean that's basically the base part of it, okay. So that's how we've -- so that's where we've gone for the last few years, okay. But this is -- there's only so many dollars around

-- the competition would be -- and their institutions couldn't handle it. Once we came back and said, you know, the -- the neonatal beds are up 40 to 45 and that would be the number that we could become self-sufficient with, it took a lot of tension out of the room because it -- cause then we're -- go toward, you know, the win/win situation we all want. So we are no longer looking like we are using our taxpayers' dollars, you know, especially these days when it's so hard to come by, to compete.

So once that was alleviated, the conversation could be, hey, you know we're all in this together. We're getting you a medical school. I mean how many times have I heard it. The medical school is what keeps our hospitals going and if we can't work together and I better say that since this -- I mean President Hogan wrote the other hospitals on different things and Dr. Laurencin things -- just cooperation. So that -- I think that broke the ice and allowed for a lot of these things to happen.

And I'm just excited. Because I -- I've been here for the Mount Sinai/Hartford Hospital wars, okay. So let's -- that's 20 years a -- more than that.

A VOICE: (Inaudible.)

THOMAS RITTER: Yeah longer that's right. The delicate issues we had there. So I'm excited that urban (inaudible) health care in the region that because of the process of everybody getting involved -- and again I would just ask them because I think you'll find that people are excited.

REP. WILLIS: Well I -- I think that's wonderful that there's been this coming together. I think it's -- it's wonderful that there's been -- people have seen that there is a shared interest by all of us in the Hartford region. My concern, as I said to you early -- earlier, weeks ago, that we didn't arrive at -- at this as a political solution, that my first concern and this committee's first concern was the Health Center and it -- it -- and the medical school who is near and dear to our hearts and we didn't want to -- as you mentioned 20, 30 years ago, you know, that was in many cases -- I wasn't here then but it certainly has been pointed to as a political solution that in many ways has brought us here today.

THOMAS RITTER: Yeah, right.

REP. WILLIS: So I don't want to do that. That's what -- Tom that's exactly what my concerns are.

THOMAS RITTER: In fact Larry and Fran when they met I believe this week -- when they met with every person they, I think, specifically said we're not here to find an accommodation cause you may not like the bill and we're here to find out what your interests are.

ROBERT WARD: If I can -- when Fran and I went around we said we don't have a plan. We're not here to try to sell you a plan. We're here to see where do you think the University should go now. What's important to you, what's -- what -- what would you like, what's -- what would you really not like at all. How do we reach out, where do we find -- but we're not here to negotiate, we're to listen, we're here to see what the important concepts are and, as I say, what emerged from it was a sense that the

medical school is critical to the region. And obviously there's been some very more specific things and we tried to accumulate the various things that we heard both from employees and from what was widely viewed as competing interests and one of the things we learned is while there's certainly competition there is also very much collaboration. And if we take the various things people said and try to analyze that and share it with the administration we can maybe help as those conversations continue all to -- to find a -- a way to get something that meets the critical need of the University.

And I guess I should have said in the beginning I view this as a relatively new trustee, as a critical mission for the University not as a -- as a political solution but -- when a merge was there should be a first year medical school on both for the University itself to be the kind of university I envisioned it being when I got involved with UConn 2000 and that's -- that was my personal view of it, that was my vision of it.

And we think what we took back is to give the administration the ideas that we heard from all of the various groups and say, you know we think something positive can happen and now it's their job to kind of work through that and continue those conversations in detail and obviously through Tom share with the Governor who is, I think by statute, the ex officio chairman of the board of trustees as well. So that clearly makes sense to do and there are finances involved in it and so he needs to have those discussions and there's a very clear critical role and that's why we're here.

The -- without the legislature the problems

can't be solved and you hear from different folks too. But we felt it was our job to take back what was there and let the administration then work with all of the varying stakeholders and see if we could come up with something that made sense and I think the plan before you will meet those needs and obviously there's going to be fine tuning that goes on but as long as we keep the focus in the right places then I -- I think there's room to have a successful project.

THOMAS RITTER: Simply put there's not anything in this bill to buyoff a hospital, okay? It's to make the region a better place.

FRANCIS ARCHAMBAULT: If I could say quickly, I think our job when we went out was to talk with everybody and say what are the obstacles? How do we get to yes? What things do we have to overcome? What kind of partnerships can we create? We brought that information back and we had discussions at all levels about how can we deliver quality care and create a -- a financially viable institution that does the things that the partners want? And that's -- that's why I think our tour was successful.

REP. WILLIS: Thank you. I -- I think clearly we all started from the same point and that's that we had to do something for the Health Center. I think everyone on this committee has felt strongly over the last three years that we needed to do something to address the issues.

And that as the case study showed all of us that where we were lacking was on the maximizing the collaboration piece, that we could be working together as a region and that we haven't -- hadn't really done that in a way that -- that was possible.

So this sounds like we're moving in the right direction. With that I'm going to turn the questions over to my co-chair, Senator Handley.

SENATOR HANDLEY: Thank you, Madam Chair.

And thank you all for being here and for all -- all that work. I know the -- it's not -- it's -- it's probably -- it was interesting but I'm sure it was a lot of work and I -- and I think we appreciate -- I think we do appreciate the fact that -- that there was a lot of work.

I have -- I have two questions which are really perhaps better suited to the next group that's coming but I did want to know how these figured into your -- your consideration. One has to deal with the -- with the proposed cancer center. We already have one major cancer center in Connecticut. Did you consider this as an issue that needed to be looked at or did you -- or -- or was that not -- was that not a concern?

SANDY CLOUD: I'll -- I'll attempt to answer that, Senator, and just in terms of the -- the concept of the center, it's really to take all of our strengths within the region, particularly those facilities that have cancer treatment programs, and to enhance them and have better coordination with the Health Center being at the point of this so that we could get the appropriate national designation we think that we're able to do with the kind of strengths that we have within the region but with better coordination.

REP. WILLIS: So you -- you did consider this?

SANDY CLOUD: Yes we did (inaudible.)

SENATOR HANDLEY: The -- the other question I have has to do with the enterprise zones which are -- which -- the enterprise zone which has been proposed for the biotech development. I -- I'm not sure where the Commerce Committee is at this moment in -- I mean I know they're working on the JF, you know, finishing up. But in terms of enterprise zones, I know there has been enormous reluctance in the last couple of years to proceed with any new enterprise zones and I wondered if you had any discussion with the folks who would have to take a look at this -- at this proposal?

THOMAS RITTER: And I -- not that I know of but I think -- I'm sorry maybe you should wait for the -- the next panel. I'm sorry.

SENATOR HANDLEY: I think the -- the issues of timelines and so forth are better addressed to the -- the group that is coming. Is that right?

REP. WILLIS: Is there comments from members of the committee?

Thank you very much gentlemen, always a pleasure. Nice to see Tom and Bob back here. We miss you Bob.

A VOICE: We miss you on a personal basis.

REP. WILLIS: I should comment before you start that -- that many of our members are in other committees. This -- a lot of committees are actually voting on bills at the same time and, in fact, I know I may have to leave for a moment or two, so I just wanted you to know it -- it's nothing personal or that people are not interested. In the -- on the contrary people

are very interested but it's that time of year where there's a lot of other committee conflicts. So thank you.

Welcome President Hogan, Dr. Laurencin, Rich Gay, thank you.

MICHAEL HOGAN: Thank you.

REP. WILLIS: The triumvirate, is that what -- whoa.

MICHAEL HOGAN: Thank you. We -- don't worry we don't feel ignored. All of you have given us enormous amounts of --

REP. WILLIS: You're probably relieved some of us are missing.

MICHAEL HOGAN: No, no, no. I like all of you actually and I'm grateful that you have given us so much time over the last couple of years, lots and lots of time which I want to mention again that this speaks a little bit to that issue about whose proposal this is. I think Trustee Ritter captured it right on the head, it's nobody's and it's everybody's at this point.

Much of what I was going to say has been said so I can be relatively brief and then turn the microphone over to my colleagues. I want to thank you once again, we all do, for the opportunity to testify on this very important proposed piece of legislation having to do with UConn Health Network and the Connecticut biosciences initiative.

We believe, as I've said before, this proposal would improve access to health care, create thousands of jobs in the greater Hartford area, put the John Dempsey Hospital on a firm

financial footing going forward and drive the state's only public school of medicine closer toward top tier status.

The plan corresponds in many ways with the recommendations made by the Connecticut Academy of Science and Engineering in the report it issued two years ago at the direction of the General Assembly. In the two years since the report was issued, we've engaged in thousands of hours of discussions and negotiations with key stakeholders in the future of the Dempsey Hospital and our schools of medicine and dental medicine. These include, of course, the legislative leadership, as you know, the University of Connecticut, of course, Connecticut Children's Medical Center, Hartford Hospital, Saint Francis Hospital, the Hospital of Central Connecticut and Bristol Hospital.

The plan, supported by the regional hospitals, entails a new bed tower with about 164 to 169 beds at the John Dempsey Hospital and the renovation of older space. There would be 65 beds in four service areas in this older space including corrections, psychiatry, obstetrics, and non-intensive care newborns.

The total number of John Dempsey licensed beds will increase from the current 224 to somewhere between 230 and 234. The proposed UConn Health Network, which you've already heard much about, involves collaboration with our regional affiliated hospitals. Subject to all regulatory approvals, CCMC will own and operate the Dempsey's existing neonatal intensive care unit and this will provide us with the opportunity for the Dempsey to expand the number of medical/surgical beds within its existing license and that's the key, in part, to getting the Dempsey on a sound financial

footing.

There will also be a regional primary care institute. This is a kind of collaboration between Saint Francis and -- and UConn. It'll be located on the Saint Francis campus and it will involve participation by other hospitals in the area. There'll be collaboration between UConn and Hartford Hospital around a regional simulation center that will be located on the Hartford Hospital campus and will be open and available to other hospitals in the area and indeed throughout the state and the nation.

There will be a regional health disparities research institute which Director Sandy Cloud described in very good detail, I won't go into that. And of course there'll be a regional clinical and translational science institute. This already exists and is already an excellent example of the kind of collaboration that's possible between the Demp -- between UConn Health Center and the regional area hospitals. And of course there'll be the new biosciences enterprise zone that has also been described.

Forecasts from the Connecticut Center for Economic Analysis shows that implementing the plan will create over 5,000 new jobs in the greater Hartford area in less than ten years and about 7,000 new jobs in less than 20 years and this number -- these numbers do not include associated jobs in the private sector. The result will be approximately a $1.5 billion annually in new personal income by 2014, $1 billion in gross domestic state product and $1.1 billion in new tax revenue for Connecticut.

The investment needed is $352 million. Twenty million in state bonding will be devoted to the

UConn Health Network programs, the collaborative programs, we mentioned earlier. Twenty-five million will come from reallocated funds and using existing UConn 21st century funds, they'll be used to fund the project's design cost in the first two years.

During these first two years no additional state money will be needed for the new bed tower construction and the ongoing renovation. After the first two years, $207 million in additional state bonding will be required for the new patient tower and renovation of the older space, along with $100 million from federal funding or other sources.

It is, as we've said before, an exciting plan. It builds on all of the work that's come to this point. It will stimulate the economy. It will improve access to health care, will promote biomedical research, enhance collaboration across the region's health care providers, place the John Dempsey Hospital on a firm financial footing and move the School of Medicine toward top tier status.

Thank you for the opportunity to once again share this plan with you. I think you'll want to hear next from Rich Gray on the draft legislation but we'll go in any order you would like, Representative Willis and Senator Handley.

REP. WILLIS: No that's fine, Dr. Laurencin --

SENATOR HANDLEY: No it's Rich.

REP. WILLIS: Oh I'm sorry, Rich. Nothing personal Rich that I'd want -- sort of.

RICHARD GRAY: Well thank you for inviting us here

today to test -- to give testimony on this very important bill. What you have before you in the bill is a working draft, capital w, capital d. It needs to be touched by a lot parties, including the people in this room but it does lay out, at least, a blueprint. There's a summary in there too and -- and it does lay out a blueprint to have those discussion on an ongoing basis. It was developed with -- by the University in consultation with the Governor's office over the last several days and it was our attempt to be responsive to the request for the co-chairs to provide something to look at.

It is a fairly simple bill in many ways. It brings the proposed John Dempsey Hospital renovation and bed tower under the UConn 21st century 2000 statutes. For construction purposes it becomes a main -- main project under those -- under that list which allows us to construct the facility under the same regulations and collaborations that we do on -- on the main campus and also at the Health Center.

It specifies that, subject to regulatory review, 40 NICU beds are transferred. It -- I'm just going to hit the high points and if you have particular questions I'll just come back. It -- Dr. Hogan laid out the numbers fairly -- very accurately.

One thing I do want to point out and it's a nuance that I don't think has been brought to the public -- through the public hearings is on -- on page 19 of the proposed bill you will see that we are addressing a concern frankly that the Governor had very early on in the process a couple of years ago on the level of debt service, and this is before the economy deteriorated to the extent on the level it has,

and we wanted to bring down the level of debt service and address that concern.

So what -- in addition to the $25 million which is being taken out of the existing UCHC allocation in the existing 21st century dollars, the University has agreed to defer certain sums of funds and try to bring down the issuance of debt -- I'm sorry --

SENATOR HANDLEY: I -- could you -- could you explain which section we're talking about here, Rich, because on page 19 there are -- there -- there -- part of -- of an early -- section five and then there's section six and section seven.

RICHARD GRAY: It's section five and it's the table on -- on the top of the page.

SENATOR HANDLEY: All right, okay, fine.

RICHARD GRAY: What that table -- I'm sorry I should have specified that.

A VOICE: (Inaudible.)

RICHARD GRAY: Okay. The President is always telling me to slow down.

SENATOR HANDLEY: So (inaudible) page number you should have said starting on page 18.

RICHARD GRAY: Very good, duly noted.

What the University has agreed to do both for the Health Center but also for the Storrs and regional campuses is defer portions of UConn 21st century bonding over several years to bring down the debt issuance during the heavy years where the Hospital is being financed or proposed Hospital is being financed to

minimize, to the extent we can, debt service from the general fund.

We have also taken some of those funds and pushed out the program by two years. The program currently terminates in 2016. We brought the program out to 2018 and we propose that -- understand that over the course of -- of those years, from 2010 on, it's the same amount of existing UConn 21st century bonding. But we wanted to make sure that we were sensitive to the level of debt service paid by the state.

This is a concept that's been out there for some time. I actually discussed it with Senator Daily and Representative Staples, they have some earlier runs. This particular schedule was developed by the Office of Policy and Management through their department, this -- this is their schedule. We've agreed to this schedule and we do believe that we will not materially affect projects on the campus. We will maybe close some stuff down, maybe speed some stuff up but we do believe that we will be able to achieve the kinds of -- of results that the original program anticipated.

There is an opportunity clause for taking the program out a couple of years and slowing the issuance during the middle years. We understand that but, given the magnitude of the -- the support we're asking for relative to the JDH replacement hospital, we think it is -- it's a good tradeoff and it's -- it's more than generous on behalf of the General Assembly.

There are some contingencies in this. Clearly the $100 million in outside sources is a contingency before these -- the bonds -- proposed bonds could be issue. We've expanded

the definition a little bit so it's just not federal funds; it's other sources of funds. A lot of this is bond speak and -- and does provide actually for an expedited review on the COM basis but does not exempt it from the COM basis which was in some -- that was in some predict -- previous graphs.

The biosciences zone, what we're doing there is clarifying and this came right out of the Office of Policy and Management, the Governor's office. All we're doing is clarifying that bioscience, which is not in the act right now as a term, is in the term. We're also proposing that the City of Hartford and/or the Town of Farmington will be eligible to receive these -- these benefits again, redefining bioscience. There's an existing statute and an existing plan of which to establish an enterprise zone. All we're doing is broadening the definition a little bit to account for the biosciences.

REP. WILLIS: Thank you very much. A couple of -- of questions. First of all the first year you're going to need the design monies to get going. That was part of the plan last year but we were using new money, bond money. This year you're proposing to reallocate out of UConn 2000. So you will -- in this bill is there any provision for reallocation?

RICHARD GRAY: Yes there is.

REP. WILLIS: Okay.

RICHARD GRAY: We were not allowed, Chairman Willis, to spend UConn 21st century money on clintical -- clinical enterprises. We need that change.

REP. WILLIS: Okay, so I just wanted to make sure

that was in it. I apologize I didn't have time to review this this weekend because I didn't have electricity and I still don't.

MICHAEL HOGAN: You were in the dark?

REP. WILLIS: This is no surprise to you.

MICHAEL HOGAN: I gave you a free line there, I don't know.

REP. WILLIS: No (inaudible), you better watch it there.

The -- the next question I have -- so you're going to expand the definition of bioscience because that is an industrial cluster which is defined in -- in Connecticut statute. Have you thought about the financial impact of doing an enterprise zone? What the amount might be?

RICHARD GRAY: Indications that I've got -- received from OPM indicate it's around a $12 million cost once it's fully established but we have not gotten down that path very far at all. So I -- I'm sure that within the statute we can -- we can come up with different incarnations. And again everyone is very sensitive to the cost of things these days.

REP. WILLIS: And how broad did you see the -- the territory in terms of where you would designate this bioscience enterprise zone. Because it -- it usually is incredibly, you know, delineated?

RICHARD GRAY: Right. The bill provides for the City of Hartford and the Town of Farmington as the two sites.

REP. WILLIS: Those entire -- the whole thing or just specific areas?

RICHARD GRAY: Again we haven't worked that piece out yet, no.

REP. WILLIS: Senator Handley do you have some questions?

SENATOR HANDLEY: Yes I have actually several -- several questions in terms of -- of the -- what about -- what about -- Dr. Laurencin --

MICHAEL HOGAN: Yes that's first.

SENATOR HANDLEY: -- could you speak first and then -- and then we'll ask questions.

MICHAEL HOGAN: Yeah, that would be -- that would be --

REP. WILLIS: Okay. Dr. Laurencin.

CATO LAURENCIN: Thank you, Senator Handley and Representative Willis.

I -- I just want to -- we have a -- I had a summary PowerPoint presentation which I presented earlier this week -- last week and so I don't want to review that. I just want to make sure that -- that people understand the Health Center's mission -- combined mission of education, research and patient care and how important all three are; the importance of our medical school, dental school and our graduate school; the fact that we train over 670 residents and train the bulk of the residents that are in the -- that are in the region and that we do more than $90 million of research that's generated and that we represent almost half of the University.

And I'm going to flip to the last page of

actually my presentation and that's really talking about beyond our -- our mission areas, the goals of -- of where we're going with this and one is on the financial stability side which is very, very important. We believe that the new facilities will help us in ter -- in that -- in that area work to capacity in our new -- in our new clinical mix.

And also we believe that the Connec -- our Connecticut workforce and the -- our ability to affect the Connecticut workforce in terms of increasing our primary care position, decreasing class size and also improving and increasing our -- our residencies. And also retaining our -- our medical students and retaining individuals who are actually -- go through the residency here and retain them here in the state.

And finally I think that it was -- I think the -- the statement that was made by Mr. Cloud was very, very important that the ability of -- for us to -- to move the medical school to the next level, to top tier level, the ability to make it -- make this -- make this place -- this region a destination place for health care is really what -- what the proposal is all about.

Some may -- might say that it -- it takes -- takes a village to raise a medical school and I believe that's true. I mean I think we -- I believe that -- that with all -- all the hospitals in the region working together, working on new projects to improving education, that we'll be able to raise the medical school to the next level. So I'm very, very excited about the proposal and I'll take questions.

REP. WILLIS: Yes, Senator Handley.

SENATOR HANDLEY: Thank you.

As I said I've got -- I've got several -- I did have a chance to look at the summary briefly this morning. I didn't -- I -- I had power except in my -- except in my computer. My computer died and then I perma -- I hope not permanently killed it in my anger. So I -- I -- I'm in -- I had to come in to -- in here to -- to read it.

Anyway among the things I -- I will be interested in getting some answers about is the -- the NICU arrangement. That is already in existence in -- in some form right now with Hartford Hospital. It -- it would simply, as I understand it, make -- make -- complete the -- the -- not with Hartford Hospital, with Children's Hospital. Is that -- is that -- am I -- am I right in understanding that?

CATO LAURENCIN: Well to -- to a -- to a certain extent but not to the -- the level that we're talking about now. There are physicians who are UConn faculty members but they are physicians who are on the, you know, Connecticut Children's payroll who are actually at -- at the -- the NICU facility at -- that's -- that's here in Farmington. But this would be really a change of operation. Really the ownership of the beds would change so it's --

SENATOR HANDLEY: I -- I understand that but I'm -- I'm just thinking the working arrangement has already begun (inaudible.)

CATO LAURENCIN: To a certain extent we have, yes.

SENATOR HANDLEY: I -- I do have a question about the primary care program at -- at Saint Francis. Because Saint Francis runs under

catholic -- catholic orders, how -- how do you prepare or plan to deal with issues of reproduction -- women's -- women's health issues particularly with -- with respective -- and -- and end of life -- and end of life?

CATO LAURENCIN: Well I -- I can tell you that we are -- my family medicine department, my entire faculty, is actually housed, right now, at -- at Saint Francis and our -- the Burgdorf Clinic for instance is a -- it is a -- a Saint Francis clinic that is actually housed with our -- with our -- with our family medicine faculty and we have not had -- to my knowledge we have not had any major issues in -- in terms of that. So obviously as we expand, these new issues may arise but we've had a, you know, an excellent -- an excellent relationship with -- with Saint Francis in -- in primary care and family medicine in our -- and the students have had fantastic experiences there.

SENATOR HANDLEY: So you don't -- you don't see this as an issue?

CATO LAURENCIN: It -- it hasn't been an issue so far.

SENATOR HANDLEY: (Inaudible.)

The next question has to do with the UConn control of the project which is really going back to an earlier -- an earlier arrangement. I think the UConn 21st century -- the -- the control has been shared with -- with -- the control of the projects -- because of the -- the problems with some of the UConn projects which tend -- which ended up being -- have had some questionable oversight. How -- how do you propose to arrange that or haven't you got that far?

CATO LAURENCIN: It's -- it's my assumption that all those safeguards and the building and grounds committee and then there's a contract and management committee, all of those would be in place for this project also. There would be no attempt to exempt this project from the -- the procedures that were developed since 2005 to take care of the issues that were --

SENATOR HANDLEY: I -- I wanted to feel comfortable.

A VOICE: Is it in the draft?

SENATOR HANDLEY: Now is -- is that in the draft? It -- I know there is just some lines about UConn will maintain control as -- as the project -- or UConn 2000 had -- had defined it.

MICHAEL HOGAN: I think once it's stated in there that it -- it will be named project under UConn 2000, all of those controls would apply.

SENATOR HANDLEY: Right, those -- those are automatic. Okay, I didn't realize.

At one point in the -- in the draft there is a discussion about the year 2018, which I can hardly believe it's actually going to happen, as the -- as -- as a kind of deadline for that $100,000 -- $100 million federal or other gift. Can you explain how we could get started on -- on other bonding if -- if that -- if the -- if the other bonding is contingent on the hundred thou -- $100 million and the $100 million deadline is 2000 -- 2018? I'm -- it -- it -- the -- the dates have got me a little puzzled.

RICHARD GRAY: It's a -- the -- the actual date is in section 16 of the bill and it's June 30, 2015. During the -- during the time from --

hopefully this bill is passed and enacted into law, up to 2015, if for any point -- at any point in time it's determined by the president and the Governor's designee, Secretary of OPM, that the $100 million is not going to be available, they have to send a certification and then this basically collapses this particular bill. It's not going to go, you know, forward because we don't have sufficient funds in place.

The Governor's office felt it was strong -- felt fairly strongly that they wanted an absolute outside date and 2015 is not an unreasonable date. If we don't have the money by 2015, then it's likely this project won't go forward. But prior to that, if it's determined again by the president and -- and the Governor's designee that it's never going to come or we're never going to get it, then we could stop the project earlier. We are not allowed to issue any bonds against the construction costs. The only funds that could seemingly be in it at that point in time, if we didn't have the $100 million, is the design and planning costs which we're taking out of our -- our allocation at this point in time.

SENATOR HANDLEY: So that you're assuming that nothing -- unless the $100 million comes in the next couple of years that nothing would get started until after --

RICHARD GRAY: It's going to take --

SENATOR HANDLEY: -- it could take -- it could take up until -- up until 2015.

RICHARD GRAY: Just -- just -- its -- again it was a drop dead date to file the notice. In the next couple of years all you're going to be doing is

planning and design anyway so at that point we -- so we have at least a couple of years to develop alternative sources if the primary source of that or anticipated source of that doesn't exist.

So again we wouldn't be issuing any bonds against the construction of the -- the -- the new hospital until a couple of years out anyway.

SENATOR HANDLEY: You've -- you've talked about the expedited certificate of need and I -- I think that's something we can talk about later as we go. But I am concerned whether in the -- in the bonding -- you've talked about some of the costs, Dr. Laurencin, for the -- for the -- some of the partnership arrangements that are -- that are perceived. Is that -- where -- where do you propose that money would come from? Is it going to come from -- we don't usually use bonding for -- for programs so do you have a -- a sense of where that -- those funds -- oh -- oh -- Rich will do that -- where those funds will come from?

RICHARD GRAY: Again, right -- right now that's a -- it's -- it's in the bill as state bonding. We're -- we have to develop those. Normally we would have to use -- I agree with you we've have to use it for infrastructure improvements and -- and such and again we have -- again this has been moving so -- so rapidly I unfortunately cannot give you a very good answer on that but I understand obviously with the Treas -- in consultation with the Treasurer's office we're going to have to, you know, make determinations about what infrastructure investments need to be made.

SENATOR HANDLEY: Okay well I -- I -- it -- it stood

out to me that this didn't look all together -- there's -- there's one line or there's one comment that has been made several times and I -- I'd like Dr. Laurencin if you would explain this because I -- I think we're talking about two different things and it -- and it -- but -- they -- it doesn't look right to me.

When you talk -- you've been talking about the -- that this whole program will allow an increase in class size. You mean -- I -- I think you mean -- I hope you mean the total graduating class not the number of students in any particular class. Am I right in making that assumption or are you -- are you going to say that -- that the particular class that now has 20 -- the particular instructional class as opposed to a graduating class?

CATO LAURENCIN: Right so we're not talking about class size in terms of -- in terms of instructional class size but we mean the numbers of students that will be able to gain their degrees.

SENATOR HANDLEY: Okay that -- I -- I hope that's what you meant.

CATO LAURENCIN: Right, sorry for the confusion.

SENATOR HANDLEY: Because I think we -- we don't want to have medical classes of, you know too large a size. That's not probably a good idea.

Thank you, Madam Chair.

REP. WILLIS: To follow up on that, Dr. Laurencin, do you have an estimate, it may be in here and I didn't see it or -- or forgotten -- how many more students do you anticipate being able to grow the (inaudible.)

CATO LAURENCIN: I -- I think we would -- we would start with about five to six students to start with and then build from there. I long-term anticipate that ten to 15 percent increase that can -- that can occur. We would start with probably five students per class in terms of starting out and then -- and then grow from there -- and progressively grow from there.

REP. WILLIS: And I presume that they would do their residency through you and that those residents would be distributed through all the hospitals. But that wouldn't really increase, they each get maybe one.

CATO LAURENCIN: Well as -- as it turns out again with that it's -- it's a multi-faceted program in terms of being able to increase our workforce. First in terms of increasing our class size in terms medical students is a very important part of it. The second is increasing our emphasis on primary care in terms of -- in -- and primary care physicians as a second part.

The third is actually increasing our retention of residents. We actually out migrate a lot of our residents who are trained here. In fact, we're in the top five states in terms of residents who actually come, do their residency and move out and so we need to create opportunities and to -- to keep our residents here.

We also know that -- that medical students who start here, who finish their four years here, who do their residencies here, actually have a very high rate of staying here in the region and so we'd like to create some -- some continuity programs between medical school

residency to keep our -- to keep our -- our medical students here.

REP. WILLIS: Thank you and as a final question to you, Dr. Laurencin, there's a lot talk here today about moving us to top tier and -- and I know that's very important to you. Can you give me some, you know, how do you get to be a top tier and -- and how do you see adding five students to a class getting us up that food chain?

CATO LAURENCIN: Well there are a number of different metrics that we could use in terms of moving to top tier. First of all, we already have a fantastic medical school class in terms of grades and scores. Our average GPA was 3.7 in terms of our medical students and so in terms of the students and the quality of students we already have fantastic quality of students.

A lot of the metrics for top tier actually look at how -- how large our research base and our clinical and translational research base is and the -- the thought is that, with our work with our -- our CICATS, our Clinical and Transitional Science Institute, our work in terms of trying to organize -- better the region in terms of cancer and gaining a designated cancer research capability and also our work in terms of health disparities in the other project areas, will actually increase our -- our research base and that will also -- that will move us forward in terms of the top tier level.

Let me just also say again in terms of our -- our class size, I see class size as something that's -- that -- that should be able to grow progressively over time. I -- I think a

conservative number starting at five and then moving -- moving from there. But really I think we've already got great quality. It's really, you know, increasing our -- our clinical and translational science research base and our basic science research base that really moves us to the next level as institu -- as an institution.

REP. WILLIS: Thank you very much.

Rich now some questions --

A VOICE: (Inaudible.)

REP. WILLIS: Oh I'm sorry, would you like to go, Representative Lewis?

REP. LEWIS: Thank you, Madam Chairman.

Good morning.

RICHARD GRAY: Good morning.

REP. LEWIS: You know over the past few years I have been a supporter of this project and I'm glad to see that it's moving forward towards the ultimate goal. I guess my question centers around -- going forward with the project, how would UConn incorporate the various partners in the network in the process of implementation?

MICHAEL HOGAN: I think, Representative Lewis, thank you very much, that's a good question. As it turns out many of these collaborative initiatives have been part of the discussions for the last two years so they've already been involved in a lot of it. They, in fact, already are engaged, fully engaged, with our CICATS proposal. That is already instituted. It has a board, the board meets, Dr. Laurencin

chairs that board and will -- will develop similar arrangements to engage them in the other collaborative efforts that we -- it was said earlier we already have very deep and longstanding relationships with Children's when it comes to the NICU. We have a very deep and longstanding relationship with Saint Francis when it comes to family medicine that -- that the primary care institute will build in that.

So I think the answer is that we already have models in place to tell us how we're going to proceed on all of these fronts and they'll be -- all the partners will be fully engaged. And hopefully all of them will be engaged in each one of the initiatives.

CATO LAURENCIN: I can -- I can also expand upon that. In our educational world there's an assistant dean that -- that works with us who's an assistant dean under -- under me who's at every single hospital. There's an assistant dean for education at -- at Saint Francis. There's an assistant dean of education at -- at Hartford Hospital, et cetera, all the hospitals that work in terms of integrating our educational programs. So changes in terms of increasing class size, et cetera, will work there.

As President Hogan alluded to, we -- our clinical and translational science award program -- grant program is fully integrated among the different hospitals. Our chair of our scientific advisory board is actually a faculty member at Saint Francis. If one looks at the other areas in terms of our cancer, we've already begun what we -- what we call the -- what we're calling a -- a listening tour because it was so successful before we coined the phrase. But we're having a -- a number of

our cancer specialists at -- at -- in Farmington at the Health Center will be talking to cancer specialists across the region about working together in terms of a comprehensive cancer center designation.

And so a number of these programs we've already moved forward. There's a dean's task force that's been convened -- already convened and had some -- two successful meetings on the primary care institute and I think that we've made tremendous headway under leadership of Dr. Greg Makoul in terms of moving that -- that initiative forward. So I -- I feel very optimistic in terms of these initiatives having real legs and really moving forward.

REP. LEWIS: Thank you. I just think that communication is so important to the success of a project. It sounds like you're moving forward so thank you.

REP. WILLIS: Representative Alberts.

REP. ALBERTS: Thank you, Madam Chair.

And thank you gentlemen for your testimony. I -- I think this is directed to Dr. Laurencin. One of the materials that we were provided in the -- in this handout here for the public hearing for today talks about John Dempsey Hospital being the second smallest academic health care hospital in the United States. How would this proposal change that ranking in terms of -- of where we are and -- and should we be looking at that metric as a -- strictly in terms of beds or should we be looking at it more in terms of the different specialties that are offered?

CATO LAURENCIN: I think we have to look at it in

terms of the specialties that are offered because it's not only size but it's also clinical mix and having the proper clinical mix that will allow us to be able to move forward with innovative programs. So our clinical mix is heavily weighted toward NICU, heavily weighted toward psychiatry and other areas, prison, and so this proposal changes that clinical mix to allow us to be able to move forward in a number of our academic areas.

REP. ALBERTS: And as a follow up to that, have you had any challenges in terms of faculty -- in terms of getting faculty to the facility that you're presently operating out of and, if so, how would this assist in the process?

CATO LAURENCIN: Well clearly we -- first of all we have a -- we really have an outstanding faculty and -- and I guess people being close to the faculty here in Connecticut may not understand how outstanding they -- they really are. We have members of America's top doctors. We have individuals in -- in academy level positions and leadership positions across the -- across the country in different national organizations. It truly is a wonderful faculty.

Clearly we -- the -- this time of indecision in terms of the new hospital makes hiring difficult in terms of being able to discuss with individuals a long-term -- the long-term outlook for the -- for the Health Center.

This new hospital and the new tower and also the new corporation in the network I believe will be very, very important for us to continue to be able to recruit the highest level faculty members across the country. We're doing some important searches right now. We're doing for

the chairman of surgery, chairman of internal medicine with some important basic science searches in immunology and other areas and we're getting actually very, very -- a very, very ex -- very, very good responses. We're actually getting national level people who are applying for -- for instance our surgery search right now. And I think it's because of the news that's happened, you know, recently in terms of where we're going with the -- with the UConn health care network.

But this is very, very important in terms of moving forward.

REP. ALBERTS: And I guess as a final question, if we go forward with this as presented, this is not a cure all to some of the financial challenges that are facing the funding of the system and we shouldn't look at that, you know -- we should still recognize, I believe, that there still is a -- a funding problem, is that not correct?

CATO LAURENCIN: That's right. It's -- there are still challenges there. In terms of academic medical centers, hospitals are usually the -- a major driver in terms of income. We are projecting that we'll have a breakeven or positive margin, a small positive margin, for the hospital. When in fact if you look at most integrated academic medical centers, the hospital is -- has -- is a very, very large driver and provides large amounts of dollars to the academic enterprise. And so we'll still have challenges but this will get us to the point where we'll have financial stability in terms of moving forward which I think is going to be very important.

REP. ALBERTS: Thank you.

Thank you, Madam Chair.

REP. WILLIS: You're welcome.

Representative Rojas.

REP. ROJAS: Thank you, Madam Chair.

Thank you for coming this morning and thank you for your persistence on this.

Um in the -- in last year's iteration of the project, there was the issue of competition and you somewhat addressed that this morning. What's changed in terms of that competition between last year and this year and how have you dealt with that issue that has brought on board all the other hospitals in the region?

MICHAEL HOGAN: I think the shorthand answer was articulated by Trustee Ritter. There's -- this proposal has much in common with the proposal last year but it no longer involves a principal clinical partnership with Hartford Hospital. The other hospitals in the area, some more than others, have found it a little easier.

Secondly I would say this -- this has a more structured system of collaboration built into it, more carefully and fully articulated in the initiatives that we've outlined today then -- and I think those kinds of things get the other hospitals in the area -- they feel they get a -- a stake in it. All of them will have a stake in it so those kinds of things put together, I believe, has -- has made this proposal a little easier for us to move it forward.

REP. ROJAS: So does that -- the increase in

surgical beds, that no longer poses a threat to the other hospitals?

MICHAEL HOGAN: Well they'll have to speak to -- for themselves but I don't think so and I believe our friends from CASE will tell you that by the time this hospital -- the new bed tower and the renovated older space is finished, even the CASE report suggests there will probably be a need for new staff beds in the -- in the area. So even if that were not the case, the loss or shifting in market share would be relatively minimal and, as others have said as well, everybody has a -- an interest in helping the medical school, the Health Center survive and flourish.

So even the small market share shifts wouldn't necessarily outweigh the advantages the regional hospitals would get from having a stable University of Connecticut Health Center and the additional doctors and medical school residents and dental residencies that we can provide to the area hospitals and beyond.

So I think there's a kind of balance in this by we're looking at it from the point of view of the area hospitals and I often do. I -- I believe I -- there's a kind of balance to this that -- that is going to get a degree of buy-in and already has gotten a degree of buy-in that gives this proposal more prospects of success.

REP. ROJAS: In -- in terms of the -- the -- the health -- the health network initiative and the new institute, you know, the Health Center already has the center for cancer research, the Gray Center or the Neag Center for Cancer Research and it also has an institute on trans -- transnational -- rational --

MICHAEL HOGAN: Translational.

REP. ROJAS: So how -- how are those existing programs different than the new ones here or is a matter of expanding those services to the regional hospitals that they don't have now?

MICHAEL HOGAN: Well the regional hospitals are already involved in the Connecticut Institute for Translational Research so we -- those have to have an academic medical center and a -- and a school of medicine at the heart of them. So we began working on that a couple of years ago. We've had a new proposal in to the NIH; got very high scores. We'll be resubmitting next October and we're optimistic that we'll succeed. And as part of preparing for that we've engaged all the other area hospitals as collaborators in that project.

And the other one was neonatal did you say? Oh cancer -- cancer center. Yeah I think that's important to understand and I'll have my colleague Dr. Laurencin speak to it.

This does not subtract from the -- the cancer clinical enterprises that exist at all of the areas. The clinical work in cancer will still always be done there and in some ways we'll still be competing for that.

The cancer center is a -- is a -- is a national designation that comes with creating an organization that is involved in collaborating patient -- collaborating in the -- in the -- in sharing patient information and in exploring and developing new cancer treatments.

And -- and Cato do you want to say a little bit more about it? But it doesn't displace what's there. Actually as Cato said earlier it will

enhance what's there.

REP. ROJAS: Yeah I know. That's what I was asking. I wanted to see what's new in this, you know, on top of what already exists.

CATO LAURENCIN: Well first of all, Representative Rojas, these are very, very good questions.

Going back to your -- your very first question about what's different. I do think that over the last year there's just -- there's been an increase in the amount of cooperation and an increase in the amount of collaboration among the hospitals in the region and I think that -- that -- I think that there's a sense of more -- more cooperation that's take -- that's taking place. I and -- and some of my other faculty -- core faculty members at -- at the Health Center visited the -- the campuses we've worked in. We've got a number of projects that we're working on.

Our -- for our entire residency program across all the -- all the hospitals in the region, the -- the head of surgery at Hartford Hospital is the -- is actually the residency -- is the director of the residency program for the entire region, for our clinical clerkship, for medical students at Saint Francis, across all the hospitals. For OBGYN that person is -- is actually seated at -- at Saint Francis.

So there's a lot -- there's a lot more cooperation I think across the educational research universe in the region with the different hospitals that's really occurred over last year.

In terms of CICATS, we've -- and in terms of this clinical and translational science

initiative that we've had, we've really broadened it during the last year to make sure that we've gotten input from all the dif -- all the hospitals and have really enlisted the apparatus of -- along all the hospitals.

We expect to have one common application for clinical trials, for instance, taking place and we've got -- we've worked very, very hard. We have one website right now where you can actually go and find researchers that are at all the hospitals in the region. So the expansion of CICATS would be -- we believe is important to expand that cooperation that takes place across the region already.

In terms of -- in terms of -- in terms of cancer treatment, in the future any individual being treated will have to be part of a clinical trial. That's going to be the future of cancer therapy where -- where one compares the state-of-the-art -- state-of-the-art right now with what's the next generation's state-of-the-art. And so enrolling these individuals in these sorts of clinical processes throughout the region is a goal.

And so -- so putting together a comprehensive cancer center that -- that allows that interaction to take place is going to be very, very important. And so what's new is that we've -- I've asked Dr. Carolyn Runowicz, who's the head of the Neag Cancer Center and Dr. Molly Brewer who works -- whose our colleague, to really start to talk to all the hospitals in the region about how we can work together better and set up this comprehensive cancer center apparatus to work together.

It's a vision that each hospital will continue to have their respective cancer centers but

there'd be greater coordination of clinical work and research work and that's -- that's part of what we need to get an NCI, a national cancer institute, designation.

REP. ROJAS: Is it accurate to say that the network will allow all the hospitals to kind of aggregate all their -- their census or resources for better funding opportunities?

CATO LAURENCIN: That -- that's really the goal. That's really the goal is to work together for that and to work together for funding opportunities and allow -- the new clinical trial has opened up that -- that investigators from all the hospitals will be able to enroll their patients into a clinical trial to move forward.

REP. ROJAS: In terms of the NICU, I want to understand it correctly, that's largely a paper change, more or less?

MICHAEL HOGAN: It's an ownership change.

REP. ROJAS: Yeah, yes it's largely on paper. I mean everything remains the same it -- basically the operation (inaudible.)

MICHAEL HOGAN: The operation remains at -- at the -- the Health Center in Farmington. The workforce remains a state employed workforce, at least to that purpose to children (inaudible.)

REP. ROJAS: Now the NICU rooms, are they going to be in need of renovation too or are they more updated than the rest of the hospital?

CATO LAURENCIN: Eventually that will need to happen. Eventually as -- in the next -- I

would believe the next ten years or so the -- the NICU rooms will need to be updated.

REP. ROJAS: In terms of the issue of the pay differential, is that dealt with in this proposal or is that going to continue to be something that we have to deal with going forward?

CATO LAURENCIN: Rich Gray could speak to this but the -- you're -- I think you're talking about the fringe benefit differential. That will be something that will be always there and will -- will be something -- it will be something that we'll always have to deal with -- work with.

REP. ROJAS: Is there a solution to that? I mean I -- I guess if there wasn't we'd have it already.

MICHAEL HOGAN: I think the -- it's -- it's -- if there is you'll have to have it, that would be my answer.

REP. ROJAS: One last question in terms of the draft summary Mr. Gray that you provided in section 4 there, is the state essentially going to be fronting the $100 million until we receive it from the federal government including that directive?

RICHARD GRAY: No.

REP. ROJAS: No, okay.

So -- so is the rest of the money contingent on that we receive (inaudible.)

MICHAEL HOGAN: The rest of the money is contingent upon getting the $100 million (inaudible.).

REP. ROJAS: Thank you for your answers.

Thank you, Madam Chair.

REP. WILLIS: Thank you.

A -- a quick question, Dr. Laurencin, a follow up. The OBGYN services presently offered at Saint Francis, how long has that been going on?

CATO LAURENCIN: The OBGYN clinical clerkship?

REP. WILLIS: Yes.

CATO LAURENCIN: I think that's been -- that's been going on for -- for a while.

REP. WILLIS: How long?

CATO LAURENCIN: I can find --

REP. WILLIS: More than ten years?

CATO LAURENCIN: I -- I can find out for you.

REP. WILLIS: Okay.

Rich this is for you on the money. I have several concerns. Just briefly, the -- the $25 to $27 million that's going to be reallocated means that -- that really the state is -- is making an investment right up front in terms of the new center health facility.

RICHARD GRAY: That's correct.

REP. WILLIS: Okay, and at the end of those two years, you're saying that that $100 million would have to be in place in order for you to move forward, is that correct?

RICHARD GRAY: As it's currently drafted, yes.

REP. WILLIS: Okay. I -- I have a concern with that. I have a concern that -- that once we've made that $25 million investment to turn back and not move forward because the $100 million is not in place -- it's like the analogy I -- I gave before to Senator Handley is -- is a car that you put the money into and then when the next payment is you said, oh I just put that much money into it, I can't walk away from it, and I think that's the way the state will feel.

Is there a possibility that the University would be willing to look at reallocating more funds, putting more emphasis on private funding, donations?

RICHARD GRAY: We're going to do -- and so that's a good question. In answer to the first one, we do not anticipate any additional reallocations. The reallocations that I've proposed here will, you know, cause some delays and to take more money out of the system would cause projects to be canceled. So I don't anticipate doing that.

With respect to private funding, we're looking at private funding right now as well as watching what's happening in Washington and we're going to work very, very hard. The -- the analogy is almost right that except if I go and do this planning, we'll have the planning for a new car, we'll have to figure out how to pay for it at some point in time but it'll be -- those -- those plans will be valid, it's a -- it will be a viable plan.

If it gets delayed somewhat, then it gets delayed somewhat. But I -- again I don't anticipate that happening.

REP. WILLIS: Well thank you very much gentlemen for your questions and I'm sure you'll be available to --

MICHAEL HOGAN: And may I say thank you to you as well for your good guidance and persistence. It seems like every time over the last 30 months or so we ran into an obstacle and someone came in and helped us out and we're grateful for the help you've given us. Dr. Laurencin and our colleagues at the Health Center have been just wonderful. Our two boards have step in big time the last couple of months and really played a helpful hand and, of course, so has the Governor.

So it's -- it's taken a lot of -- a lot of cooks to get to this point and we're grateful for all of them and your receipts included.

Thank you.

REP. WILLIS: Thank you.

Now we need to switch to the general public and actually I'd to like to call up Rick Strauss who I consider quasi-public in a way. He's now here in a public capacity but certainly at one point was very much of the public process because CASE, the Connecticut Academy of Science and Engineering, at the request of the legislature, did the study on the Health Center and its future.

So welcome Rick.

RICHARD STRAUSS: Thank you, Representative Willis, Senator Handley.

My name is Rick Strauss. I'm the executive director of the Connecticut Academy of Science

and Engineering. Our testimony today was prepared by myself and Dr. Myron Genel, who's president of the Academy and also chairman of our UConn Health Center study committee. Dr. Genel was not able to be with us today so you got me.

A key element of the 2000 case study recommendations was for hospital partners to identify their intentions and commitment to support the vision and guiding principles of the Health Center. The Health Center's proposed plan is a result of this ongoing process. The plan offers a framework that is generally consistent with elements of the case study recommendations. The need for upgrading Health Center facilities and providing for increased collaborative efforts with -- and providing for increased collaborative efforts with hospital partners.

The following comments are offered for your consideration. First relationships. The plan provides new opportunities for regional cooperation and collaboration. Enhanced effective sustainable relationships between the Health Center and its hospital partners are critical to the Health Center's success in serving as a leading academic medical center and a common vision of academic medicine is necessary to achieve and sustain excellence in academic medicine.

It's suggested that the Health Center's vision and guiding principles be updated and used to develop affiliation agreements with hospital partners. The vision and guiding principles were created as part of the process of the legislation that the General Assembly enacted as the next steps following up on the case study. Key issues to address include, among

others, governance, financial considerations and faculty relationships.

On facilities, the case study found that John Dempsey Hospital is outdated and requires investment for continued use for academic medicine purposes. The fiscal -- physical plant review in the case report and analysis developed by the Health Center's facility's consultant may be used in evaluating -- may be useful in evaluating the plan. Additional details should be provided to assure that the plan adequately addresses facility obsolescence.

The plan helps to address the financial issues of the hospital, need for onsite educational and research opportunities and concerns about adding a significant number of new beds to the region. However, the limited planned size of John Dempsey Hospital makes the development of enhanced relationships with hospital partners critical for the Health Center with its partners to achieve it's anti -- expected benefits from facility investment and new initiatives.

On accountability, the Health Center's plan provides a framework to achieve excellence in academic medicine with related significant regional health care benefits and economic impact. New affiliation agreements between the Health Center and its hospital partners that reflect the Health Center's vision and guiding principles will help to institutionalize an academic medicine culture in the region.

It's suggested that a set of benchmarks and measures be developed with periodic reporting to the General Assembly to track the Health Center's initial progress, renovation and

construction projects and ultimately performance goals for collaborative initiatives, programs and economic impacts.

Let me an item on bed analysis because that did come up in the presentation and there were questions from members of your committee or Public Health Committee. The case bed analysis has not been updated since the study so I -- I can't give you, you know, details about what the actual bed need would be today as compared to what was projected in -- a couple of years ago.

However, OHCA produces an annual report on the -- on the financial status of Connecticut's hospitals. The 2008 report provides a new bed category to consider in analyzing bed needs and that's available beds. That's the total number of licensed beds that are physically available at a hospital as compared to staff beds which are u -- which -- which is a category that describes the operation of the hospital in terms of how many beds the hospital can service and licensed beds which is the number of licensed beds that's actually on their -- on their license with -- or license with the state.

So available beds, we believe that means the total number of licensed beds that are physically available at a hospital. So it's like a census. If -- in order to add new beds you'd either have to construct new beds at the hospital, a new construction project, or possibly change the configuration of a room going from private rooms to semi-private which is not the standard today.

The case beds analysis indicates that in 2015 the statewide bed need will be 8,252 beds.

Based on this analysis, considering available beds is a key bed category, additional state beds would be needed in 2015. Also in 2008, while the total statewide licensed beds were 9,291, available beds were 8,153, resulting in about 12 percent of licensed beds as not being available for patient care and, if you look at the information I've provided in my testi -- written testimony, you'll see in 2008 actually occupancy based on staff beds was at 86 percent which is, for the industry, fairly high.

You could do a similar analysis for the numbers for the John Dempsey Hospital area and for the greater Hartford region but I just provided the statewide numbers.

So in closing --

REP. WILLIS: Do we have that -- the supplemental thing you just read?

RICHARD STRAUSS: The -- in -- in our report -- not -- the supplemental just includes the statewide bed. I did not get into the more detailed analysis. There were some numbers in the OHCA annual report that kind of need to be clarified in that regard so I just quickly did the statewide for you.

In closing, the proposals for facility improvements and development of the UConn health network -- network are intrinsically linked, both are needed. The proposed facility's plan is a compromise when compared to prior plans. The state's investment and renoa -- renovated facilities is necessary. This plan makes the development of vibrant, enhanced sustainable relationships between the Health Center and its hospital partners critically important especially due to the

proposed limited size of John Dempsey Hospital.

In fact having UConn health net -- network in place and in operation would be an asset in competing for highly competitive federal funding and NIH center designations for proposed initiatives. While due diligence into the details on the plan should be accomplished, the plan offers the potential to -- to achieve goals set forth by the General Assembly if it's successful.

Thank you.

REP. WILLIS: Thank you.

Comments?

SENATOR HANDLEY: I -- I'm -- I -- I think you've -- you've hit on a critical issue here and that is that the relationships with the other hospitals and the network that's -- that's sort of replacing the old -- what was it the collaborative arrangement that -- that the second -- the plan -- the other plan that we looked at a year ago is -- is -- is absolutely critical and I think it's -- it's -- will be important for us on this committee not to -- not to forget that and I'm sorry the rest of the committee isn't here to -- to hear that, you know, that -- that strong recommendation that you've made, but thank you.

RICHARD STRAUSS: You're welcome. I guess they can read it.

REP. WILLIS: And I hope that we can come back to you and ask you some questions, you and Dr. Genel, if we have them. Is that a direction or is that fiscally impossible?

RICHARD STRAUSS: Did you say physically or fiscally impossible?

REP. WILLIS: Well I was -- said fiscally.

RICHARD STRAUSS: No we'd -- we're available to meet with you. I -- I do want to mention that, you know, our committee has not had an opportunity to -- to meet to discuss the proposal although members of our committee did provide input into the testimony that we provided with you -- for you today.

REP. WILLIS: Well it was very helpful and I'm going to review it. I'm sure the other committee members will review it more carefully so we'll be able to go back to the proponents here today and -- and ask them some of these (inaudible.)

RICHARD STRAUSS: Let me -- let me just add one comment. I did use the word that the plan is a compromise. You know if you go back and look at the prior plans in terms of what UConn intended to do initially and, you know, I think working within the system that believed that their initial plan was what they needed to achieve the goals that you've set forth in terms of achieving academic -- an academic medical center of excellence and, you know, for the region. And then last year's plan was a step also in that direction.

So I think it's important to view this as a process and not as failed efforts. You know everybody's come a long way within the region with all -- with all the hospitals but the compromise truly is a result of both the -- the hospital needs, the education needs, the clinical needs, research needs and the community service missions of the University. And in meeting with this body and the many

people that help to make decisions, obviously there are political considerations.

And that all needs to be taken into consideration but I think the -- the plan that you've got before you it's really important to recognize the importance of the regional cooperation, the collaborative efforts of the Hospital because with a very small central core this is -- this is very much like a hybrid distributed model that's -- that's been discussed. So I think you need to think about that.

Thank you.

REP. WILLIS: Rick I have one more question for you please.

RICHARD STRAUSS: Okay.

REP. WILLIS: Do you think it would be a -- a helpful exercise to this committee and to the legislature to actually see delineated the difference between the collaborative model and the network model where we actually had two comparisons going back to our matrix?

RICHARD STRAUSS: It -- it might help you understand, you know, the differences and I'm sure the -- the Health Center could help you with that.

REP. WILLIS: Okay. I hope they heard that and it --

RICHARD STRAUSS: I imagine they did.

REP. WILLIS: -- might be something that we would like to see because I think that would be helpful, don't you, to see the differences

between the proposals.

Thank you very much. As always you're always very helpful.

RICHARD STRAUSS: Well you're welcome and you know where to find me.

REP. WILLIS: Yes I do.

Okay next up on the list is Evelyn Richards.

Good afternoon.

EVELYN RICHARDS: Good afternoon. Thank you, Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement committee.

My name is Evelyn Richards. I am here today to speak in support of H.B. 5027, AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN. I was born with sickle cell anemia but this disease is a very dreadful disease. My parents and I suffered and cried together especially when I really wanted to give up in life but I just, you know, decided to stick around. I dealt with doctors not caring or hospitals not having enough funds.

I hope and pray that the Senator and the Representative and the members are here with their sleeves rolled up today because the University of Connecticut Health Center needs your help in making sure that patients like myself can get the continued medical care we need so we can live long and healthy lives.

Two years ago I was blessed with getting a new doctor, Dr. Andemariam, and you will hear from

her soon, at the University Of Connecticut Cancer Center. It took 51 years to find this wonderful and gifted doctor who genuinely cares about the patients with this disease. I've had the pleasure of working with her great staff and student doctors. I was told that I wouldn't -- I would not live to see 18 years of age and will not bear any children. I'm here today to tell you that I'm now 53 years ago and I have a healthy eight year old grandson.

So please approve H.B. 5027 because the University of Connecticut is too small for the great minds that have to grow there.

Thank you.

REP. WILLIS: Thank you.

Charles Cosgrove to be followed by Samuel Bird.

Good afternoon, sir.

CHARLES COSGROVE: (Inaudible.)

REP. WILLIS: Push your button there.

CHARLES COSGROVE: I've pushed a lot of buttons in my life.

Thank you very much.

REP. WILLIS: Yeah, haven't we all.

CHARLES COSGROVE: I know. I'm sorry that Senator Handley was powerless with her computer. I heard her talking about it.

Senator Handley, Representative Willis, members of the Higher Education and Employment Advancement committee, thank you for allowing

-- excuse me -- for allowing me to speak today in support of House Bill 5027.

In 2005 my family physician, Jon Krumeich and what's interesting listening about the family -- the family program that's going to be going on at the medical school, my family physician, Dr. Jon Krumeich, referred me to Dr. Bruce Liang at the UConn Health Care Center for an evaluation of my cardiac function.

Dr. Liang and several physicians in the cardiology department discovered that my aortic valve was badly diseased and impaired. Additionally this impairment caused a large aortic aneurysm. Based on the information and the compassionate concern of Dr. Liang and Dr. Paul Priessler, cardiac sur -- my cardiac surgeon, I decided to have these life-threatening impairments repaired and on September 14, 2005 my aortic valve was replaced and I received a new aorta, not an experience that everybody gets to enjoy.

This operation not only saved my life but has allowed me to extend my life with quality and dignity. This would not have been possible if the UConn Medical Center was not the valuable resource that was available to me. The quality of care and the heroic efforts that the staff made speaks for itself. However, the need to provide adequate space and equipment with the new facility should be carefully considered.

Even though my care was of the highest quality, I can note for you, the committee and other people here, I can note for you that my room was jammed with necessary life support equipment. Additionally there was another patient in that room who had similar types of equipment and things were pretty tight. I'd say

in some cases they were almost cozy and that's not in my -- my written testimony. It was difficult for the staff and family to move freely in room.

I am a retired health care worker and have the opportunity to work at the national and international level. On the national level I was involved in long-term health care and traveled around the country and -- and helped developed policy for long-term health care institutions.

At the international level, I worked as an air ambulance director of respiratory therapy and I was a flight medic. So I've taken care of people all over the world and in our country and in our state. But I address you today as a grateful patient with a humble and thankful heart that the entire staff at the UConn Medical Center was available to care for me, my family and my friends.

Let me urge this committee to look not only at the physical and economical benefits of the new facility but to also view how great this new facility be -- will be when blended with the already powerful spirit of medical knowledge, compassion, care as well as a willingness to share and apply this effort and attitude in continuing to build the finest medical complex in the region while deepening the quality of life for the citizens of Connecticut.

Thank you very much.

REP. WILLIS: Thank you and certainly those are our goals as well.

Dr. Bruce Gould.

It's always a pleasure to see you Dr. Gould.

BRUCE GOULD: And it's nice to be here.

REP. WILLIS: And I hope that UConn can do something about cloning you.

BRUCE GOULD: Thank you for giving me this opportunity to speak in support of H.B. 5027. As you just heard my name is Bruce Gould. I'm an internist and primary care provider and for the past 22 years have served as the medical director at the Saint Francis/University of Connecticut Primary Care Center at the Burgdorf Health Center in the north end of Hartford serving that north end which is one of the most under-served and vulnerable populations in the state.

I'm also associate dean for primary care at UConn School of Medicine, the director of the Connecticut AHEC system, as well as the medical director for the Hartford Department of Health and Human Services.

To put things in perspective, this is the third March that I've testified before you, in 2007, 2009 and now 2010.

REP. WILLIS: We're in the same boat as you.

BRUCE GOULD: Yes I know, I know, I just -- going back over my testimony I was -- that point sort of bubbles up. The first time was for a stand alone facility in Farmington, the second for collaboration with Hartford Hospital and now for a regional collaboration that I believe will both move the University, the state and the health status of our citizens to a higher level.

health care environment is changing. The ground is moving under our feet and if we fail to be innovative, to react to or better to anticipate these changes, will become irrelevant and we will fail both ourselves and those who dependent on us.

health care reform in this country is inevitable. I know not everyone necessarily believes that. As a practitioner, especially one that cares for the poor, the uninsured and the underinsured, I can tell you that our present system does not meet the needs of our people and does not fulfill its promise. We spend half again as much as any other industrialized nation and yet the health status of our population is worse than most of our peers.

We rely on high-end technology for diagnosis and treatment yet make little use of available tools to coordinate care, share clinical information, target prevention and clinical intervention in timely and effective ways that might actually save lives and also money.

To achieve a more effective and affordable health care system will require a number of elements and this is just a few: well-trained primary care provider specialists, nurses, pharmacists and other professionals versed in the potential of all our technologies and able to work in patient center teams focused on optimizing the outcomes of care, new technologies, treatments, screening tools developed at the bench and at academic institutions addressing present and future health care challenges and translational researchers and health services experts to speed the transfer of new ideas and knowledge to the bedside and the community where its

useful result and the quality of outcomes that our patients deserve.

University is already working on a number of these fronts. You are well aware of the AHEC system and our urban service core, youth health service core, college health service core, I'll refer you to my written testimony for details.

H.B. 5027, by providing a regional focus to help health care delivery, education and research will facilitate the work already being done and provide the synergy between existing and often competing players that will elevate the process to a whole new level. It will provide a new and much needed facility to the University that will assure both the delivery of state-of-the-art health care and education at our state medical/dental school and hospital.

Through the creation of the Institute for Primary Care it will promote the improvement of practice design and health care delivery at the community level as well as the recruitment and training of primary care providers of the future. Health Disparities Institute will study and develop answers to the disparities in health status we see between populations both here and elsewhere.

The Institute for Clinical and Transitional Sciences will speed the translation of knowledge and science into practice and outcomes improvement at the level of the community and individual patient. I honestly believe that the University of Connecticut School of Medicine and the School of Dentistry cannot survive without a viable appropriately sized and updated hospital. The proposal H.B. 5027 will ensure that survival while creating a

regional integrated academic health center. Without the ongoing support of the University, I can't do my job. As a community provider to the under-served and as an educator of the next generation of those who will hopefully commit their lives to service of those in most need, I implore you to support this bill.

Thank you.

REP. WILLIS: Thank you.

Questions or comments?

Um -- actually --

A VOICE: (Inaudible.)

REP. WILLIS: Okay, Senator Handley.

SENATOR HANDLEY: I -- I think you were here, Bruce, when you -- when the -- Rick from the CASE spoke about the critical need of this regional support network service. Could you talk a little bit more about how you think that's going to work?

You -- you mentioned a few of the -- a few of the pieces of it but I -- I think we need to understand how critical that -- that is going to be like --

BRUCE GOULD: To actually have coordinated fare instead of piecemeal fare?

You know as a primary care provider often we're sort of in the seat of being responsible for all of the care delivered to a patient. Unfortunately much of the care delivered is delivered in silos, either between hospital systems or between providers themselves. A lot

of research is being done now and if you look at actually the bills passing through Congress for national health care reform, there's a lot in there about EMRs, electronic medical records, about coordination of care, sharing information across the state so that in fact care becomes patient centered rather than institute centered or sub-specialty centered.

I just moved my, both my in-laws and my mother up to Connecticut to rescue them from health care systems in other states. I teach quality, part of my role at UConn is I wrote and am in charge of the quality improvement patient safety curriculum. So I know a lot about this and clearly the short falls in their care was that folks were not talking to each other, that critical information was not shared between and across systems and I think that when you look at how you get good outcomes or excellent outcomes for patients at the least possible cost, it's really by trying to create that coordination of care and really having the information and the care follow the patient wherever they go.

The only way that you're going to achieve that is really by creating regional health care systems or at least regional coordination between health care systems.

SENATOR HANDLEY: Thank you.

First I want to say because you're connected with AHEC how much we regret the loss, as I'm sure you do, of Charles Huntington. He was very respected up here. I -- he helped me on -- on several initiatives and we worked together and he was an amazing person, so (inaudible.)

BRUCE GOULD: When Charles was both -- you know clearly a loss, his family is -- is grieving and I think all of certainly the University community is as well. Thank you.

SENATOR HANDLEY: I -- I want to ask you about the disparities proposal -- the medical -- I'm trying to see the exact term -- regional health disparities health research institute. Do you see that establishment as being able to help the kind of population that you serve in the north end of Hartford?

BRUCE GOULD: You know the first step in creating solutions is understanding the issues and unfortunately there needs to be a lot more work on understanding the issues. You know why do certain populations not do as well as other populations? And it's really a mix of a whole bunch of factors, economics, you know poverty, racism, lack of education, lack of access to all sorts of different things. Understanding that allows us to, in fact, target resources to overcome some of those things.

Some of them are low hanging fruit and you could really do a much better job quite quickly but understanding where to put our energies is -- is the issue. The collaboration I believe with the Cobb Institute, if I'm not mistaken, with the University in creating the disparities institute will actually help us focus attention on those issues and then study them in a -- a targeted way where we can actually come up with apples and apples, understand what's going on and then figure out ways to improve outcomes, because that's really what it's all about.

I mean the first step is to try and be able to actually measure outcomes which, you know, we don't like to think we can't do that but it's

not as easy as it might seem. As you go beyond that then you have start (inaudible) out what the issues are and actually coming up with interventions and that's where I believe that institute is going to help us quite a bit.

REP. WILLIS: And as a veteran of the three plans --

BRUCE GOULD: Yes.

REP. WILLIS: -- and -- and you like them all --

SENATOR HANDLEY: He spoke in favor of them.

REP. WILLIS: -- you spoke in favor of them all.

BRUCE GOULD: We love all our children (inaudible.)

REP. WILLIS: That's right.

BRUCE GOULD: But some perhaps a little, you know, each has their own gifts.

REP. WILLIS: Good. I hope we're moving in the direction of good, better, best, that would be -- would be the hope and -- and I'm not sure that that's your read on it. Are we moving in the right direction?

I don't mean to put you on the spot.

BRUCE GOULD: You actually want me to answer that? No.

REP. WILLIS: I do, I do. Make them plug their ears.

BRUCE GOULD: I -- I do believe that. I think that this -- this plan versus the previous plans is -- is more focused. You know first of all I -- I really do believe in my heart that the

University does need an updated facility in order to maintain what it has and -- and go to new levels because there is no question that when you have to get in the car and drive ten, fifteen, twenty, twenty-five minutes depending on traffic, whatever, that when you're recruiting faculty it -- it's one less reason for them necessarily to come to -- to the University, so that that is important.

You know obviously my mother's been at -- at UConn and it -- it needs an upgrade, also not a question. This proposal I think in a much more focused way looks at regional approaches as well as beyond that statewide and then looking at addressing some national as well as far as actually bringing together the type of care that I think each of us would want to have ourselves or certainly have our family members. We're -- we're on our way I think to the -- it's -- it's absolutely in the right direction and this plan can work.

REP. WILLIS: Well it's getting away from the -- the silos that existed in a -- in a way between all the hospitals as well.

BRUCE GOULD: You know the -- the medical home concept where each patient will have a provider or practice that will in fact coordinate their care is, you know, again I'm a primary care provider, certainly is something that is being looked at in various demonstrations around the country, none of which are in Connecticut. We are far behind a lot of other states in piloting new ways of providing health care.

This proposal I think will promote a lot of -- of that type of activity which will help the state not only improving the health care system but frankly economically as well, so --

REP. WILLIS: Thank you. It's always a pleasure to see you.

BRUCE GOULD: A pleasure being here, thank you.

REP. WILLIS: Thomas Finn followed by Andrea Gross.

ANDREA GROSS: Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement committee, my name is Andrea Gross and I'm a fourth year medical student at the University of Connecticut School of Medicine. I'm here today to speak in support of H.B. 5027.

Why do I support this plan? I believe the UConn Health Center provides key community resources that are not available elsewhere and any plan that ensures the future of a financially stable health center will have my support. I wanted to speak to you today because I've grown up in and around the UConn Health Center. My father has been a faculty member at the Health Center for over 20 year and, as I high school student, I spent my summers volunteering at the surgi-center in Farmington.

When I learned to drive the Health Center was the first place I went outside of my hometown of Simsbury. During my senior year of high school I continued my experiences at the Health Center as a student researcher in a basic science laboratory. After high school I was admitted to the eight year combined program in medicine, attending first UConn/Storrs and now the UConn Medical School from which I will soon graduate.

In addition, throughout the years, I have been

a patient at the UConn Health Center's primary care, cardiology and endocrinology clinics. All of these experiences have given me a unique perspective on the experiences of staff, physicians and patients at the UConn Health Center and it is that perspective which I would like to share with you today.

The faculty and staff of the UConn Health Center are an incredible group of individuals. The administrative and secretarial staff that I worked with in high school consistently went above and beyond for patients. They are dedicated to facilitating the delivery of the best quality care to all patients. By increasing the number of beds and financial support for the hospital you will be helping them to do the same for even more people.

The part of the Health Center with which I am most familiar is the academic faculty and staff. Just as the administrative staff work tirelessly on behalf of patients so to do the academic faculty work for us, the students. In course of our training we receive lectures from basic scientists and clinicians on a wide variety of subjects. Though the lectures delivered by the basic science researchers were often helpful, I almost always found the courses taught by clinical faculty to be the more valuable.

These clinicians brought with them not only the basic facts which we needed to learn for our next exam but also the perspective about how these seemingly abstract pieces of information actually applied to caring for patients and being a better doctor. Encouraging this kind of connection between clinical and basic science is essential to learning medicine and will only be enhanced by increasing the

facilities and staff of the UConn Health Center.

After all it is one thing to read or hear about a new discovery in medical science, it is quite another to hear about that discovery from someone involved in making that discovery and making it happen and seeing how it influences the care of that doctor's patient.

One of the most powerful experiences of my training occurred in our second year when we were learning about HIV/AIDS. The infectious disease physician who had been teaching us about the cellular mechanisms of the disease by which HIV attacks the body, brought in one of his patients who was suffering from HIV. She spoke to us for an hour about her experiences, not only of the disease but also of how she had been treated by various doctors. She taught us what a difference a kind, empathic and well trained physician can make in the life of a patient and we've learned this lesson over and over again from all the patients we see.

The -- we have learned that knowing science is only a small part of being a physician and that the larger part is being able to connect with patients in a meaningful and constructive way. The UConn Health Center provides an atmosphere which supports that kind of training and having more academic clinicians and facilities to enhance that experience would be of incalculable benefit to training of the next generation of physicians and their patients.

I know the state has limited resources and time, I apologize, and is looking for ways to maximize the positive in fact -- impact of those funds. I cannot think of a better way to improve the community than by investing in the

UConn Health Center. We serve a wide variety of patients from the very poor to the wealthy. One of favorite parts of med school has been working at the South Park Inn Homeless Shelter in downtown Hartford where we hold a twice weekly free clinic staffed by UConn faculty and med students.

By support this bill you will be supporting not only the large number of patients that currently look to the Health Center for their care but also the training of physicians that will be prepared to handle the needs of those patients in the future. Like me a large portion of the 80 people in my medical school class have strong roots in Connecticut and historically a large percentage of us will eventually practice here in the state.

Who knows we may be the doctors for you or your family in the future and I know that by supporting this bill you will help us be even more prepared for that task.

Thank you very much for the opportunity to speak today and please support H.B. 5027.

REP. WILLIS: Thank you very much.

Marty Gavin will be followed by Monty McNeil followed by Elliot Joseph.

Good afternoon. Please put on your mic and identify yourself again.

MARTY GAVIN: Thank you. That's Marty Gavin and I'm the president and CEO of Connecticut Children's Medical Center. Appreciate the opportunity to be here. I know when your computer comes back on and your electricity comes back on this is -- my testimony will be

the first thing you read so I'm not going to read it entirely here but just give you a summary of that.

I'm here to speak in support of the legislation and proposal. This proposed initiative brings together many long-term partners to benefit the economy and enhance the health care system for Connecticut citizens while also enhancing the health care's educa -- health care -- Health Center's education research and patient care admissions.

I support it for several reasons though. Primarily because it will strength the critical relationships between area hospitals, will result in growth in -- in economic opportunity while really raising the quality of health care in the state of Connecticut. I also believe that, as Sandy Cloud mentioned before, the initiatives on health disparities will be an incredibly important component of what we're doing going forward and applaud that initiative as well.

The proposal will include the establishment of an regional neonatal intensive care premier program which will not only advantage the Medical Center and the school of dental -- school of medical and dental medicine but more importantly it's going to help Connecticut's families. Operating a 72 bed service would make our combined NICU one of the strongest academic neonatal intensive care programs in the region while also freeing up beds to permit the Health Center to add medical/surgical beds which would in turn generate additional revenue in support for the University and the state.

This model I have to hasten to add will not reduce the number or location of beds for

neonatal intensive care in -- at the Health Center nor impede the public mission of the University to care for its -- our most fragile citizens, our neonatal intensive care babies, rather I believe it will increase the efficiency of that care and provide a way for us to improve both research and quality of care for those children. I also believe it will support the maternal and fetal medicine program, a critical component of the University's medical school.

I've been around the state all my life and for the last 21 years been around the health care side of it. I joined the board of Newington Children's Hospital 21 years ago and the first meeting I attended was to propose creating a new children's hospital and I've certainly seen all side of that debate about health care in this region.

Connecticut Children's is proof positive that collaboration works, partnerships work and in the past 12 months we have had 270,000 patient visits to our regional medical center dedicated exclusively to children. This proposal will permit us to enhance and extent the quality of care we provide as well as allowing us to create an integrated program that will be a regional training center for neonatal care for physicians and other health care professionals.

It's also -- I want to comment on the health of the economic benefits of this. Over the last four years Connecticut Children's Medical Center has created 460 new jobs, a 30 percent growth. One of the few economic engines left in this economy is health care and this is a really important component of what we have going forward. But lest you think we're growing and growing in size, we share one other

thing in conjunction with the University of Connecticut. We are the second smallest pediatric medical center in the country. There are 36 free-standing children's hospitals in the country, we are ranked number 35.

This arrangement and proposal will move us all the way up to number 33 in size based on staff beds but we have a long way to go to -- to get to top tier status. This is a really important critical component of moving us there.

Finally, I have to say as all of you know we have a -- a log and a tag line that says kids are great and we just make them better. I do believe the University of Connecticut, particularly its neonatal intensive care services as well as Connecticut Children's are great; this proposal will only make it better and I urge to support the proposal.

Thank you.

REP. WILLIS: Thank you.

Questions, comments?

Just one. Since you were involved the last time and supportive of the last initiative, how do you feel this compares to that plan? Do you see that there (inaudible.)

MARTY GAVIN: We've come a -- we've come --

REP. WILLIS: I don't mean to put you on the spot.

MARTY GAVIN: No, no, that's not a spot at all. We've come miles and miles in the last three to four months as well in terms of relationships between the area health care providers in this community. I think we created this in 1996

when we created Connecticut Children's Medical Center. I took a lot of coaxing. It was a political as well as financial decisions. What's occurred in the last three or four months gives me great optimism for the future health care of this community. I do think we finally all come to the table in thinking about the greater good of Connecticut.

REP. WILLIS: Yes, thank you very much.

MARTY GAVIN: Thank you.

REP. WILLIS: Monty McNeil followed by Elliot Joseph followed by Biree Andemariam.

MONTY MCNEIL: Well hello again, Senator Handley and Representative Willis and the other members of this committee.

Again should -- should I start again?

REP. WILLIS: Yes.

MONTY MCNEIL: Recue?

REP. WILLIS: You're done.

MONTY MCNEIL: Okay.

REP. WILLIS: I'm sorry.

MONTY MCNEIL: Well thank you. Thank you for letting me speak for a few seconds and as in previous meetings with -- and this has become an annual event, we have explained the accomplishments of our school -- our dental school. Our faculty and our staff and our students are very proud of these accomplishments and I sense that you are and -- and this legislature as well.

But that's not what I'm here to talk to you about today, although I want to impress that a positive decision on this bill will have a very positive impact on our school. What I want to talk about really are partnerships and what than means at our Health Center. The three major partners, the medical school, the dental school and John Dempsey Hospital, benefit tremendously from each other's strengthens and successes. What is also true is that, just like in a family, when one member or a partner struggles it affects the other partners and limits their ability to reach their true aspirations.

That is why I am so strongly in support of this bill and the facility improvements that it will bring. It is important to both schools that our hospital resolve its fiscal challenges and I believe that this plan will allow that. The secondary affects of that achievement will include an enhanceability to recruit the students, the residents and the faculty that are so important to us in achieving our goals. A strong John Dempsey Hospital is so important in this partnership.

The impact on the dental school will be significant. Yes our school is highly regarded nationally through our outcomes but we have fallen considerably behind most of the other 56 dental schools in this country in terms of our clinical facilities. We are blessed with great students. You heard from some of -- a student today who exemplified that. But more and more a rising comment by perspective students, and this includes students from Connecticut, is I want to go to your school because of its academic strength but your facilities don't compare to what I'm seeing at Tufts, at Penn,

at New Jersey, at Maryland.

I want to change that and this plan will do so and set a course for us well into the future. It will also allow us to not only maintain but expand our service to Connecticut. We currently provide over nine -- 90,000 patient visits in Farmington and over 120,000 visits statewide. By the way that's almost twice the amount that schools twice our size provide which show -- which speaks to our efficiency.

The majority of care provided is to the underserved, the noninsured or the poor. The Mission of Mercy project in Middletown this past weekend again showed just how large that problem is.

Another group at risk that we serve are the physically and developmentally disabled and others with special needs. We are the single largest Medicaid provider for these groups. In partnership with John Dempsey Hospital, which helps us so wonderfully in care of the medically compromised, we embrace this as one of our missions. And within that partnership we continue our overall mission to be a leader in dental education, not only this state but nationally and internationally.

Our other great partner is our state and this legislature. I want to thank you for your support over our now 42 years of operation and I hope you can now support us through Bill 5027.

Thank you.

REP. WILLIS: I want to thank you as well. It's nice to see you and to see what you're doing next February and March, you know.

MONTY MCNEIL: Yes.

REP. WILLIS: Hopefully we'll be talking about something else.

Questions or comments from members of the committee?

I just have one which is on a -- not on this bill before us but a comment I'd like to make to you. One of the things that is very important to this committee is the public mission of the UConn Health Center and continuing that mission and clearly the dental school and the services that are provided to those most in need, our much vulnerable citizens, is of utmost importance to us and we recognize the incredible role that you pay -- play, you know, statewide in terms of providing services. And we are very upset about some of the cuts that have been made and Senator Handley and I will work very hard to ensure that we fight for -- for those dollars.

Okay, I just wanted you to -- to know that and we want to thank you.

MONTY MCNEIL: I appreciate -- thank you. I appreciate that and that comment was made last week and -- and we are concerned as well for some other actions that are being considered at this session and we appreciate your support. Thank you.

REP. WILLIS: You have it, sir.

MONTY MCNEIL: Thank you.

REP. WILLIS: Thank you.

And welcome.

ELLIOT JOSEPH: Thank you. Good to be here, pleasure.

REP. WILLIS: Nice to see you. You look terrific.

ELLIOT JOSEPH: Why thank you.

REP. WILLIS: Picture of health.

ELLIOT JOSEPH: It is great to be here and this is actually my first round of being in front of you. I missed last year's round and I want to say good morning -- I think it's actually good afternoon at this point and how much I appreciate the opportunity to be in front of you and also to thank you for all the hard work that I know both of you put in personally over the last two years to help us find a course that would get us where we need to go and I just deeply appreciate your personal engagement and involvement in -- in helping us try to find the right answers.

My name is Elliot Joseph and I am the president and CEO of Hartford Hospital and Hartford health care and again it's a pleasure to be here. Let me start my comments by stating something you've heard from me previously and that is we at Hartford Hospital are very -- one of -- several very proud and honored partners of the UConn School of Medicine.

As the only public medical educational institute in our state, the School of Medicine is an essential resource, not only for all of the area hospitals but also for the tens of thousands of people we collectively serve every day. Our state is already facing an acute shortage of doctors and medical specialists

that -- and that void can only be filled with the healthy and successful School of Medicine. The school is a proving ground, as you've heard and have heard before, for the state's next gen -- great generation of surgeons, doctors, nurses, paramedics, emergency medical technicians and other essential medical staff.

If we are to maintain and elevate the quality of health care in our area, then the School of Medicine must not only survive it must thrive. That is why we have always said that we want to proactively help secure the future of this school. That was the main reason why we sought to partner with the University of Connecticut last year and why I'm with you today.

Advancing the school is a priority for Hartford Hospital and a goal that we are proud to share with the University and others. However, as we all know, there are significant issues that must be addressed if we are to achieve these goals, including recognizing that John Dempsey Hospital is a old, antiquated and running at a very significant annual deficit that is covered by the state. I firmly believe that we must stabilize John Dempsey Hospital to relief the state of its annual budget deficit funding.

I'm hopeful that the Governor's plan has the capacity to shore up the foundation of John Dempsey and we hope that by doing this it will ultimately lead to improvement of the UConn School of Medicine. It is my firm hope that this plan can finally secure the economic under underpinning of John Dempsey and offer a bright new era for the school, its students and the region's health care providers.

We look forward to working with the Governor, the state legislature and the area hospitals

and we stand ready to assist and help UConn elevate the School of Medicine and build a brighter future of quality health care for all the residents of Connecticut.

Thank you.

I beat the buzzer also.

REP. WILLIS: You did. I'm really -- I'm very impressed. This is the -- I guess the -- it's good to see you here in support this plan. That's extremely meaningful obviously to those up here and since you weren't involved with plan number one, which was not very popular with you guys, the last one was popular, so in terms of better -- best it seems as though you are saying this is the best.

Would that be -- okay -- never mind.

I'll ask that question to Saint Francis, how's that.

ELLIOT JOSEPH: What I -- what I will say is this. As you -- as I know you know, I was and we collectively, our organization, were obviously firmly committed to the partnership model. We do -- we did believe and we still believe that that partnership had all the essential elements to give us, and I think many other people, a very high level of confidence that we could achieve our mutual goals as a region, as a state, in terms of elevating the School of Medicine and really rising the tide for all the providers in the region and ultimately improving health care for all the citizens of Connecticut.

What we have in front of us today I'm -- I'm -- is -- is the plan that I think has some very

important positive attributes to it and being a -- a pragmatist, we need to move forward.

REP. WILLIS: Very nicely said. Thank you so much.

ELLIOT JOSEPH: All right, my pleasure. Thank you.

REP. WILLIS: Oh, I wish I'd heard that one.

Good afternoon.

BIREE ANDEMARIAM: Hello. Good afternoon, dear Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement committee. My name is Dr. Biree Andemariam. I am a resident of Hartford, Connecticut and I'm here today to speak in support of H.B. 5027.

I am a hematologist and an oncologist working as a faculty member at the University of Connecticut Health Center. I care everyday for people living with blood disorders and cancer. My role at the Health Center is multifaceted and includes not only giving direct patient care but also teaching the next generation of physicians and cutting -- and conducting cutting edge research.

I joined the Health Center in 2007 immediately after completing my medical and subspecialty training in Boston and in New York. I was recruited to UConn to help develop a clinical and research program in blood disorders which is the only one of its kind in the state. I was drawn to UConn because of the opportunity to build this program and because I was given the resources and the infrastructure to conduct clinical research.

The Health Center is a unique asset to the

state and a gem for the central Connecticut region. It is the only academic medical center in the region as you know and it provides care to all without regard to quality of insurance. The Health Center's academic mission fosters an environment that is critical to the growth and development of junior physician scientists like me.

This is why I feel so strongly about the state's continued investment in an integrated academic health center that provides top tier medical education, patient care and biomedical research. In fact this plan is critical to UConn's ability to -- to attract new physician scientists and students as well as its ability to continue to teach the next generation of medical professionals.

At our center for blood disorders we can for patients with anemia, bleeding problems, clotting problems, blood and bone marrow cancers. We treat individuals who have run out of options in the community by offering novel treatments and clinical trials. We provide a medical home for adults with hereditary blood disorders, many of which are very rare.

One example is our adult sickle cell anemia disease program. Sickle cell disease is the most common hereditary blood -- red blood cell disorder. Adults with sickle cell disease often cannot work due to severe debilitating pain and because our society links health insurance to employment, as you well know, these individuals are disproportionately found to be on government-funded health insurance.

Without private insurance they find it difficult to find care, even here in Connecticut, and end up getting most of their

care through hospital emergency departments. At UConn we have developed a medical home for these forgotten individuals.

In addition to providing medical care for these patients, we also conduct research which we hope will lead to improved therapies and even cure. I'd also like to take a moment today to applaud the effort in this bill to promote greater collaboration among the region's hospitals. Such collaborations are critical to enhancing the quality of patient care. Currently our blood disorder center collaborates very closely with Connecticut Children's Medical Center to ensure that adolescents with life-long blood disorders are appropriately and seamlessly transitioned to our care at UConn. Such collaborations are vital.

If I could just take a moment, I just want to let you know that one of the first things I realized when I arrived in Connecticut was the competitive climate in the medical community here and I was appalled. Maybe I was naive because I was just finishing my training but I could not understand why area hospitals would rather refer patients to Boston or New York for second opinions or clinical trials. I quickly realized it was out of fear of loosing the patient and, therefore, loosing revenue.

This bill benefits all the area medical centers in one way or another and puts the emphasis back on patient care once and for all. The citizens of Connecticut should never feel as if they have to leave the state to get top notch care. As the state's only public university hospital and medical center, UConn can and should play a lead role in promoting collaboration for patient care, medical

education, clinical research and clinical trials.

This bill is an important step in the right direction. Thank you for the opportunity to speak today and for your support.

REP. WILLIS: Thank you. That was really helpful testimony.

SENATOR HANDLEY: Thank you. That was -- that was -- yeah -- I'm sorry.

REP. WILLIS: No go ahead Senator.

SENATOR HANDLEY: Very clearly stated analysis of a problem that we've been try -- that we've all been aware of and which I -- I hope, along with you, that we're beginning to -- to resolve.

Thank you.

REP. WILLIS: And that no -- no one has addressed head on.

Thank you for summing it up that way. It's very interesting.

Larry Tanner and then followed by Dr. Denis Lafreniere and Dr. Kiki Nissen and Dr. Bruce Liang.

Enough together those three.

Good afternoon.

LAWRENCE TANNER: I'm sorry -- five times and I believe that over my career here in central Connecticut the proposal that's before you offers both this region and the state the best opportunity to solve many of the issues that

perplex us all. First and foremost, we believe that the proposal will significantly enhance the medical school, not only in terms of having a larger class, but more importantly because it will help stabilize the faculty which is so critical today to achieve all of the other results in both education and research that we believe are -- are critical for our region.

Second of all this proposal allows us to move forward on developing a true engine for economic development. The City of New Britain has a number of -- of manufacturing plants that have historically supported the aircraft industry, manufacturing fine metal components to engines and -- and aircraft. health care development we look at as the next generation of massive employment not only as providers but more importantly as exporters to the world in terms of the technology that is developed and then built in Connecticut.

The third area is this plan, we believe, better addresses some of the needs of the physical plan of the Dempsey Hospital. Having participated, as I say, in the process before and having viewed the physical facilities, there is no question that an upgrade to many of the core critical pieces of the Hospital are desperately needed, their ICUs, the NICU that we've talked about and -- and others and this is a good way to address that.

It will also really help those of us in the community hospitals, community teaching hospitals, recruit positions for the future. It's hard to get doctors to come to Connecticut today for a number of reasons but we do that if we train locally and if they participate in educational environments at all of our hospitals, we have a better chance of keeping

those doctors who are so critical to our future in Connecticut.

And I think last but not least, we look at the opportunity of the collaborative, the network will bring us all together as one of the few ways in which the future can be best addressed. So we support the proposal that's before you.

Be happy to answer any questions.

REP. WILLIS: Thank you very much.

Did you -- yes -- a question from Representative Rojas.

REP. ROJAS: Thank you, Madam Chair.

I just had a question. I had asked the folks who had first testified, President Hogan and Dr. Laurencin earlier, about the perceived threats or perceived challenge of having an expanded hospital over at the UConn Health Center and I just wanted to see what your -- how -- if you might comment on that.

LAWRENCE TANNER: Well I think you can have collaborative competition. We all have that to a degree. I think Connecticut is very lucky, and central Connecticut in particular, not to be in a -- in an overbedded environment. We don't have an excess of beds. We're just about the right size as Goldilocks would say.

So that's -- that's an advantage to us and this proposal addresses the -- the reallocation of debts but it doesn't increase the capacity dramatically. You'd be absolutely surprised, though, at the amount of collaboration that goes on, not only on the teaching front, but literally in everything from how to best manage

a trauma patient to where do you go for secondary and tertiary care. The interrelationships of both the institutions and the doctors is very, very strong. And I think with limited resources coming forward in the next decade that we all believe will be there, the need to develop the network is probably more important now than ever before.

There is no question we will continue to compete but, as long as we're competing for excellence, and we're competing for quality I think it's -- it's a good competition.

REP. ROJAS: Thank you.

Thank you, Madam Chair.

REP. WILLIS: Thank you.

Thank you, Mr. Tanner.

Okay is the triumvirate going to come up -- the medical -- Dr. Liang and Dr. Kiki Nissen?

DENIS LaFRENIERE: I think we had just Dr. Nissen and myself for this round but Bruce can join us.

REP. WILLIS: Okay.

You don't have to. You can do --

DENIS LaFRENIERE: We like each other. We do, so it's okay.

Representative Willis, Senator Handley, my name is Denis LaFreniere. I am professor of surgery and interim chair of the department of surgery and a chief of the division otolaryngology.

We are here today to ask your support of H.B. 5027, AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN. We are a primary physician, ear, nose and throat specialist, cardiologist and researcher. Dr. Nissen and I were both born in Connecticut. We went to medical school at the University of Connecticut; did our residency training here at the health center and we now both have the privilege of working here. I currently live in West Hartford and Dr. Nissen lives in Farmington.

University of Connecticut is our professional home and John Dempsey Hospital is the hospital where we see and operate on our patients. We're content with our role at the health center, as academicians and physician leaders, but nothing is more rewarding than being committed to the education and training of the next generation of physicians who will be, in large part, responsible for the health care of Connecticut's future generation. There are so many reasons to invest in John Dempsey Hospital and it's our purpose to highlight the most obvious and the most urgent.

KIKI NISSEN: Good afternoon. My name is Kiki Nissen. I'm associate professor of medicine in the department of medicine and the associate dean for graduate medical education and, in that capacity, oversee over 50 residency and fellowship programs and over 600 residents and fellows.

In our opinion, the most valuable aspect of John Dempsey Hospital, the university hospital for the last 35 years, is that it is the classroom of our future generations. Let us explain using the analogy that UConn Health Center and John Dempsey Hospital represent a

community of public education. As citizens of Connecticut, you can relate to how valuable public education is and that most of us invest in public education to -- so that our children's future has the potential to be brighter than today.

For this public school community to be strong and effective, we need a superintendent with a strong vision. We need effective principals who are leaders in the community and oversee the quality of the educational product. We also need excellent teachers who create curriculum, evaluate their students and create a daily lesson plan. We need thousands of necessary volunteers to help our teachers be successful. We need a classroom dedicated to the teaching of our students.

Here, at the University of Connecticut Health Center, we have that superintendent, Dr. Laurencin, dean and vice president. We have several principals like the two of us who are in academic leadership positions. We have many wonderful teachers. They are the course directors for medical education and the program directors for the fifth year residency and fellowship programs. And we have thousands of necessary volunteers, who are vital to our academic community and success in the education of our students and residents.

These volunteers work at all of our affiliated hospitals and work in private practices in the community we call Connecticut. John Dempsey Hospital, our university hospital, is so critical in our analogy because it represents our full-time classroom. It is the hospital where our superintendent, our principals, the majority of our teachers practice their discipline. The classroom is one that doesn't

focus on profit as its priority. The classroom emphasizes education, research and quality care. We cannot be successful, principals and teachers, without being in an environment that prioritizes the academic mission. That environment is John Dempsey Hospital.

Having both gone through the educational system that is the University of Connecticut School of Medicine and the associated residency program, we cannot emphasize strongly enough that without John Dempsey Hospital the educational product would not nearly be as strong. Without a strong John Dempsey, there is a good chance that many of the key physicians in educational roles, the principals, the teachers in our public school analogy would leave. Then what, our fine institution would fall to the level of mediocrity. Do we accept mediocrity in training our next generation of physicians? When you bring a family member to see a physician, is mediocre training good enough or would you rather have the physicians training be from your university hospital and part of an outstanding educational environment.

The students that we teach will be the ones who will be taking care of your children and your children's children. John Dempsey Hospital is part of the only academic center in the Hartford community that combines outstanding academics, research and clinical care under one roof. The citizens of Connecticut benefit from this type of multi-disciplinary collaboration amongst physicians and scientists. We continue to need academic hospitals like John Dempsey that sit at a boundary between all three missions that an academic community represents.

As a clinician being across the hall from outstanding researchers only helps us to

collaborate better when patient care is the focus.

DENIS LaFRENIERE: The issue of cost has been a primary impetus for the debate over the health center status over the last few years. The independent case report, which was requested by the Legislature, noted the importance of a strong university hospital and recommended that a new hospital be constructed on the Farmington campus but also recommended that this be done in cooperation with area hospitals as partners in the endeavor.

The proposal before this committee would keep John Dempsey Hospital strong while also strengthening the educational connection with our regional partners. It is what the case report recommended. We are encouraged by the legislators' support of our mission and look to you to join with us in supporting the future health care needs of the citizens of Connecticut.

The current proposal, before this committee, helps the citizens of the state in so many ways. It provides John Dempsey Hospital, the classroom for our future generations of doctors, with the ability to maintain its own financial viability and aid in the financial viability of the state as a whole by increasing jobs in scientific investment.

It maintains the outstanding educational product that we expect from our university programs and will produce more physicians that the state vitally needs. It strengthens our educational relationship with our regional health care neighbors. Most importantly it is a proposal whose time has come. It's the right thing to do for the citizens of our state and

it is a way of ensuring that the health care available to our children and grandchildren will remain at the highest level. We ask you to support this proposal.

Thank you.

BRUCE LIANG: Senator Handley, Representative Willis and members of the Higher Education committee, hello again, my name is Bruce Liang. This is also my third time.

I'm here today --

REP. WILLIS: Nice to see you, again.

BRUCE LIANG: Thank you. I'm here to speak in support of H.B. 5027, regarding the new clinical facility plan. I echo all the points made by my colleagues here, Dr. Nissen and Dr. LaFreniere.

I would just say three things. One is that I have served three university hospitals to date, in Boston, in Philadelphia and currently at the University of Connecticut. I'm really convinced that a university hospital needs to have an updated physical plan with enough space to attract a diversity of talents to train the next generation of physicians and surgeons.

It is the classroom, as Dr. Nissen mentioned, for future care providers, but it is also very important that new biomedical knowledge can be discovered and applied to the benefits of patients. It is a place that we can conduct research from the bench to the bedside and then also reverse from bedside to the bench and through this kind of bidirectional translational research, we -- some of us, have identified potentially a new way to treat heart

failure and irregularity of heart beat and have developed new blood tests that can potentially be applied for heart attack and heart failure patients.

And some of these discoveries have been followed closely or used by the pharmaceutical and biotechnology industry as potential new targets to treat heart disease, which is still the number one killer of people in this country. They also enable us to attract grant funding to UConn and the region, which will generate more jobs.

The second point I'd like to make is that the research activities is also a training opportunity for our students and trainees. And this kind of training could not have been offered for Connecticut programs such as the open heart and angioplasty programs at Waterbury and St. Mary's Hospitals. As you know, we have been a past and a current supporter of the Waterbury open heart program in the last six years. And the integrated medical center that we have, currently, at Farmington campus, or UConn Health Center, has permitted this kind of extension of training to folks outside the Farmington area.

And so I'd like to thank you for the opportunity to speak with you and hope that you will support the new clinical facility for John Dempsey Hospital.

REP. WILLIS: Thank you.

A VOICE: (Inaudible.)

REP. WILLIS: Yes.

Adam Silverman followed by Dr. Peter Albertson

to be followed by Tim O'Brien.

ADAM SILVERMAN: Good afternoon, Senator Handley, Representative Willis and members of the Higher Education Committee. My name is Dr. Adam Silverman and I am here in support of H.B. 5027. I am a physician at the UConn Health Center and I am currently approaching my ninth anniversary. As chief of the division of general internal medicine and as president of the John Dempsey Hospital medical and dental staffs, I want to thank you for your ongoing support of our mission. I've come before this committee several times in the past, as others have noted, and it is a privilege to do so again.

Today, I am here to speak in favor of the proposed -- proposed rejuvenation of the UConn Health Center and development of the UConn Health Network. What I would like to do today is provide you with a vision of what can be if this proposal moves forward.

On March 9th we witnessed a truly momentous occasion at the UConn Health Center. Public officials, university leadership, faculty, staff, students and doctors stood with the leaders of all of our region's hospitals to launch a new vision for care of patients in our region. This initiative, the UConn Health Network, is a bold vision that will allow us to recast the landscape and deliver superior health care, open new paths of inquiry, advance the scientific understanding of disease and provide job opportunities all for the Connec -- for Connecticut citizens.

The core of this proposal has been, and always will be, a vibrant academic health center, that rare nexus where research, education and

patient care intersects resulting in a critical mass and a chain reaction causing an explosion of new knowledge, new doctors, new dentists, new scientists and cutting edge clinical care.

Without integrating each piece of the academic health center, critical mass is never generated and the immense benefit to society is never fully realized. A rejuvenated UConn Health Center, including John Dempsey Hospital, is an essential component to the success of the state's only public academic health center. A state-of-the-art patient care tower will not only provide exceptional patient care, but as my colleagues have pointed out, will serve as a classroom for the next generation of physicians as well as a catalyst for the next generation of scientific inquiry by giving the physician scientist a physical structure adjacent to the research lab with which to translate their scientific findings into meaningful treatments for their patients.

This translation of knowledge to practice is the holy grail of medicine, speeding new treatments, new techniques and new processes of care from the lab to the patient is what we, at the academic health center, devote our lives to. Some of you have walked our halls and noted the proximity of research lab to classroom to patient care area. Not only is this -- not only is this arrangement awe inspiring it is also a critical recruitment tool for physicians, dentists, researchers and students.

As such, a rejuvenated John Dempsey Hospital will become the centerpiece of the stakes -- state's majestic health center on the hill, attracting talent not just locally but nationally and ensuring the flow of

Connecticut's best and brightest students through our halls.

Faced with a growing shortage of physicians in the state, this investment in then UConn Health Center will offer our state a unique recruiting advantage over our neighbors and will become the centerpiece of a larger plan to recruit and retain physicians to our state. For these reasons, I hope that you will support H.B. 5027 and if you have questions I'm happy to answer them.

SENATOR HANDLEY: Thank you. Thank you very much.

Are there any comments or questions?

Thank you very much.

Our next -- next speaker, Dr. Albertson followed by Tim O'Brien.

PETER ALBERTSON: Good afternoon.

SENATOR HANDLEY: Good afternoon.

PETER ALBERTSON: My name is Dr. Peter Albertson. I'm the chief of urology at the John Dempsey Hospital and program director of urology residency that trains urologists rotating through John Dempsey Hospital, Hartford Hospital, Saint Francis Hospital and the Children's Medical Center.

I've practiced at the health center since 1987 and I've seen many changes in the Hartford community. One thing that has not changed, however, is the physical environment in which I practice. The operating rooms, the inpatient floors and the ambulatory buildings are essentially the identical facilities I

practiced in when I arrived here in 1987.

During this time, however, urology has changed dramatically. We no longer remove kidney stones by making large incisions, they are virtually all removed endoscopically or percutaneously. But to accomplish these tasks requires modern equipment that consumes increasing amount of space in the limited size of our operating rooms.

On the floors, monitoring equipment that previously did not exist, but that is now considered standard of care, crowd our two bed rooms so that it's often difficult to round with my residents and makes it impossible to provide privacy that the patients expect.

Physicians at the health center are often asked to provide services unavailable elsewhere in the state. Private urologists in Connecticut no longer see patients with Medicaid but we do. My residents and I routinely see Medicaid recipients with kidney stones from all corners of the state including New Britain, Waterbury, New London, Bridgeport, Bristol and Torrington to name just a few. All of these towns and cities have hospitals but no private urologist will treat these patients. Instead these patients are referred to the health center for care.

I'm dedicated to providing high quality care to all the citizens of Connecticut and high quality instruction to the next generation of Connecticut urologists. But this is becoming increasingly difficult as our facilities age. In two more months, a flat bed trailer housing a temporary air handler will be towed back to the rear parking lot so that my urology ambulatory clinic will have air conditioning

this summer. The original compressors failed over two years ago.

I urge you to support Bill 5027. The facilities at the health center need to be modernized so that I can continue to provide quality teaching and clinical care the Connecticut citizens -- that the Connecticut citizens expect and that attracts residents from around the country to train at our facilities.

Thank you.

SENATOR HANDLEY: Thank you very much. As a former teacher, I always told my students be specific and I'm very happy to see this kind of specific detail. It does -- it does make a difference for us to understand the situation.

Representative Bye, who is visiting the committee.

REP. BYE: Thank you, Senator Handley.

I just wanted to put an exclamation point next to one -- one of your points which -- and -- and add to it, which is you treat patients from all over the state --

PETER ALBERTSON: That's true.

REP. BYE: -- because of access that are denied some patients based on ability to pay and so I think that's important. The other thing that I wanted to say is my guess is you have people come to you because you have a certain expertise from all over the state.

PETER ALBERTSON: That is true also, yes.

REP. BYE: Because I think sometimes legislators, I happen to represent Farmington and West Hartford, I have a local interest in the development of the health center. But long before I lived here when I lived in Stamford and my daughter had a -- they thought she had a dystrophy and we drove from Stamford up to see Fran DiMario, at that time, he was at -- at the UConn Health Center, who helped us on our way to finding a diagnosis.

And so I think unless you have one of these exceptional cases, as a patient or as a parent of a patient, you don't realize that the health center is a resource for the whole state because you have people who are at the cutting edge of their fields. And so I just wanted to add on to your point about treating people because of inability to pay but you also treat people because of your expertise as well.

So thank you.

PETER ALBERTSON: (Inaudible) but thank you for your comments.

REP. BYE: Thank you, Madam Chairman.

SENATOR HANDLEY: Thank you.

Go right ahead.

REP. GIANNAROS: Thank you, Madam Chair.

Good afternoon, doctor. I -- I happen to be a patient at the University of Connecticut Health Center quite -- quite often -- some -- most of the time actually doing my annuals and all that stuff. But recently, I was there for a disc problem and I can -- I guess what I wanted to do is basically agree with you relating to the

limitations of the space and the way the whole building is configured. It's absolutely crazy in today's environment.

I mean my wife was in the room with me and she had to literally move out and they were -- told -- she says can I stand, said no you gotta get out because they needed to a cardiogram, which is a small machine and the -- and space is really kind of strange in the ways it's configured and limited. So I want to get -- get this point across because I had the experience and -- and we desperately need that new tower.

Thank you.

SENATOR HANDLEY: Thank you, thank you, Representative Giannaros. Thank you very much.

Our next speaker is Timothy O'Brien followed by Christopher Dadlez and I always say it wrong and I apologize.

TIMOTHY O'BRIEN: Good afternoon.

SENATOR HANDLEY: Good afternoon. You're not -- you're not the Timothy O'Brien that we were thinking you would be but --

TIMOTHY O'BRIEN: No.

SENATOR HANDLEY: -- you're welcome --

TIMOTHY O'BRIEN: There's a more famous Tim O'Brien here in these -- in this building.

Senator Handley, Representative Willis and the members of the Higher Education and Employment Committee, thank you for allowing me to speak today. My name is Tim O'Brien. I am a

resident physician at the University of Connecticut integrated residency program for ear, nose and throat surgery. I have spent the last nine years here at UConn, four as a medical student fortunately, and then five as a resident physician. The nine years have -- of training will culminate on August 2nd, when I have my first day of private practice as an ear, nose and throat surgeon here in the City of Hartford.

I'm proud to stay in my home state of Connecticut. I grew up in Connecticut. I've seen other states struggle with doctor shortages, in discussions with other people I've done national meetings. And I feel that Connecticut will not be immune to this in the near future if not already in some fields.

When it came time to choose a medical school, I was very fortunate to come to the University of Connecticut. Many other colleagues of mine at my undergraduate institution of Notre Dame were very jealous that my state had such a fine medical school. And they had not only incredible competition to get into their home medical schools or didn't have one at all. And when it came time to choose a medical school, it was actually a very easy decision for me because I knew the reputation of the medical school was so strong. And I was very, very fortunate to come here.

The -- I feel like I have received a significant amount of my training at the University of Connecticut Health Center at John Dempsey Hospital and not just from all the other area hospitals, which also did play a great role in my -- my education. The fact that the University of Connecticut School of Medicine dedicated countless hours to

mentoring, training and ultimately facilitated my growth as a medical professional. It started with small examples of putting in IVs and taking blood pressures. You know, learning under the microscope how to diagnose cancer but they go and actually watch videotapes of myself delivering bad news to patients in a -- in a, you know, mock patient setting so I could be more compassionate to actually deliver the news to somebody if they do have cancer in the future, which I've done countless times in conjunction with my professors as a resident.

As a resident physician the UConn Health Center has played a vital role in my training. One of my academic professors, you've heard before Dr. LaFreniere, has an outstanding balance of being a very busy productive physician yet always there to dedicate his time and all the other professors dedicate their time to my education. This ensures that our residency program is -- programs are producing quality physicians and -- and the physicians are treating the next generations of patients hopefully here in Connecticut.

The -- there are also private practice doctors, who do treat us to other area hospitals, and they've played an integral role in my education. And, in fact, I'll be one of them next year giving back to our residency program. However, the support of the private doctors in the area hospitals alone would not have provided me with the outstanding training that I've received. I believe, and we've heard about this combination or collaboration, the combination of the support from the area hospitals together with the leadership and the sustenance provided by the physicians and staff at the University of Connecticut Health Center is what made my training so outstanding.

I strongly believe that state investment in the John Dempsey Hospital will ensure that quality teaching physicians, students and residents will continue to choose Connecticut for their practice and training as I have. I've been very fortunate and lucky to be part of this system for the last nine years and continue to -- I hope to practice in Connecticut, here in Hartford, for the rest of my career.

Thank you for allowing me to speak today and I -- if you have any questions about the nine year process of becoming a physician I -- I could entertain them.

SENATOR HANDLEY: Thank you. I think we'll skip that.

TIM O'BRIEN: Okay. That's good.

SENATOR HANDLEY: As it is, we'll be here for a while.

Christopher Dadlez -- are you here instead of Christopher?

CHRISTOPHER DADLEZ: Pardon. No, I'm Christopher.

SENATOR HANDLEY: Oh you're here. I -- I got to put my glasses on. I had the wrong ones on -- sorry about that Chris.

CHRISTOPHER DADLEZ: See and I need the ones for the close up.

SENATOR HANDLEY: Right.

CHRISTOPHER DADLEZ: Thank you so much for the opportunity of speaking in front of the Higher Education Committee.

Good morning. My name is Christopher Dadlez and I am president and CEO of Saint Francis Hospital and Medical Center. I am here to testify in support of the UConn Health network and the facilities initiative for the University of Connecticut School of Medicine recently unveiled by Governor Rell and President Hogan.

Saint Francis is a 617 bed acute tertiary teaching hospital that has been providing medical care to the residents of this community for over 112 years. We offer a wide arrange of health care services. Some of our most notable programs include the Hoffman Heart Institute, The Connecticut Joint Replacement Center, the Saint Francis/Mount Sinai Regional Cancer Center and the Mount Sinai Rehabilitation Hospital.

We have been an active supporter of the University of Connecticut School of Medicine for over 35 years and have been working hard over the last 22 months to help shape a plan to create a world class academic medical center with the University of Connecticut.

We support the current proposal for the following reasons: The UConn Health Network seeks to form a true partnership between the University of Connecticut School of Medicine and the hospitals of the greater Hartford region. John Dempsey Hospital remains a public state-sponsored institution and receives the necessary renovations to ensure it remains a viable twenty-first century health care facility. The regional pediatric care -- health care system, we have developed in the greater Hartford region, is further strengthened through the transfer of the NICU

program at John Dempsey to the Connecticut Children's Medical Center.

Research activities will be enhanced through the operation of the Connecticut Institute for Clinical and Translational Research and the formation of bioscience enterprise zones to encourage investment by private companies in new technology and the association with -- in association with UConn Health network partners. And this proposal creates a new program initiative through partnerships with members of the UConn Health Network such as the Connecticut Institute for Primary Care Innovation, a new simulation center and health disparities institute.

Saint Francis is particularly excited about the plans for the Connecticut Institute for Primary Care Innovation. We have been working with the University for some time to develop this concept. As currently envisioned, the Connecticut Institute for Primary Care Innovation will be based at Saint Francis. The institute will focus on the creation of new models for training primary care physicians and retaining them in Connecticut to meet our state's growing need for more health care services and our operation -- and operation of a wide variety of recertification courses for existing primary care physicians, as well as supporting research initiatives aimed at evaluating new models of primary care delivery and trans -- transition of care within the continuum of health care services available to the patients in this area.

In summary, the Connecticut Institute for Primary Care Innovation will help the University of Connecticut School of Medicine and the UConn Health Network partners address

critical health care needs and position our state as a model for contemporary -- contemporary primary care.

Thank you for listening to my thoughts on this exciting endeavor and I'll be happy to answer any questions that you might have at this time.

REP. WILLIS: Well fancy meeting you here at this.

What -- what did it for you? What in this deal that brings Saint Francis to this level of enthusiasm?

CHRISTOPHER DADLEZ: Well, sometimes we're joking that I feel that Goldilocks, you know, too hot, too cold, just right. We're -- we're going in that direction. Honestly, we've always been in the forefront of developing a collaborative network. That has been our primary goal and in addition to making sure that the medical school reaches its highest possible level. And -- and we feel that this proposal is very much in -- in that direction. It really collaborates with every institution in the region. It highlights their strengths. And, again, the sum of the parts is much greater than the individual. So we feel that there's a great opportunity for us to become a regional draw for health care, if we're all collaborating, and -- and develop an initiatives here that could never be developed on -- on their own or -- or with a single partner.

So I think that this really puts a critical mass of -- of the entire population as providers together to really do great things and that's why we're very supportive of this.

REP. WILLIS: To go one step further, the collaborative was part of the last proposal

last year, the last iteration. How do you feel this network is specifically beneficial to Saint Francis where the collaborative was not?

CHRISTOPHER DADLEZ: Well, I don't know what your -- your definition of collaborative -- the collaborative that was envisioned or -- or that was included in the program last time centered around only academics. And we felt that creating -- spending half a billion dollars in -- in refurbishing an institute and giving it to one individual hospital to run in the region really was not the collaborative direction that we were really seeking. We were really seeking a collaborative direction on -- on all fronts, on -- on service delivery, on education and on -- and on developing biomedical research initiatives. So I think there's a significant difference between last year and this year in our minds.

REP. WILLIS: Senator Handley has a question.

SENATOR HANDLEY: I was going to say I think we're -- we're -- we've got the wrong -- we're talking about the wrong thing. The -- the -- the unification of the two hospitals was the partnership.

CHRISTOPHER DADLEZ: Right.

SENATOR HANDLEY: The other piece was called the collaborative --

CHRISTOPHER DADLEZ: Right.

SENATOR HANDLEY: -- in which a large group of hospitals were going to work together and it seems to me that -- that what is being proposed by the network is somewhat similar, although, it -- it includes more specific pieces of

program -- some specific programs. Maybe you'd like to talk further about that.

CHRISTOPHER DADLEZ: Well we -- well we think -- what we think is -- is much more -- much, much stronger because we never thought that really collaboration in -- in essence could really function well unless all the parties were in -- were integrated in all aspects. So -- I mean it's a big difference, because yes we had a collaboration in name and we were doing some things on the academic side, but we couldn't fully maximize the full potential of that academic collaboration unless we collaborated on entirely the network on all fronts and I guess that's -- that's really the -- the main difference.

REP. WILLIS: Yes, Representative Bye.

REP. BYE: Thank you, Madam Chair.

Thank you so much for coming today and -- and supporting the initiative. It -- it really means a lot.

I'm going to speak to you about going forward and -- and what role you think Saint Francis can play. I've been heavily involved with this because it's in my district but I've also been lobbied often by doctors from Saint Francis over the past couple of years in opposition to the hospital. And, specifically, some of the talking points or the lobbying points were, we don't need a hospital, we don't need a medical school, look Harvard doesn't have one. And we don't, you know, this isn't the time to spending money on this.

And some of that actually has to be undone I think. Some of that sort of advocacy against

the health center has this -- the effects are still felt up here and I don't if you were at the hearing the other day but some of those issues came up.

How can Saint Francis help move this initiative forward? Because I think it's a really important thing for our economic development in the state and I think the collaboration like you say is very strong.

CHRISTOPHER DADLEZ: Well, there -- there is a tremendous amount of support actually from Saint Francis for this initiative and -- and we're trying to educate our -- the rest of our medical staff. There a lot of, you know, we have a very large medical staff and to understand the key components of this and why it's so different from last year. We just had our -- our board of directors meeting this past Wednesday, where I really laid out this proposal to them and we had really unanimous endorsement from our board to move forward and -- and support this initiative because they think, you know, in our minds the primary goal is to have an outstanding public medical school here and it's much less.

We always thought that the -- the hospital, at least in my mind, was the tail wagging the dog. That wasn't -- that wasn't really the most important. The most important thing is how can we elevate the status of the medical school to its highest level because that's good for the entire state, it's good for Saint Francis. We have many physicians that have graduated from -- from the program.

I have a very, very much of a vested interest. My daughter is a third year medical student at UConn and -- and she's in awe of the incredible

faculty and what they -- what they do on a day-to-day basis to educate their students. And she -- she basically professes she could never find a better, you know, she turned down four other medical schools to come to UConn and she has never regretted that.

So that's really the future. It really is to make sure and ensure that we have the resources that graduate to -- to really populate the state of Connecticut. So we always wanted that end result. We think that this really will provide that and we're going to do everything in our power to -- whether re-educate or get everyone behind this. We have some overwhelming support especially from our -- our own faculty that -- that have a great relationship with the faculty members at UConn -- have tremendous support of this -- of this proposal.

So we've heard from many of our physicians that have said way to go, this is -- this is the right approach.

REP. WILLIS: Demetrios Giannaros, Representative Giannaros.

REP. GIANNAROS: Thank you, Madam Chair.

Good afternoon, Mr. Dadlez -- is that how you pronounce it?

CHRISTOPHER DADLEZ: Yes, that's correct, yes.

REP. GIANNAROS: Are you in -- is your background medicine or just financial side of business?

CHRISTOPHER DADLEZ: No, I -- I have a Masters in health care administration and I've been running hospitals for over 30 years.

REP. GIANNAROS: I -- I do remember your presence I guess three years ago was it, 2007, when the first proposal came about.

REP. WILLIS: No. No.

CHRISTOPHER DADLEZ: No, the second.

REP. GIANNAROS: The second one, okay. But I do remember you sitting, you know, testifying. Thanks for coming by the way.

A couple of questions. So you -- so you do think that this is collaborative effort will improve the quality of students in mental -- in the dental and medicine areas.

CHRISTOPHER DADLEZ: Well absolutely because again there are a lot of -- there's a lot of programming, for example the Primary Care Institute and -- and you heard from Dr. Gould this morning, he's -- he's part of that -- that initial steering committee, Rob Cushman the chairman of family practice is part of that.

We've been working already over the past four months in developing that initiative and that can only benefit Connecticut and the students because we're going to try to research and develop contemporary ways to produce better primary care student -- or primary care doctors for the future and understanding of what they need to do to be contemporary physicians in the changing health care reform environment.

So that's just one example but -- but we can do that in many, many clinical areas. The cancer center initiative is -- is phenomenal because we can pool all our resources and really become a designated cancer research site that will

train the future cancer physicians of the future and we have great resources, Hartford Hospital has great resources, and add them to the current great resources at the Nyack Cancer Center it's again the sum of the parts is much -- is much greater.

REP. GIANNAROS: And, therefore, we will end up with some innovations medical -- medicine related solutions that may improve the quality of medical services all around, is that correct?

CHRISTOPHER DADLEZ: Not -- not only in Connecticut but I think nationally and we'll be noted for that. There's no other primary care institute, as we envision, anywhere in the country currently. So we will be -- we will really be the trail blazer in developing these kind of initiatives on the primary care front and we'll be able to do that, I think, in many of the clinical areas if we do this collaboratively.

REP. GIANNAROS: Along those lines some of the biomedical type of research will result in new -- I call them products -- I'm the economist -- new solutions I guess is a better way.

CHRISTOPHER DADLEZ: Yes. We've -- we've been very actively supportive and involved in the translational research program. Greg Makoul, who is one of our senior vice presidents, is -- is associate director that. Our -- our chief researcher, Ernie Canalis, who is a -- who gets a paycheck from Saint Francis, is intimately involved as one of the key researchers in developing the translational research applications. And so we -- we already have a very tight collaborative relationship.

What we -- what we didn't want to see last year

was that collaboration going the wrong way and that being pulled apart. I think this cements it and brings all the collaboration together in a very unified and very effective fashion.

REP. GIANNAROS: And -- and, again, continuing along those same lines, do you see this as stimulating economic growth by having new biotech/biomedicine type of business moving to the state?

CHRISTOPHER DADLEZ: Well, there's no question and I'm -- I'm on the -- the Hartford Metro Alliance board and, as you know, I think the Hartford Metro Alliance made health care research a primary initiative as far as engine generator for -- for the -- the economics and I've wholly supported that and this just lends itself to everyone in the community seeing that this is -- this has potential for job growth, for business development and economic development.

REP. GIANNAROS: And implicitly it will attract better personnel, doctors and scientists as a result of this?

CHRISTOPHER DADLEZ: Absolutely.

REP. GIANNAROS: Let me ask one more question and then I'll -- I'll try to stop because we have limited time.

Given the structure of this collaborative, do you see us allocating our resources more efficiently from a financial point of view so that we can bring down the cost somewhat?

CHRISTOPHER DADLEZ: There's no question about that. And I think we can really -- we can learn from each other. If we're -- if we're actually

talking to each other and developing initiatives, we can apply those across the system. I mean Saint Francis has invested heavily in lean redesign, as an example. You know, we're happy to -- to help educate other -- the rest of the system in those kind of initiatives. There are other things that other partners are doing that we'd like to be educated in and we're going to bring down this -- will bring down the cost of health care rather than create a, you know, a -- an arms war in a sense.

REP. GIANNAROS: And perhaps eliminate some of the duplication in certain areas (inaudible.)

CHRISTOPHER DADLEZ: We believe so, absolutely.

REP. GIANNAROS: Well thank you so much.

Thank you, Madam Chair.

REP. WILLIS: I -- I just had a thought and I didn't ask -- ask this of anyone else or at UConn, but I'm going to pose it to you.

Do you think it -- when we're developing this structure, this framework, for this new network and collaborative and new structure of -- of UConn, that there should be some sort of board of directors, you know, or some sort of group that represents all the hospitals in the mix? Is there any plans, do you know, for something like that?

CHRISTOPHER DADLEZ: I -- I don't know the specifics of where that is now. I know there's been discussion around that to everyone at the table in some fashion so that our voices are continually heard. I think that's very, very important. However that's fashioned, I don't

know, we have commitments that we will be heard and I don't know exactly what kind of structure could be put together but, you know, we've had some comment and some discussion and some suggestions along those lines but, you know, we would definitely be supportive of that.

REP. WILLIS: Okay. Because that -- it seems to be -- makes some sense to have some sort of structure going forward. So, you know, as -- when you retire and, you know, people move on that that collaboration network remains strong and -- and that everyone has a voice. Because otherwise, it seems to me that the board of trustees and the directors of the UConn Health Center will be, you know, will be the voice.

So something to think about.

Thank you.

CHRISTOPHER DADLEZ: Well thank you. And -- and, again, just one last parting comment. If -- at the press conference this past week that the -- the feeling of momentum of hope was overwhelming there. I think everyone at that -- that was present at that press conference felt finally we're going in the right direction, we're making progress to -- to really solidify and meet the needs of UConn and I was -- I was very pleased to be part of that. And I think that I'm -- I'm -- myself and Saint Francis Hospital is very pleased to be part of the future initiatives that are going in this direction. So thank you very much.

REP. WILLIS: You're welcome. We're pleased that you're pleased.

Ed Marth, where's Ed when you need him?

A VOICE: He had to leave.

REP. WILLIS: Permanently?

A VOICE: (Inaudible.)

REP. WILLIS: We know where to find him.

Kurt Barwis -- he's not coming. I just want to say that Bristol Hospital did submit testimony and I just want to mention briefly, do you have his copy of his testimony? (Inaudible.)

His comments -- basically he's saying that while the proposal for the UConn Health Network requires more detail, conceptually, this appears to be the most realistic plan that he's seen to date. So that's not a -- sounds like they're not there yet but they're close. They're moving in the right direction. That's light years from where they were three years ago and two years ago.

Oh, thank you.

Jean Morningstar.

JEAN MORNINGSTAR: Good afternoon. I think I've been here a few times too.

Good afternoon, Senator Handley, Representative Willis and members of the committee. Thank you for this opportunity to address the committee on the proposal that was presented to you last week concerning the University of Connecticut Health Center.

I am Jean Morningstar, the president of the University Health Professionals, UHP, the professional non-faculty union at UConn Health Center. UHP has over 2,400 members and is the

largest union of employees at the University. Our members are dedicated professionals who work in public service and value the public university and health center that they serve.

An example of their dedication is witnessed when you understand that we were the only union that did not get non-layoff language in the recent SEBAC negotiations with the Governor. Instead of no layoff language, my members sacrificed that so that the fringe benefits that they receive that I might point out are no different than the other 48,000 state employees, including you, could be financed by the Comptroller's office rather than their own agency, the UConn Health Center.

UHP agreed to this so that the state's only public hospital could remain viable and could continue to function at the high levels that the state citizens expect. They also did this knowing that people would be laid off and they have been.

We want to thank those of you in here and the rest of the legislature who heard our concerns and worked tirelessly to try and craft a solution to the historic issues surrounding the region's issues with health care. We were part of the listening tour that the board of trustees embarked upon last year and are happy that they heard us and addressed many of our concerns to their proposal that you received last week.

Like you we are very disappointed that we were not brought to the table to help craft the proposal. As to the proposal, UHP is extremely cautious in being optimistic. Without details and without being privy to the discussions that lead to this proposal it is impossible to be

anything but cautious. The optimism comes from the fact that what we heard on Thursday of last week keeps the UConn Health Center as a public hospital with its own governance and the status of the employees as state employees with the public mission that we have fought hard to keep intact. The intended elevation of the medical and dental schools is a goal that we wholeheartedly support and wish to help succeed.

Unfortunately, the plan for the NICU is one that we are intensely wary of and cannot philosophically support. The transfer, under a CON, of the 40 NICU beds to CCMC gives that entity a virtual monopoly of the NICU beds in the area. CCMC makes no secret of the fact that they wish to control the beds in Hartford, including Saint Francis, now Farmington, Waterbury, including St. Mary's, and Shriners in Springfield. Danbury Hospital has told them no but plans to give them their pediatric services. New Milford is closing their pediatric services April 1st and CCMC will have those too.

What that means is that CCMC will control the insurance rates and, as we saw in Massachusetts, that drove the rates up for the consumer. This is simply bad public policy and not one that I think is good for the State of Connecticut. We virtually will have two entities, CCMC and Yale, controlling all the NICU beds in the state. It is not imperative that the NICU beds we -- controlled by CCMC for the continued great care that we already have in that area.

On top of that, we will be giving control of the 40 beds to CCMC before we have a guarantee that we will get a CN -- CON approval for the

45 beds that the plan touts. When happens if the CON, to change the 40 NICU beds to med/surg beds doesn't get approved? Even if the CON is approved, the new tower will not be built for several years, if the -- if the funding gets approved. That means that we don't have those beds in place and no revenue will be forthcoming on those beds for years to come.

That being said, I would like to say that the new board chairperson, Larry McHugh, has made a concerted effort to reach out to the labor unions and I would like to publically acknowledge that he and Dr. Laurencin have made great strides in their communication with us. We may not always agree, but they are willing to have the conversation with us. That certainly is a new approach that we wholeheartedly respect and approve.

Thank you for this opportunity to address you and know that we are more than willing to help to reach a successful, sustainable solution.

Thank you.

REP. WILLIS: Thank you, Jean.

Questions or comments?

Senator Handley.

SENATOR HANDLEY: Yeah I have one question again about the -- about the transfer of the beds to the Children's -- Children's Hospital. Some of that is -- some of that -- there's already as I understand it sort of joint operation of some of those -- of that -- of that whole unit right now, is that right?

JEAN MORNINGSTAR: Yes, the doctors are integrated,

the transfer (inaudible) and so I don't see the need to have the CON give them the control of the 20 beds.

SENATOR HANDLEY: Thank you.

JEAN MORNINGSTAR: That's my personal opinion.

REP. WILLIS: Representative Giannaros.

REP. GIANNAROS: Thank you.

Good to see you. Good afternoon.

Just one clarification, so the beds actually stayed at UConn Health Center, is that correct?

JEAN MORNINGSTAR: The beds stay at UConn Health Center with the same staff, yes.

REP. GIANNAROS: (Inaudible.) Okay. So -- so the difference is administration of those beds, who is -- who is actually --

JEAN MORNINGSTAR: Well the difference is the insurance rates and billing and the money. They already have a collaboration in terms of education and residents and doctors.

REP. GIANNAROS: So -- so are you stating that -- just for my (inaudible) because I'm confused to be honest with you -- that all the revenue will go to the Children's Hospital and there's nothing retained by UConn Health Center?

JEAN MORNINGSTAR: It will be a management arrangement for the revenue -- my understanding, of course you'd have to talk to the people who arranged that, I wasn't in the room, is that we have management arrangements with our anesthesiology and our women's health

already where they pay the University to operate those beds and employ the staff, et cetera. They set the insurance rates, et cetera.

REP. GIANNAROS: So they set the rates and, therefore, there may be a difference in the rates relative to what you're getting today.

JEAN MORNINGSTAR: Correct. That's correct.

REP. GIANNAROS: So that's your -- one of the concerns.

JEAN MORNINGSTAR: Yes.

REP. GIANNAROS: And the other was the timing I guess, construction versus taking -- taking over banking.

JEAN MORNINGSTAR: My understanding is that they want this to happen as quickly as possible to expedite it as quickly as possible.

REP. GIANNAROS: And what is there was an adjustment in timing, will that make the --

JEAN MORNINGSTAR: I'm sorry.

REP. GIANNAROS: If there was an adjustment in terms of timing of administering.

JEAN MORNINGSTAR: Well, I don't -- I don't think it's a good idea to do it before we actually have a guarantee that we have 40 beds and they're operating.

REP. GIANNAROS: Uh-huh. Let me ask the next question, Jean. Besides that particular issue, do you -- does the union feel comfortable with the proposal in terms of having a new tower,

having some collaboration with the -- the other institutions in the area?

JEAN MORNINGSTAR: Oh, absolutely.

REP. GIANNAROS: Okay. So it could be once we resolve perhaps the other issue that you see this as a very positive thing?

JEAN MORNINGSTAR: Absolutely. The devil's in the detail.

REP. GIANNAROS: Okay I just wanted to make sure we understand that.

Okay great.

Thank you. Have a good one.

REP. WILLIS: Bill Boucher followed to Peter Thor and then Paige Armstrong.

WILLIAM BOUCHER: Good afternoon Senator Handley, Representative Willis. My name is William Boucher. I'm the president of the Connecticut Police and Fire Union. With me today is Captain Greg Priest of the University of Connecticut Health Center Fire Department. We are here to speak on Raised Bill Number 5027.

The Connecticut Police and Fire Union is a labor union that represents approximately 1,000 police officers, fire fighters and other public safety professionals who are employed at the State of Connecticut. The membership includes 42 police officers, fire fighters/ paramedics and EMTs employed at the University of Connecticut Health Center.

We are here today to speak in support of the idea behind the proposed bill. While I applaud

all the hard work and effort that has gone on the past year to come up with a solution to many of the problems at the University of Connecticut Health Center, I have concerns about the Connecticut Children's Medical Center, CCMC, assuming the license and operation of neonatal intensive care unit. Currently this is operated by the University Health Center and the transportation and response to the infants in need are conducted by my fire -- fire/paramedics. While I agree that establishing a regional neonatal intensive care unit program will create efficiencies to benefit the entire state and improve accessibility, efficiency and continuity of care, I am concerned as to how the first critical steps in the process, the response and transportation of the infant will be carried out.

Currently the highly trained paramedics and EMTs employed by the UConn Health Center serve as first responders and transporters for the NICU patients. They have been performing this service for approximately 35 years. For the past four years they have conducted an average of 330 transports per year. As a matter of fact, the UConn Health Center is the only licensed neonatal transport unit in the state. They even respond to calls in western Massachusetts and have transported infants as far away as Boston and New Hampshire.

My concerns is to whether CCMC will continue to utilize these highly skilled professionals and first responders/transporters or seek to use less costly, less trained and experienced service provider that potentially jeopardizes the innocent infants in an attempt to save money.

The kind of service that the UConn Health Center and Dempsey Hospital provide is the type of issue that needs to be looked at and discussed in more detail when making a decision on the future of the Health Center not just the bottom line.

I would like to close by thanking the members of the Higher Education and Employment Advancement Committee for their attention to this important issue and we would be happy to answer any questions that you have.

REP. WILLIS: Thank you very much, Bill.

SENATOR HANDLEY: I -- I have just one.

REP. WILLIS: Oh -- Senator Handley (Inaudible)

SENATOR HANDLEY: I -- I am -- am just -- I'm -- I'm just reviewing your hear -- your testimony. There's -- you have not had any discussions with either the hospital administration or -- or the University about the issue that you've raised.

WILLIAM BOUCHER: No we have not been included in any conversations to this point.

SENATOR HANDLEY: No, okay.

REP. WILLIS: Thank you.

Peter Thor followed by Paige Armstrong.

We are getting to the end of the list so --

Good afternoon.

PETER THOR: (Inaudible.) Here it is.

A VOICE: Why don't you start again (inaudible.)

PETER THOR: Okay. Good afternoon Senator Handley, Representative Willis, members of the committee. My name is Peter Thor. I'm the director of policy and planning for AFSME Council 4, the union that represents approximately 35,000 members in Connecticut. AFSME itself represents about 53,000 members in -- in its various affiliations statewide.

I'm here to talk about the -- the bill 50 -- I can't see.

A VOICE: We know what bill it is.

REP. WILLIS: We know all about it.

PETER THOR: Yes, I know you do.

REP. WILLIS: There's only one bill.

PETER THOR: I still can't see. 5027, one bill. We -- this is -- for us this is kind of a see change from where things were -- were in the -- fairly recently. It's much better than it was. We were deeply concerned about some of the earlier proposals that -- that we witnessed. It would have nicer if we'd -- if we had known -- if we were more intimately involved in the negotiations which -- which brings me to the same thing that you've heard from the -- from the last two people who testified.

REP. WILLIS: You can join the club.

PETER THOR: And that's the -- yes -- it's a good club -- and that's the NICU question. We're concerned that -- we're concerned about the transfer. There's something that -- that we consider to be fundamentally important to the

UConn Health Center and that is the last word in its title, center. It must remain -- remain an independent scientific research center. It must remain an independent hospital. It must be an independent teaching facility. That is for UConn, it's for Connecticut, it's for the viability of the -- of the region.

This -- this draft which also of course includes the construction of the tower which we support, has this one element in it which we don't fully understand but we do believe that it is critical to the -- to the organization's viability that it maintain control of the mission and this we see as a weakening of that element.

But, by in large as I said in -- in the beginning, this is a significant change from what we've seen earlier and we applaud that.

Thank you very much.

REP. WILLIS: Thank you very much.

That's all right. We're a team.

The weakening, the element, could you go over that in terms of your testimony. I just need to get a better understanding.

PETER THOR: Yeah well you heard from -- heard Jean Morningstar testify about the fact that -- that there's -- there are financial -- financial implications that can affect the citizens of the state because too much -- too much financial control in one -- in -- in -- in one entity's hands is not a good thing.

REP. WILLIS: Oh so you're talking about in terms of rate setting.

PETER THOR: But I'm talking about more than that.

REP. WILLIS: Okay tell me what --

PETER THOR: These -- these are -- these are intensive care beds and the -- the decisions regarding the control of those intensive care beds in terms of -- in terms of all the elements that -- that may attach to that, including teaching, are -- are very important to us and we're concerned that anything that rattles that is -- is dangerous.

But, you know, I'm not -- wasn't party to this. I don't know all the details to it but we are nonetheless concerned as I believe are -- are the -- are the members of -- who -- the -- the people who work in -- in the UConn Health Center from one end to the other which I'm proud to say now is union -- wall to wall union from the top to the bottom.

REP. WILLIS: (Inaudible) that top, top.

One of the problems with the NICU unit as -- as we understand it is that it is, after 30 days and many of the babies that are there stay for more than 30 days, it is not a money making endeavor which has been -- I -- I must say that was a surprise to me when -- when I learned that. And the transfer, I mis -- and the easing up of beds, med/surg beds, by that transfer is what's, as I understand it, is going to be the profit piece for this -- for this facility. Am I cor -- am I correct in understanding that from your perspective?

PETER THOR: I have heard the same thing that -- that -- I'm -- I'm not confident to -- to reply to that. But I would say that the NICU has had

a very, very good reputation over the years in terms of the quality of the -- of the care that it provides to -- to the infants in those beds. And I think that it's -- is essential, particularly to the UConn Health Center, particularly to a teaching -- to a -- to a university facility.

REP. WILLIS: Well it's certainly how many people in the state know about UConn Health Center. This is the NICU unit.

PETER THOR: Yes.

REP. WILLIS: Well this is something we're going have to look at more closely but we also have to be really cognizant of the financial piece of how that is going to come to play. And I also must say I -- I do have a level -- personally a level of confidence with the Children's Hospital as well. I mean I think we're very fortunate actually in the Hartford region to be served by several incredible medical centers, so --

PETER THOR: Don't defeat that.

REP. WILLIS: Thank you very much for your testimony.

PETER THOR: Thank you.

SENATOR HANDLEY: Thank -- thank you very much and thanks. You know I -- I think we do have to say thank you that -- for bringing this to our attention because it's obviously an issue that we're going have to deal with as we -- as we proceed.

Thank you.

PETER THOR: Thank you.

REP. WILLIS: Paige Armstrong followed by Irene Engel followed by Alyssa Petersen and Alyssa Petersen will be our last individual to testify.

PAIGE ARMSTRONG: Good afternoon.

REP. WILLIS: Good afternoon.

PAIGE ARMSTRONG: Good afternoon.

Good afternoon, Senator Handley, Representative Willis and the members of the Higher Education and Employment Advancement committee. My name is Paige Armstrong and I'm a third year medical student at the University of Connecticut. I'm here today to speak on behalf of H.B. 5027, the policy regarding University of Connecticut Health Center facilities.

I believe that the current proposal benefit the schools of dental medicine, medicine and the graduate school in biomedical sciences but it additional also benefits the State of Connecticut and the present and future patients of John Dempsey Hospital. Currently the Health Center houses three professional schools, many hospital beds, patient care facilities and research laboratories. However due to the limited size and dated facilities, students and patients must rely heavily upon the resources in the greater Hartford and surrounding area.

I believe that this proposal will lead to the creation of a modern, integrated academic facility. Such an inclusive entity would be capable of fostering mentorship between faculty members and students in a university based hospital setting. I believe it will also allow

for enhanced research opportunities to improve clinical outcomes, research opportunities in which students come -- can become more intimately involved.

The eminent result would be that of elevating the professional schools to a nationally renowned level beyond what it is at this point. In addition to the benefits of an expanded hospital, I feel that the network initiatives will provide improved care to members of both the community and the state. Particularly the proposed regional primary care institute at Saint Francis and the health disparities institute in downtown Hartford will provide additional resources very needed to members of the community.

It will also enhance student and resident education by offering additional facilities in which we can train in primary care. Before attending the University of Connecticut School of Medicine, I completed my Masters in health -- in health science in public health and Johns Hopkins University. I'm current a member of the Urban Service Track, an organization that fosters students' interests and research and volunteerism and to promote health in urban underserved communities. I have also been involved in the development and implementation of two education programs abroad in Costa Rica and one involving medical students in the state.

In addition many of my third year clerkship have taken place at John Dempsey. Give my interest in the community and my familiarity with the university hospital, I can comfortably say that a university based hospital can provide students with a uniquely beneficial experience. During my rotation I am able to

work closely with faculty members in each specialty. Attending physicians are exceedingly approachable and due to the fact that faculty members are intimately involved in the curriculum they are familiar with expectations of the medical students.

I also find faculty members at John Dempsey to be invested in the education and development of future health professionals. John Dempsey provides an epicenter for education and mentoring that students can utilize; however, the interwoven community of additional health care delivery facilities affords students exposure to a variety of settings.

I found John Dempsey to be critical in my training in the fundamentals of medicine through close membership of faculty members -- mentorship of faculty members was also critical in the development of my clinical skills. With the support and training I received at John Dempsey I was able to pursue my personal interest of volunteering in community clinics and also working with underserviced urban populations.

I would like to take this opportunity to thank you for allowing me to speak and I strongly urge to support the advancement and development of the University of Connecticut Health Center and this proposal.

REP. WILLIS: Thank you. Thank you for coming here today.

Last but not least -- oh I'm sorry, Irene Engel. She's not here. Then Alyssa Peterson, last but not least.

Welcome Alyssa.

ALYSSA PETERSON: Thank you, thank you.

Good afternoon, Senator Handley, Representative Willis and Representative Giannaros.

My name is Alyssa Peterson and I'm simply a resident of Hartford, Connecticut but I'm also here today in support of public financing to expand services at the UConn Health Center. For several years my family would travel outside of Connecticut to see specialists affiliated with Harvard University on behalf of my father who suffers from a rare neurological disorder. To facilitate his care, we began looking closer to home and found UConn's geriatric unit because of something I simply read on the internet.

I cannot begin to tell you how impressed my family is with the coordinated care received from this unit. Overseen by Dr. George Kuchel, he and residents like Dr. Issacs have established an impressive model that fully assess the patient then puts together a team of hospital specialists to further solve the mysteries of individual patient needs. And sadly, because my father has had to be hospitalized several times, they have had -- they have another doctor from the geriatric unit, Dr. Rathier, follow his care while in the hospital, once he is processed through their excellent emergency room where Drs. LaSala and Kuntz and their nurses should be recognized as well.

The Hospital in the round design of Dempsey should especially be noted and kept in any new plan. Doctors, nurses and CNAs can more easily access and keep an eye on patients simply by virtue of this floor layout. The fourth floor

at Dempsey is perhaps the best example where staff has to deal with the most wide ranging and complex of patients needing extremely diverse care. Again because of my father's unusual condition and other resulting complications, we have had to access numerous specialists, most notably at the Calhoun Heart Center with Drs. Tendler and Pickett and the dialysis center overseen by Dr. Kaplan, another incredible facility that UConn has partnered on with a non-profit called DCI.

Dad's neurologist, Dr. Greenspand and her medical resident have also helped us put together more pieces of his very frustrating medical puzzle.

My purpose in coming to the legislature is not to only support this latest plan for public financing but to also ask if there isn't a way that these dollars could be better spent on focusing on what is good at UConn now and building on that. I'm not so sure we need yet another cancer center given what we already have in the area at Hartford Hospital or Saint Francis. Rather I would like to humbly suggest that UConn focus on what it does best and expand upon that like the geriatric unit and the Calhoun Heart Center and other specialty clinics as -- as were spoken of today, mainly because of the area's growing aging population. Besides who can read the name in support of a state athec -- asset like Coach Calhoun to bring greater awareness to the excellence of care received there.

The other aspect of the financing I support is the biosciencetist -- the bioscience enterprise zone. The state and University must capitalize on the excellent research being performed both in Storrs and in Farmington and somehow marry

them into a biomedical campus that fosters more research, patents and job growth in the medical sciences similar to that -- that's already found happening in New Haven or in Boston at Harvard, Tufts and MIT.

This latest version of public financing for the UConn Health Center seems to better address where the deficits are, how to better free up bed space, how to accomplish physical improvements needed at the Hospital and how to capitalize on research growth for the future.

The UConn Health Center and staff are a vastly under-rated state asset. We need to support its financing as well as further studies as to how we can make this facility continue its unique care and training in the area and how we can make the research being done here and in Storrs pay off in the creation of permanent bioscience jobs in the greater Hartford region.

Thank you.

REP. WILLIS: Thank you. Thank you very much for your testimony.

ALYSSA PETERSON: I -- I really appreciate the -- the privilege of coming down to address before you. I saw it in the paper -- in -- Friday in the Courant and had to do something.

REP. WILLIS: An actual member of the public. It is the first one --

ALYSSA PETERSON: Well, it -- you know, you -- they want donations; they want help, et cetera. All I can do is come down and speak about this fine institution.

REP. WILLIS: Well we're -- we're impressed.

ALYSSA PETERSON: And thank you for -- for holding the hearing.

REP. WILLIS: Well with that and the only public testimony, thank you very much.

ALYSSA PETERSON: Unsolicited.

REP. WILLIS: Solicited public testimony we will conclude this public hearing of the Higher Education and Advancement Committee.

And at three o'clock Higher Ed will screen in our conference room.

Thank you.

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Testimony of Dr. Gerard Burrow, M.D.
Chair, UConn Health Center Board of Directors

Higher Education & Employment Advancement Committee
March 15, 2010

Good morning and thank you, Co-Chairs Handley and Willis.

My name is Jerry Burrow and I chair the University of Connecticut's Health Center's Board of Directors. I have served in this capacity for approximately four years. I am Dean Emeritus of Yale's School of Medicine and a current board member and former CEO of the Sea Research Foundation and Mystic Aquarium.

It is a privilege to join my colleagues from the University's Board of Trustees and Directors to discuss the proposal Governor Rell unveiled last week to preserve and protect the financial health of the UConn Health Center and create an innovative, regional health care network. The Health Center's Board of Directors is expected to meet later this week, in conjunction with the University's Board of Trustees, to formally consider the proposal.

The Governor's proposal outlines a pathway forward that would allow the UConn Health Center to achieve its long-held goal of financial health, by modestly increasing its number of medical-surgical beds, and adding and renovating patient-care areas to accommodate larger teaching areas, modern medical equipment needs and patient privacy. And I am sure you will agree that our schools of medicine and dental medicine are not only a great source of pride for our state today – but are critical to our health in the future.

This proposal also seeks to streamline regional care for babies born prematurely or with special health care needs. Specifically, this means the NICU will remain at UConn Health Center – where neonatology was born in northern Connecticut – but all services will be managed by Connecticut Children's. The physicians and staff will remain Health Center employees.

This part of the plan carries both important cost and care benefits. It will reduce costs by consolidating services and will lead to improvements in the planning and delivery of these complex medical and surgical services. This move will also allow the Health Center to increase its adult medical-surgical bed count – which is an important move to achieve financial health.

My colleague Mr. Cloud, will outline the other important elements of the plan designed to establish the UConn Health Network and Connecticut Bioscience Initiative. We look forward to discussing all of these initiatives with you today and in the days ahead.

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Testimony of Sanford Cloud
Vice Chair, UConn Health Center Board of Directors

Higher Education and Employment Advancement Committee
March 15, 2010

Good morning and thank you, Co-Chairs Handley and Willis for hosting this very important hearing.

It is an honor for me to here today.

By way of an introduction, I have served on the Health Center's Board for four and a half years and am currently its Vice Chairman. As some of you know, I am a lifelong resident of the Hartford region and also had the distinct privilege for serving two terms in the State Senate – so I keenly appreciate your hard work and service to the people of Connecticut.

Today, I'm joining my colleague Dr. Burrow and colleagues from the University's Board of Trustees in thanking Governor Rell for presenting the proposal she unveiled last week to create an innovative, regional health care network.

This morning, I'm urging you to contemplate this proposal from a much larger vantage point than the Health Center's campus in Farmington. Indeed, I'm asking you to consider how this proposal could transform the entire area into a "healthcare destination" for patients, physicians, dentists, aspiring doctors and other health professionals, as well as researchers and innovators.

The transformation starts with a reinvigorated, strengthened university hospital that Dr. Burrow outlined. This will pave the way for the many regional partnerships articulated in the Governor's proposal and surely, additional collaborations that will be fostered and developed in the years ahead.

Beyond Farmington, the Governor's proposal allows existing relationships with regional teaching hospitals – hospitals that already partner with UConn – to reach a higher level through the following initiatives of new **"UConn Health Network"**:

Primary Care Institute: This will be based at St. Francis Hospital and Medical Center and will allow partners to work collaboratively to address the shortage in primary care physicians. The Institute will focus on training more primary care doctors while pursuing and obtaining new funding for research on healthcare quality and effectiveness, and ways to bring new health information technology to the region.

Center of Excellence on Health Disparities Research: Working with all regional partners, the Center of Excellence will take a comprehensive approach to study and attempt to solve some of the glaring and costly disparities in healthcare delivery today– particularly among minority populations and families of lower socioeconomic status. With support from the Cobb Instutute of the National Medical Association, and eventually with support from federal funding, the goals of the Center will include: 1) conducting applied research on health disparities in minority communities both in Connecticut and nationwide; 2) providing training opportunities for minority scientists in areas related to clinical research, health policy and analysis, and public health; and 3) sharing best practices

in the delivery of quality healthcare within minority communities. It is expected that within five years, the Center would be supported by more than $4.5 million in external grant funding, corresponding to more than 80 new jobs for the region.

Simulation Center: Based at Hartford Hospital, this new state-of-the-art center will offer sophisticated training for physicians and healthcare providers throughout the region – and beyond. It builds upon Hartford Hospital's nationally-recognized programs in robotic and minimally invasive surgery and will attract new federal funding targeted to enhance medical education. At the same time, it will create new jobs for faculty, administrators and technicians who are part of the new center. This will be a critically important teaching tool for the next generation of healthcare providers and to continually meet the educational needs of today's physicians and practitioners.

National Comprehensive Cancer Center: This initiative will take the UConn Health Center's existing base of basic and translational research into the prevention, detection and treatment of cancer to a much higher level by pooling the resources of all regional hospitals and their respective cancer centers. This will create a wider audience for participation in clinical research and move our region toward a National Institutes of Health Comprehensive Caner Center designation. It would clearly lead to improved care by opening the door to more clinical trials, new treatments, better technologies and the continual recruitment and retention of topflight physicians at all regional hospitals.

Connecticut Institute for Clinical and Translational Science: Already up and running, CICATS (pronounced see-cats) was created in partnership with regional hospitals, state agencies, and community health care organizations to transform the way biomedical science is conceived, conducted and disseminated in Connecticut.

Biosciences Enterprise Zone: Lastly, the Governor's proposed network calls for the creation of a Biosciences Enterprise Zone to attract new commercial investment into the area, with a particular focus on the area around downtown Hartford. This will complement existing efforts within the University and the region to stimulate job creation, make way for new incubator space for burgeoning research ventures, and more.

Taken together, these initiatives will distinguish our region as a serious health care destination. Thank you for your time, your counsel and the commitment you have already demonstrated to the future of the University of Connecticut Health Center.

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LN6

Testimony of
Michael J. Hogan
President
University of Connecticut

Higher Education & Employment Advancement Committee
March 15, 2010

Thank you for the opportunity to testify today. My name is Michael J. Hogan. I am the President of the University of Connecticut.

Today, I'm here to describe a plan the Governor announced on March 9th, "The UConn Health Network & Connecticut Biosciences Initiative." This plan will improve access to healthcare, create thousands of jobs, put the John Dempsey Hospital (the State's only public academic hospital) on firm financial footing, and drive the State's public School of Medicine toward the nation's top-tier.

This plan corresponds in many ways with the recommendations made by the Connecticut Academy of Science & Engineering in the report it issued two years ago at the direction of the General Assembly. In the two years since the report was issued, we've engaged in thousands of hours of discussions and negotiations with the key stakeholders in the future of the Dempsey Hospital and our Schools of Medicine and Dental Medicine, including:

- The University of Connecticut
- The State of Connecticut
- Connecticut Children's Medical Center
- Hartford Hospital
- St. Francis Hospital
- Hospital of Central Connecticut
- Bristol Hospital

The plan, supported by the regional hospitals, entails a new bed tower with about 164-169 beds at the Dempsey Hospital and renovation of older space. There will be 65 beds in four service areas: corrections, psychiatry, obstetrics, and non-intensive care newborns. The total number of John Dempsey licensed beds will increase from the current 224 to between 230 and 234.

The proposed UConn Health Network involves collaboration with our regional affiliated hospitals:

- Subject to the all regulatory approvals, CCMC will own and operate the Dempsey's existing Neonatal Intensive Care Unit thereby providing the opportunity for the Dempsey to expand the number of medical-surgical beds within its existing license.
- The total increase in medical-surgical bed capacity will be 46-50 beds. This will generate the revenue needed to offset the costly beds that help us meet our public service mission.
- The increase in medical-surgical beds will create a small positive operating margin, allowing us to modestly increase the class size in the School of Medicine and the number of Dental Medicine primary care residencies, addressing the State's serious shortage of physicians and dentists.

- A Regional Primary Care Institute will be located at St. Francis Hospital, encouraging more students and residents to train in primary care and improving access to primary care.
- Hartford Hospital will house a Regional Simulation Center, training students, physicians, nurses, and other healthcare professionals in the state-of-the-art techniques and treatments that are rapidly arising as medical innovations advance. At this facility, doctors and healthcare workers throughout the State will be able to perfect new techniques in surgery and medical care without risk to patients.
- UConn will leverage its existing expertise in studying healthcare inequality by establishing a Regional Health Disparities Research Institute to address this costly and chronic healthcare issue. Disparities in healthcare are costly to those who experience them and to the entire state and nation. The Institute will encourage collaborations with area hospitals and healthcare agencies and draw on UConn's established relationship with the National Medical Association's Cobb Institute for resources and support. State support for this regional collaborative initiative will attract increasingly available federal and other grants to help us address this expensive healthcare problem.
- This same network of UConn-affiliated hospitals and agencies has launched a Regional Clinical & Translational Science Institute, which will also be part of the UConn Health Network. Clinical & translational science takes basic discoveries in the biosciences from "bench-to-bedside" by translating research discoveries into new drugs, treatments, and devices that save and improve lives. Already, our Clinical & Translational Science Institute is creating networks of collaborating scientists and hospitals to more efficiently tap new federal funding that's available in this area. Through the Institute, we can more rapidly move discoveries (from the bench), to lifesaving treatments (the bedside), and into the market, creating new commercial businesses.
- As more discoveries are moved more quickly into the market, the plan will also designate a new enterprise zone – a Biosciences Enterprise Zone. This will drive new commercial businesses and thousands of high-paying jobs in biomedical science to the region; it will create new revenues for the state; and it will make the region a biomedical destination.

Forecasts from the Connecticut Center for Economic Analysis show that implementing the plan will create over 5,000 new jobs in less than 10 years and about 7,000 new jobs in less than 20 years – and, this doesn't include associated jobs in the private sector. The result will be $1.5-Billion annually in new personal income by 2040, $1-Billion in Gross Domestic State Product, and $1.1-Billion in new tax revenue for Connecticut.

The investment needed is $352M. $20M in state bonding will be devoted to the UConn Health Network programs listed above. $25M will come from reallocated existing funding for UCONN 21st Century, which will be used to fund the project's design costs in the first two years. During these first two years, no additional State money will be needed for the bed tower construction and renovation. After the first two years, $207M in additional state bonding will be required for the new patient tower and renovation of older space, along with $100M from federal funding or other sources.

It's an exciting plan that will stimulate the economy. It will improve access to healthcare, promote biomedical research, enhance collaboration across the region's healthcare providers, place the Dempsey Hospital on firm financial footing, and move the School of Medicine toward top-tier status.

Thank you for the opportunity to share this plan with you. I'm happy to answer any questions.

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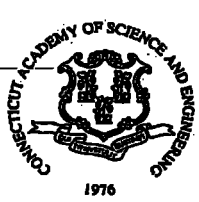

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING

TESTIMONY OF THE CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING BEFORE THE HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE OF THE CONNECTICUT GENERAL ASSEMBLY

REGARDING

THE UCONN HEALTH NETWORK & CONNECTICUT BIOSCIENCE INITIATIVE PROPOSAL

MARCH 15, 2010

For background purposes, at the request of the General Assembly the Connecticut Academy of Science and Engineering (CASE) conducted "A Needs-Based Analysis of the UCHC Facilities Plan" that was completed in March 2008 (available at: http://www.ctcase.org/reports/uchc.pdf). As a result of this study, the General Assembly engaged CASE to serve as its *Independent Monitor* in accordance with Special Act 08-4for the purpose of reporting on progress regarding implementation of the study's recommendations. This two-phase initiative was completed in February 2009 (available at: http://www.ctcase.org/reports/UCHCMonitor.pdf).

CASE has not been involved in the development of the current proposal. While the CASE study committee has been provided with information about the proposed plan, they have not met to discuss the proposal. However, some members of the committee reviewed and provided input into the testimony.

Importantly, UCHC's prior efforts have served as a foundation for the development of UCHC's proposed conceptual plan presented to the General Assembly on March 11, 2010. A key element of the CASE study recommendations was for each regional hospital partner to identify their intentions and commitment to support the vision, mission, and guiding principles of UCHC. The proposed plan is the result of this ongoing process.

The intent of our testimony is to provide the Higher Education and Employment Advancement and Public Health Committees with guidance regarding whether the UCHC proposed plan is consistent with the recommendations of the 2008 CASE report. The findings and recommendations of the CASE report were based on an analysis that explored key issues of interest for the General Assembly that in summary included: facility issues, statewide and regional beds analysis, and strategies to achieve excellence in academic medicine (education, research, clinical care and community service).

The proposed plan offers a framework that is generally consistent with elements of the recommendations of the CASE study including Option #1 (UCHC builds a new teaching hospital of similar or larger size than originally proposed (352 beds) with the state owning and operating the facility) and Option #2 (Improved and formalized relationships with current and other potential clinical partners with construction of new clinical facilities *[in-patient and/or ambulatory]* to be owned and/or operated by a clinical partner to be determined via an RFP process. Critically, the plan now proposed addresses the need to upgrade UCHC's clinical facilities and includes increased collaborative efforts with its regional hospital partners, including new initiatives). The plan addresses the need for upgrading UCHC facilities and provides for increased collaborative efforts with its regional hospital partners, including new initiatives.

The following comments are offered for consideration of the General Assembly, UCHC and the regional hospitals:

179 Allyn Street, Hartford, Connecticut 06103-1422 • 860-527-2161 • email: acad@ctcase.org

1. Relationships: The proposed UCHC plan provides new opportunities for regional cooperation and collaboration. Enhanced effective sustainable relationships between UCHC and its hospital partners are critical to UCHC's success in serving as a leading academic medical center; and a common vision of academic medicine between UCHC and its hospital partners is necessary to achieve and sustain excellence in academic medicine. Special Act 08-4 mandated that UCHC and its hospital partners develop a "Vision and Guiding Principles" that would form the basis for the establishment of new Affiliation Agreements between UCHC and its hospital partners. It was intended that this would be a living document that would be updated as needed. Therefore, it is suggested that the "Vision and Guiding Principles should be updated and used in the development of new Affiliation Agreements. Key issues to address for development of effective sustainable clinical affiliate relationships include, among others, governance, and financial considerations, and faculty relationships. Securing federal funding for construction of the proposed new patient tower and federal designations for a UConn Health Network Comprehensive Cancer Center and Institute for Clinical and Translational Science is by no means assured. Construction funding inserted into the US Senate version of comprehensive health care reform bill may not survive the likely reconciliation process. Both the National Cancer Institute Comprehensive Cancer and the NIH Clinical & Translational Science (CTSA) programs are highly competitive, especially as growth in NIH funding is almost certain to be limited in the near future. However implementation of this plan and development of appropriate Affiliation Agreements between UCHC and its clinical partners certainly will be of great value in these efforts.

2. Facilities: The CASE study found that the existing facilities at John Dempsey Hospital (JDH) are outdated and require investment for replacement and renovation for continued use for academic medicine purposes. The "UCHC Physical Plant Review" included in the CASE report, and the physical plant analyses developed by UCHC's consultant may be useful in evaluating the proposed renovation and replacement plan. While the UCHC plan provides an overview of renovation and construction plans, additional details should be provided to assure that the proposed plan adequately addresses the issues of obsolescence of the existing facility. The approach used to secure 40-50 general medical/surgical beds by transferring 40 NICU beds to CCMC with only adding up to 10 beds to UCHC's licensed beds is innovative and helps to address both the financial issues of the hospital, on-site educational and research opportunities, and concerns about adding a significant number of new beds to the JDH and Greater Hartford service areas. However, the limited planned size of JDH makes the development of enhanced relationships between UCHC and its regional hospital partners critical for UCHC with its partners to achieve expected benefits from facility investment and new initiatives.

3. Bed Analysis: The beds analysis included in the CASE study has not been updated, however, it is noted that the Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals for Fiscal Year 2008 published by the Connecticut Office of Health Care Access (http://www.ct.gov/ohca/lib/ohca/publications/2009/fsreport_2008.pdf) provides a new bed category to consider in analyzing bed needs in the state and the region. The beds analysis conducted by Tripp Umbach for the CASE study considered "licensed" and "staffed" beds. Licensed beds are the maximum number of beds for which a hospital holds a license to operate. Staffed beds are licensed and physically available for which staff is on hand to attend to the patient who occupies the bed. The new category in the report is "available" beds. It is our understanding that this category includes the total number of licensed beds that are physically available.

   As noted below in the comparison of 2006 to 2008, many hospitals do not operate *(staff)* all of the beds for which they are licensed, and some licensed beds may not be physically available. Assuming this is correct, in order for a hospital to increase its number of beds above its total available beds, new beds would need to be constructed, or additional beds would need to be added to existing rooms.

The following provides an overview of the statewide bed counts for these 3 categories for 2006 and 2008, based on information in the OHCA annual report cited above:

BED CATEGORY	2006	2008
STAFFED	7231	6698
AVAILABLE	7913	8153
LICENCED	9256	9291
Occupancy of Staffed Beds	78%	86%
Occupancy of Available Beds	72%	70%

The CASE beds analysis indicates that in 2015 the statewide bed need will be 8,252. Based on this analysis, considering "available" beds as the key bed category additional statewide beds would be needed in 2015. Also, it is noted that in 2008 while the total statewide licensed beds were 9,291, available beds were 8153. This results in 12.25% of licensed beds as being not available for patient care. A similar analysis could be provided for the JDH and Greater Hartford service areas.

4. Accountability: The UCHC conceptual plan provides a framework to achieve excellence in academic medicine with related significant regional health care benefits and economic impact. These concepts will need to be further developed and proposed programs will need to be created. New affiliation agreements between UCHC and its regional hospital partners that reflect UCHC's vision and guiding principles will help to institutionalize an academic medicine culture in the region. It is suggested that a set of benchmarks and measures be developed with periodic reporting to the General Assembly to track UCHC's initial progress, UCHC renovation and construction projects, and ultimately performance goals for collaborative initiatives and programs, and economic impacts.

In closing, the proposals for facility improvements and development of the UConn Health Network are intrinsically linked. Both are needed. The proposed facility plan is a compromise when compared to prior plans. The state's investment in renovated facilities is necessary. The facilities plan makes the development of vibrant enhanced sustainable relationships between UCHC and its hospital partners critically important, especially due to the proposed limited size of JDH.

While due diligence into the details of the proposed plans should be accomplished, the plan offers the potential to achieve goals set forth by the General Assembly, if successful.

Thank you for your time and consideration.

Respectfully Submitted,

Myron Genel, M.D
President &
Chairman, CT Academy UCHC Study Committee

Richard H. Strauss
Executive Director
E-mail: rstrauss@ctcase.org

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TESTIMONY PRESENTED TO THE HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE
March 15, 2010

HB 5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.

Senator Handley, Representative Willis, members of the Higher Education Employment Advancement Committee, thank you for allowing me to speak today in support of HB 5027 An Act Concerning the University of Connecticut Health Center's Facilities Plan.

My family physician Dr.Jon Krumeich referred me to Dr. Bruce Liang at the UCONN Medical center for an evaluation of my cardiac function. Dr. Liang and several of the physicians in the Cardiology Department discovered that my Aortic valve was badly diseased and impaired; this impairment caused a large aortic aneurysm. Based on this information and the compassionate concern of Dr. Liang and Dr. Paul Priessler I decided to have these life threatening impairments repaired. On September 14,2005 my aortic valve was replaced and I received a new Aorta. This operation not only saved my life but has allowed me to extend my life with quality and dignity. This would not have been possible if the UCONN Medical center was not the valuable resource that was available to
me. The quality of care and the heroic efforts that the staff makes speaks for itself, howe ver the need to provide adequate space and equipment with a new facility should be carefully considered. Even though my care was of the highest quality I can note for you that my room was jammed with necessary life support equipment and there was another patient in the room with similar equipment and things were tight. It was difficult for staff and family to move freely in the room.

I am a retired healthcare worker and have had the opportunity to work at the national and international level, but I address you today as a grateful patient with a humble and thankful heart that the entire staff at the UCONN Medical center was available to care for me, my family and friends. Let me urge this committee to look not only at the physical, and economical benefits of a new facility but to also view how great this new facility will be when blended with the already powerful spirit of medical knowledge, compassion, care, and willingness to share and apply this effort and attitude in continuing to build the finest medical complex in the region while deepening the quality of life for the citizens of Connecticut. Thank you for the opportunity to speak to you all on this matter.

I urge your support of HB 5027.

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Office of the Associate Dean for Primary Care
263 Farmington Avenue, Room CG149
Farmington, Connecticut 06030-2926
Telephone: (860)679-4322
Fax: (860)679-1101
E-Mail: gould@adp.uchc.edu

Testimony

Higher Education and Employment Advancement Committee

March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, I would like to thank you for the opportunity to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN**

My name is Bruce Gould. I'm an internist and primary care physician and for the past 22 years have served as the medical director at the St. Francis/University of Connecticut Primary Care Center at the Burgdorf Health Center in the north end of Hartford. This community health facility serves the needs of some of the most vulnerable and underserved populations in the state. I am also the Associate Dean for Primary Care, the Director of the Connecticut Area Health Education Center Program at the University of Connecticut School of Medicine and medical director of the Hartford Department of Health and Human Services.

To put things in perspective, this is the third March that I have testified before you in support of assuring that the University of Connecticut Health Center has a viable clinical facility...2007, 2009 and now, 2010. The first time for a stand alone facility in Farmington, the second for a collaboration with Hartford Hospital and now for a regional collaboration that will move both the University, the state and health status of our citizens to a higher level. The healthcare environment is changing, the ground is moving under our feet...and if we fail to be innovative, to react to, or better, to anticipate these changes, we will become irrelevant and we will fail ourselves and those that depend on us. Health care reform in this country is inevitable. As a practitioner, especially one that cares for the poor, the uninsured and underinsured, I can tell you that our present system does not meet the needs of our people and does not fulfill its promise. We spend half again as much as any other industrialized nation and yet the health status of our population is worse than most other nations. We rely on high end technology for diagnosis and treatment, yet make little use of available tools to coordinate care,

share clinical information, target prevention and clinical intervention in timely and effective ways that might actually save lives...and yes, money.

To achieve a more effective and affordable health care system will require a number of elements:

- Well trained primary care providers, specialists, nurses, pharmacists and other professionals versed in the potential of all our technologies and able to work in patient centered teams focused on optimizing the outcomes of care.
- New technologies, treatments, screening tools developed at the bench addressing present and future health care challenges.
- Translational researchers and health services experts to speed the transfer of new ideas and knowledge to the bedside and the community where its use will result in the quality of outcomes that our patients deserve.

The University is already working to address some of these deficits. Our Area Health Education Center Program or AHEC is part of a federal program started in the 1970s to address access to and quality of healthcare provided to underserved populations. We leverage federal dollars using the stalwart support of the University as collateral to address health care workforce issues across the state through our four regional centers (Hartford, Waterbury, Fairfield and Jewett City). We are in elementary and secondary schools providing math and science enrichment and trying to fan the embers of interest in health careers. Through our nationally acclaimed Youth Health Service Corps, we are in high schools across Connecticut and across the country teaching students real health care delivery skills and training them to be volunteers in community settings; homeless shelters, community health centers, food banks. Through our Collegiate Health Service Corps we are training college students at our community colleges and universities to understand population health and health care delivery to facilitate their interest in health careers and in serving the underserved, and helping them to make their career goals a reality. Through our Urban Service Track at the UConn Schools of Medicine, Dental Medicine, Nursing and Pharmacy, we are recruiting students committed to meeting the health care needs of the most underserved of Connecticut and training them to be the providers that will make a difference and change the character of our health care system so it will begin to meet the needs of all Americans.

HB5027 by providing a regional focus to health care delivery, education and research will facilitate the work already being done and provide the synergy between existing and often competing players that will elevate the process to a whole new level. It will provide a new and much needed facility to the University that will assure both the delivery of state of the art health care and education at our state medical/dental school and hospital. Through the creation of the Institute for Primary Care Education and Innovation at Saint Francis Hospital, it will promote the improvement of practice design and health care delivery at the

community level as well as the recruitment and training of the primary care providers of the future. The Health Disparities Institute will study and develop answers to the disparities in health status between population groups. The CT Institute for Clinical and Translational Sciences will speed the translation of knowledge and science into practice and outcomes improvement at the level of the community and the individual patient. .

I honestly believe that the University of Connecticut's Schools of Medicine and Dentistry cannot survive without a viable, appropriately sized and updated hospital. The proposal HB5027 will insure that survival while creating a regional integrated academic health center.

Without the ongoing support of the University I can't do my job. As a community provider to the underserved and as an educator to the next generation of those who will hopefully commit their lives to serving those most in need, I implore you support **the UConn Health Center and HB 5027**. Thank you.

Respectfully Submitted,
Bruce E. Gould MD, FACP
Professor of Medicine and Nursing
Associate Dean for Primary Care
Director, Connecticut Area Health Education (AHEC Program)
University of Connecticut School of Medicine
Medical Director, Burgdorf Health Center
Medical Director, Hartford Department of Health and Human Services
Hartford, CT

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TESTIMONY
Higher Education and Employment Advancement Committee
Monday, March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Andrea Gross and I'm a fourth year medical student at the University of Connecticut School of Medicine. I am here today to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN**

Why do I support this plan? I believe the UConn Health Center provides key community resources that are not available elsewhere, and any plan that ensures the future of a financially stable health center will have my support. I wanted to speak to you today because I have grown up in and around the UConn Health Center. My father has been a faculty member at the Health Center for over twenty years, and as a high school student, I spent my summers volunteering at the Surgicenter in Farmington. When I learned to drive, the Health Center was the first place I went outside my hometown of Simsbury. During my senior year of high school I continued my experiences at the Health Center as a student researcher in a basic science laboratory. After high school I was admitted to the eight year combined program in medicine, attending first UConn Storrs and now the UConn medical school, from which I will soon graduate. In addition, throughout the years I have been a patient at the UConn Health Center's primary care, cardiology and endocrinology clinics. All of these experiences have given me a unique perspective on the experiences of staff, physicians and patients at the UConn Health Center and it is that perspective which I would like to share with you today.

The faculty and staff of the UConn Health Center are an incredible group of individuals. The administrative and secretarial staff that I worked with in high school consistently went above and beyond for patients. They are dedicated to facilitating the delivery of the best quality care to all patients. By increasing the number of beds and financial support for the hospital you will be helping them do the same for even more people.

The part of the health center with which I am most familiar is the academic faculty and staff. Just as the administrative staff work tirelessly on behalf of the patients, so too do the academic faculty work for us, the students. In the course of our training we receive lectures from basic scientists and clinicians on a wide variety of subjects. Though the lectures delivered by the basic science researchers were often helpful, I almost always found the courses taught by clinical faculty to be even more valuable. These clinicians brought with them not only the basic facts which we needed to learn for our next exam, but also the perspective about how these seemingly abstract pieces of information actually apply to caring for patients and being a better doctor. Encouraging this kind of connection between clinical and basic science is essential to learning medicine, and will only be enhanced by increasing the facilities and staff of the UConn Health Center. After all, it is one thing to read or hear about a new discovery in medical science. It is quite another to hear about that

discovery from someone involved in making it happen and seeing how it influences the care of that doctor's patients.

One of the most powerful experiences of my training occurred in our second year when we were learning about HIV/AIDS. The infectious disease physician who had been teaching us about the cellular mechanisms by which HIV attacks the body brought in one of his patients who was suffering from the disease. She spoke to us for an hour about her experiences, not only of the disease but also of how she had been treated by various doctors. She taught us what a difference kind, empathic and well trained physicians can make in the life of a patient. We learned from her, and from all the patients that we see in our third and fourth years of school, that knowing the science is only a small part of being a physician. The larger part is being able to connect with patients in a meaningful and constructive way. The UConn Health Center provides an atmosphere which supports that kind of training, and having more academic clinicians and facilities to enhance that experience would be of incalculable benefit to the training of the next generation of physicians and their patients.

I know that the state has limited resources and is looking for ways to maximize the positive impact of those funds. I can not think of a better way to improve the community than by investing in the UConn Health Center which is a community in and of itself. We serve a wide variety of patients - from the very poor to the wealthy. One of my favorite parts of medical school has been working at the South Park Inn Homeless Shelter in downtown Hartford where we hold a twice weekly free clinic staffed by UConn faculty members and students. By supporting this bill, you would be supporting not only the large number of patients that currently look to the health center for their care, but also the training of physicians that will be well prepared to handle the needs of those patients in the future. Like me, a large portion of the 80 people in my medical school class have strong roots in Connecticut, and historically a large percentage of us will eventually practice here in the state. Who knows, we may be the doctors for you or your family in the future, and I know that by supporting this bill you will help us be even more prepared for that task.

Thank you very much for the opportunity to speak today, and please support HB5027.

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Testimony of the Connecticut Children's Medical Center to the Higher Education & Employment Advancement and Public Health Committees Regarding the Development of a Regional Neonatology Program March 15, 2010

Senator Handley, Senator Harris, Representative Willis, Representative Ritter, members of the Higher Education and Public Health Committees, thank you for the opportunity to speak with you today. My name is Martin Gavin, and I am President and CEO of the Connecticut Children's Medical Center. I am here to speak to you about the proposed plan the Governor recently described regarding the University of Connecticut Health Center. The proposed initiative brings together many long-term partners to benefit the economy and enhance the health care system for Connecticut's citizens while advancing the Health Center's education, research and patient care missions.

For several reasons, I support the key components of this plan, but primarily because it will strengthen critical relationships among area hospitals, taking advantage of the wealth of talent in our system. The renovation of existing space and the building of a new bed tower at the Health Center, the location of a new Regional Primary Care Institute at St Francis Hospital and the development of a Regional Simulation Center at Hartford Hospital will result in growth and economic opportunity while raising the quality of health care in the state.

The proposal also includes the establishment of a regional Neonatal Intensive Care Unit (NICU) premier program which will advantage the Medical School, the Health Center and, most importantly, Connecticut's families. Integrating the neonatology health care professionals and units are key steps in elevating the scale and breadth of the Connecticut Children's program. Operating a 72 bed service would make our combined NICU one of the strongest academic NICU programs in the region while freeing up the Health Center license for 46 -50 additional medical-surgical beds thus generating additional revenue for the state. This model will not reduce the size or location of the Health Center NICU nor impede the public mission to care for our most fragile babies, but rather will improve the efficiency of the patient triage process and support advances in technology available to Connecticut's children. The consolidated NICU program will assist in promoting clinical research and attracting talented faculty while strengthening our educational program at a time of competition for strong candidates. The stability of a regional NICU and united partnership vision will also support the Health Center's maternal-fetal medicine program.

Pediatrics is very specialized and expensive. Approximately 20 years ago, the Greater Hartford community made a well reasoned commitment to bring together the pediatric services of area hospitals and create one regional children's medical center in an effort to

provide the best medical care for our children. Connecticut Children's is the result of that successful collaboration and bringing together the NICUs is the last step in that commitment. The establishment of our Premier Program in Neonatology affiliated with the University of Connecticut will demonstrate the state's commitment to providing the highest level of quality neonatal services possible to the residents of the region.

The increased scale that will result from the collaborative establishment of a regional NICU will improve outcomes for our patients and families. Nationally, outcomes for infants needing complex surgical procedures consistently show relationships between the volume of procedures and risk-adjusted mortality and length of stay. Connecticut Children's, which is already well on its way to demonstrating the quality outcomes that will enable it to be ranked as a top 10 program, will be significantly aided by the additional scale, which will provide better access to data, and enable key investments in technology and clinical research.

The regional NICU will provide a full range of services, advanced models of care and access to input from a full complement of pediatric specialists. As the hub of a NICU network, Connecticut Children's will be able to develop outreach, education and training for community hospitals thus raising the quality of care for all babies. The integrated program can become the regional training center for neonatal care for physicians and other allied health professionals.

Over the past 4 years, Connecticut Children's growth across the full spectrum of pediatric services has led to over 460 new jobs, including physicians, nurses and other health care professionals. Growing our neonatology service will similarly have a positive impact on jobs and the local economy. The creation of a regional NICU is an investment in the future economic success of the State of Connecticut and in the future of our children.

The potential for economic growth, new jobs in health care and biomedical research, and the advancement of a nationally recognized medical school all present Connecticut with a compelling opportunity that we should not squander. I urge you to support the Health Center proposal.

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TESTIMONY

Higher Education and Employment Advancement Committee

March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee. My name is Monty MacNeil, Dean, School of Dental Medicine, University of Connecticut. Thank you for the opportunity to provide written testimony regarding HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

The Dental School is fortunate to be an integral component of the University of Connecticut Health Center. Less than one-third of US dental schools are members of academic health centers therein benefitting from the unique opportunities and synergies that an academic medical center environment provides. Our reputation as a leading US dental school is undoubtedly due in part to this relationship and the tangible outcomes derived from close partnership with the School of Medicine and John Dempsey Hospital.

In previous meetings with this Committee, I have provided data that describes our School's impressive accomplishments in education, research, patient care and service to this state. We are proud of these achievements and especially of our service to the poor and disadvantaged in Connecticut who rely on us so heavily for emergent and essential dental care. But we not do accomplish this alone. Here are but a few examples why our Dental School depends on a strong School of Medicine and a vibrant John Dempsey Hospital:

- The strength of our basic medical science curriculum, shared by medical and dental students, rests on the ability to recruit and retain exceptional physician educators to the Health Center. By nature, these physicians are also seeking out hospital practice situations that will provide long-term opportunity and stability as they develop their academic careers.

- The superb inter-professional relationship that exists, and which we desire to further promote, between students, residents and faculty in both schools depends on a health care environment that is clinically vibrant, academically driven and contemporary in plan and delivery.

- A significant subset of our large patient population are medically compromised, physically or developmentally disabled, or have other special needs. For example, we currently have over 750 mentally challenges adults under our care. These and other patients often require carefully coordinated medical care, especially when the dental care that we provide if of such extent that general anesthesia or in-patient hospitalization is needed. Our ability to continue to offer these very much needed services depends on a close relationship with a hospital and staff that truly understands our unique needs and can provide ready access to operating rooms and other medical services of high quality and sophistication.

I am confident that the facilities improvement plan described in HB5027 will elevate our hospital to the we all desire and will also resolve the fiscal uncertainty that has hovered over it for too many years. Unquestionably, that uncertainty has negatively impacted both of the hospital's partner schools. Most importantly, this plan will stabilize our physical faculty workforce and will improve our ability to recruit our future leaders in education, clinical care and research.

Our Dental School is the only one of 57 nationally that has all of its clinics organized within a hospital environment. For the reasons previously stated, this provides tremendous educational and clinical care advantages. Improvements in the Dental Clinics are long overdue and greatly needed. These facilities have fallen behind the national standard and have increasingly become an issue in student and faculty recruitment. The renovation plan described will bring our clinics up to par with the overall reputation of our School and, importantly, will enable us to expand our clinical care mission to Connecticut citizens. The patients we treat within the more than 90,000 patient visits we enable every year deserve improved facilities. In addition, the facility plan is accompanied by a commitment to increase our DMD class size and that of two of our primary care dental residency programs.

In summary, I believe that the improvement plan is essential to our Health Center and will enable the School of Dental Medicine to continue to be a point of pride for its university, the state and this legislature.

Thank you for your past support of our Health Center, your careful consideration and hopeful support of HB5027 and for this opportunity to speak to you today.

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Testimony to the Committee on Higher Education and Employment Advancement

HB 5027 - AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Monday March 15, 2010

Public Hearing

Good Morning Senator MaryAnn Handley, Representative Roberta Willis, and the members of the Committee on Higher Education and Employment Advancement. My name is Elliot Joseph and I am the President and CEO of Hartford Hospital and Hartford Healthcare. Thank you for inviting me here today to speak about the future of UConn's School of Medicine and the region's health care.

Let me start by simply stating that Hartford Hospital is a very proud and honored partner of UConn and its School of Medicine (SOM). As the only public medical educational institution in our state, the SOM is an essential resource not only for all of the area hospitals, but also for the tens of thousands of people we serve everyday.

Our state is already facing an acute shortage of doctors and medical specialists and that void can only be filled with a healthy and successful SOM. The SOM is a proving ground for the state's next great generation of surgeons, doctors, nurses, paramedics, EMTs and other essential medical staff. If we are to maintain and elevate the quality of healthcare in our area the SOM must not only survive, it must thrive.

That is why we have always said that Hartford Hospital wants to proactively help secure the future of the SOM. That was the main reason why we sought to partner with UConn last year and why I'm before you today.

Advancing the SOM is a priority for Hartford Hospital and a goal that we are proud to share with the University. However, as we all know, there are significant issues that must be addressed if we are to achieve these goals.

John Dempsey Hospital (JDH) is old, antiquated and running a very significant annual deficit that is covered by the state. I firmly believe that we must stabilize JDH to relieve the state of its annual budget deficit funding.

I'm hopeful that the Governor's plan has the capacity to shore up the foundation of JDH, and we hope by doing this, it will improve the UConn SOM.

It is my firm hope that this plan can finally secure the economic underpinning of JDH and offer a bright new era for the school, its students and the region's health care providers.

We look forward to working with the Governor, the State legislature and area hospitals, and we stand ready to assist and help UConn elevate the SOM and build a brighter future of quality health care for all of the citizens of Connecticut.

Thank you.

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Testimony of Dr. Biree Andemariam

Higher Education and Employment Advancement Committee

March 15, 2010

RE: HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Dear Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee,

My name is Dr. Biree Andemariam. I am a resident of Hartford, CT and I am here today to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.**

I am a hematologist and an oncologist working as a faculty member at the University of Connecticut Health Center. I care for people living with blood disorders and cancer. My role at the Health Center is multi-faceted and includes not only direct patient care, but also teaching the next generation of physicians, and conducting cutting-edge research.

I joined the Health Center in 2007, immediately after completing my medical and subspecialty training in Boston and in New York. I was recruited to U-Conn to help develop a clinical and research program in blood disorders, the only one of its kind in the State. I was drawn to U-Conn because of the opportunity to build this program and because I was given the resources and infrastructure to conduct clinical research.

The Health Center is a unique asset to the State and a gem for the central Connecticut region. It is the only academic medical center in the region AND it provides care to ALL, without regard to quality of insurance. The Health Center's academic mission fosters an environment that is critical to the growth and development of junior physician scientists like me. This is why I feel so strongly about the State's continued investment in an integrated academic health center that provides top-tier medical education, patient care and biomedical research. In fact, this plan is critical to U-Conn's ability to attract new physician scientists and students, as well as its ability to continue to teach the next generation of medical professionals.

At our center for blood disorders, we care for patients with anemias, bleeding/clotting disorders, and blood and bone marrow cancers. We treat individuals who have run out of options in the community by offering novel treatments and clinical trials. We provide a medical home for adults with hereditary blood disorders, many of which are rare.

One example is our adult sickle cell disease program. Sickle cell disease is the most common hereditary red blood cell disorder. It causes profound anemia, widespread organ damage, severe pain, and early mortality. Adults with sickle cell disease often cannot work due to severe debilitating pain. Because our society links health insurance to employment, these individuals are disproportionately found to be on government-funded health insurance. Without private insurance, they find it difficult to find care and, therefore, get most of their care through hospital emergency departments. At U-Conn, we have developed a medical home for these forgotten individuals who have been wandering in almost a no-man's land. In addition to providing

medical care for these patients, we also are conducting research which we hope will lead to improved therapies and, potentially, a cure.

I'd also like to take a moment today to applaud the effort in this bill to promote greater collaboration among the region's hospitals. Such collaborations are critical to enhancing the quality of patient care. Currently, we collaborate closely with Connecticut Children's Medical Center to insure that adolescents with lifelong blood disorders are appropriately and seamlessly transitioned to our care at U-Conn. Such collaborations are vital to quality care. HB5027 would further strengthen these existing partnerships and potentially create new collaborations that benefit the citizens of our State.

One of the first things I realized when arriving in Connecticut was the competitive climate in the medical community. I could not understand why area hospitals would rather refer patients to Boston or New York for second opinions or clinical trials. I quickly realized it was out of fear of losing the patient and therefore losing revenue. This bill benefits all the area medical centers in one way or another and puts the emphasis back on patient care once and for all. The citizens of Connecticut should never feel as if they have to leave the State to get top-notch care. As the State's only public university hospital and medical center, U-Conn can and should play a lead role in promoting collaboration for patient care, medical education, clinical research and clinical trials. HB5027 is an important step in the right direction.

Thank you for the opportunity to speak today and for your support of the U-Conn Health Center. I close by asking your support for HB5027.

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STATE OF CONNECTICUT

HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE

AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.	H.B. No. 5027
	March 15, 2010

TESTIMONY OF LARRY TANNER, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF CENTRAL CONNECTICUT HEALTH ALLIANCE

Good morning distinguished committee members. I am very pleased to be here today to provide you with my testimony regarding Governor Rell's UConn Health Center proposal. Over my tenure as CEO of the Central Connecticut Health Alliance ("CCHA"), CCHA has maintained a strong relationship with the University of Connecticut Medical School and Health Center. We have both benefited from the advanced research undertaken at the center as well as from having residents apply and refine their skills at our New Britain General Campus. Many of our physicians have graduated from the University and many have maintained a teaching role. For the continued success of CCHA, other hospitals affiliated with UConn and the State, it is crucial that we invest in the future of the UConn Health Center. The areas the Governor highlighted in her proposal will not only help the University, it will help the local hospitals, it could increase the number of jobs in the State and it can improve the quality and access to care in the region.

1. **New Hospital**. John Dempsey Hospital cannot continue to serve its role as a teaching hospital in its current state. Although it was state-of-art when it is first built three decades ago, medical technology and the practice of medicine have changed so dramatically, that the current facility faces major difficulties in rendering today's care. As a hospital CEO, I personally can attest to the monumental efforts it takes to continuously improve and renovate our aging facilities. Operating rooms continue to grow in size as the equipment and complexity of the procedures evolve. MRSA and the control of infections has created the increased demand for isolation of patients. Outpatient procedural space have had to expand with the introduction of PET/CTs, Multi-Slice CAT Scanners, MRI, and Stereo Tactic Radio Surgery Systems. John Dempsey Hospital has had to follow suit and try to incorporate this into their aging facilities. A replacement hospital could be a long-term solution to this problem.

CCHA supports the choice to have Connecticut Children's Medical Center ("CCMC") assume ownership and management of the 40 Bed Neonatal Intensive Care Unit (NICU). The current proposal would allow the University to expand medical surgical bed capacity proportional to the transfer of NICU bed. We have been formally affiliated with CCMC for over a decade and our community and hospital have benefitted as we believe John Dempsey will. As John Dempsey Hospital is a key component in the regional NICU network which includes all of the affiliated teaching hospitals, this move will further facilitate and better coordinate the care and transfer of premature babies through all of our institutions. We look forward working with CCMC and the regional hospitals in facilitating this endeavor.

CCHA would like to work with the University in understanding the details of the new hospital. It is imperative that all the hospitals in the region have the right complement of beds to support future demand. What that complement is depends on what we are able to understand and predict about the changes in patient, physician, technological and disease specific needs are going to be. We look forward to working together to better understand the scope of this project.

2. **Simulation center at Hartford Hospital.** CCHA firmly believes in providing our residents and clinicians with access to the latest training tools. The Simulation Center is one tool whose benefit is immeasurable. It allows for today's and tomorrow's clinician, to experience a realistic simulation in a controlled environment. Having the network work together in training and using the center has enormous benefits to not only CCHA, but to all participants. We hope that prospective students will be persuaded to attend the UConn Medical School because of the Simulation Center.

3. **Primary Care Institute at St. Francis.** Hospitals are faced with an ever decreasing number of primary care physicians as students increasingly select studying a medical or surgical sub-specialty. Common reasons include better financial rewards, better schedules and developing a single speciality skill set. This has resulted in a need for primary care in Connecticut. The goal of establishing a nationally recognized site for development of new models of chronic disease management and primary care delivery and education for all participants in the UConn Health Network is a creative proposal designed to address our primary care needs. With Connecticut's aging population, demand for primary care will grow. Along with it, we will experience an increase in chronic conditions such as diabetes, asthma, hypertension, and obesity. If we could work together with the University at better managing these diseases through better education and research, we will better poised to respond to tomorrow's health care needs.

4. **Health disparities institute in the city of Hartford.** With a hospital in a medically underserved city like New Britain, where many of its residents are either on government aide or uninsured, we welcome this proposal as being the first step at helping hospitals who serve these patients. As a partner in the UConn Health Network, the medically underserved community of greater New Britain, will stand to benefit. We look forward to working with the university on further developing the training opportunities and the application of research findings on health disparities and to incorporate the plans of our system to collaborate in a multi-community endeavor.

5. **Institute for Clinical and Translational Sciences on Farmington Campus.** The key to a successful medical school is the strength of its research programs. CCHA firmly supports the growth of UConn's Institute for Clinical and Translational Sciences program. It attracts students, improves clinical outcomes, attracts larger grants and creates jobs. It is critical to the State of Connecticut that it's flagship state university invest in its medical research arm of its research offerings in order to be a top-tier public university. As a current partner in clinical trials with UConn, CCHA is willing to work together at achieving this goal.

6. **Establishment of bioscience enterprise zone.** Hartford County is a nationally renowned knowledge corridor due to its institutes of higher learning, leading companies, science centers and hospitals to name a few. The goal of encouraging businesses in the biosciences field to base their operations in Hartford County so that they can partner with the UConn Health Network partners will provide an economic stimulus to our local economy. We anticipate job creation, revitalization of business parks, growing populations of technically skilled workers all becoming the drivers of the State's economic engine. CCHA is excited about this potential and looks forward to working with the University on this goal.

7. **Nationally recognized cancer center at the Farmington campus.** Cancer care is a vital service that hospital's provide. The prevalence of the disease continues its course and the need to diagnose and successfully treat patients has become the focus of Connecticut's hospitals. As a primary site for Gynecologic Oncology research, The Hospital of Central Connecticut understands UConn's desires to build a strong cancer center that will attract larger trials and grants. Having a state-of-the-art comprehensive cancer center in central Connecticut will allow for better training and better patient care. CCHA would envision participating in these discussions and that the center would be complimentary to the existing programs in central Connecticut.

In closing, I believe that a strong UConn Medical School and Health Center results in strong partner hospitals. CCHA's hospitals are no exception. With many of our

physicians UConn graduates, we rely on the strength of the school, the availability of the research programs and the clinical practice space to provide the partner hospitals with world class students and physicians. We look forward to working with the UConn Health Network partners in doing what's best for our State's medical school and hospitals and see the Governor's propsal as an exciting start. Thank you for the opportunity to present my testimony.

Laurence A. Tanner

Chief Executive Officer
Central Connecticut Health Alliance, Inc.

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Testimony
Higher Education and Employment Advancement Committee
March 15, 2010

John Dempsey Hospital – Our University Hospital
An academic perspective from two of Connecticut's own

Kiki Nissen, M.D. is an Associate Professor and Associate Dean for Graduate Medical Education and oversees greater than fifty residency programs and over six hundred residents and fellows at the University of Connecticut School of Medicine.

Denis Lafreniere, M.D. is a Professor of Surgery and the Interim Chair of the Department of Surgery and is the Division Chief of Otolaryngology.

We are here to ask for your support of **HB 5027 An Act Concerning the University of Connecticut Health Center's Facility Plan.** We are a primary care physician and an Ear Nose Throat specialist at John Dempsey Hospital. We were born in Connecticut, went to medical school at the University of Connecticut, did our residency training at the Health Center and we now both have the privilege of working here. The University of Connecticut's Health Center is our professional home, and John Dempsey Hospital is the hospital where we see and operate on our patients. We are content with our roles at the Health Center as academicians and physician leaders, but nothing is more rewarding than being committed to the education and training of the next generation of physicians who will be in a large part responsible for the healthcare of Connecticut's future generation. There are so many reasons to invest in John Dempsey Hospital and it is our purpose to highlight the most obvious and most urgent.

In our opinion the most valuable aspect of John Dempsey Hospital, the university hospital for the last 35 years, is that it is the "classroom of our future generation". Let us explain, using the analogy that the UConn Health Center and John Dempsey Hospital represent a community of public education. As citizens of Connecticut you can relate to the how valuable public education is and that most of us invest in public education so that our children's future has the potential to be brighter than today. For this "public school community" to be strong and effective, we need a superintendent with a strong vision and we need effective principals who are leaders in the community and oversee the quality of the educational product. We also need excellent teachers who create curriculum, evaluate their students, and create a daily lesson plan. We need thousands of necessary volunteers to help our teachers be successful. We need a classroom dedicated to the teaching of our students.

Here at the University of Connecticut Health Center we have a superintendant, Dr. Laurencin, Dean and Vice President; we have several principals, like the two of us who are in academic leadership positions; we have many wonderful teachers, they are the course directors for medical education and the program directors for the fifty or so

residency/fellowship programs; and we have thousands of necessary volunteers who are vital to our academic community and success in the education of our students and residents. These volunteers work at all of our affiliated hospitals and work in private practices in the community we call Connecticut.

John Dempsey Hospital, our university hospital, is so critical in our analogy because it represents our full time classroom. It is the hospital where our superintendant, our principals, the majority of our teachers practices their discipline; the classroom is one that doesn't focus on profit as its priority. The classroom emphasizes education, research and quality care. We can not be successful principals and teachers without being in an environment that prioritizes the academic mission. That environment is John Dempsey Hospital.

Having both gone through the educational system that is the University of Connecticut School of Medicine and the associated residency programs, we can not emphasize strongly enough that without John Dempsey Hospital the educational product would not be nearly as strong. Without a strong John Dempsey Hospital there is a good chance that many of the key physicians in educational roles, the principals, the teachers in our public school analogy would leave. Then what? Our fine institution would fall to the level of mediocrity. Do we accept mediocrity in training our next generation of physicians? When you bring a family member to see a physician, is mediocre training good enough or would you rather have the physician's training be from your university hospital and part of an outstanding educational environment. The students that we teach will be the ones who will be taking care of your children and your children's children.

John Dempsey Hospital is part of the only academic center in the Hartford community that combines outstanding academics, research, and clinical care under one roof. The citizens of Connecticut benefit from this type of multidisciplinary collaboration amongst physicians and scientists. We continue to need academic hospitals like John Dempsey Hospital that sit at boundary between all three missions that an academic community represents. As a clinician, being across the hall from the outstanding researchers only helps us to collaborate better when patient care is the focus.

The issue of cost has been a primary impetus for the debate over the Health Center status over the last few years. The independent CASE report which was requested by the legislature noted the importance of a strong university hospital and recommended that a new hospital be constructed on the Farmington campus but also recommended this be done in cooperation with area hospitals as partners in the endeavor. The proposal before this committee would keep John Dempsey Hospital strong, while also strengthening the educational connection with our regional partner. It is what the CASE report recommended. We are encouraged by the legislatures support of our mission and look to you to partner with us in supporting the future health care needs of the citizens of Connecticut.

The current proposal before this committee helps the citizens of the state in so many ways. It provides the John Dempsey hospital, the classroom for our future generations of doctors, with the ability to maintain its own financial viability and the financial viability of the State as a whole by increasing jobs and scientific investment. It maintains the outstanding educational product that we expect from our University programs and will produce more physicians that the state vitally needs. It strengthens our educational relationship with our regional health care neighbors. Most importantly it is a proposal whose time has come. It is the right thing to do for the citizens of our state and it a way of insuring that the healthcare available to our children and grandchildren will remain at the highest level. We ask you to support this proposal. Thank you.

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Testimony

Higher Education and Employment Advancement Committee

March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Bruce Liang. I am here today to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.**

Currently, I am the Ray Neag Distinguished Professor and Director of the Pat and Jim Calhoun Cardiology Center. I received my MD degree from Harvard Medical School. I moved from University of Pennsylvania to University of Connecticut in 2002 to assume my current position because of UConn's vision of an integrated medical center. Having served at 3 university hospitals (Brigham-and-Women's, University of Pennsylvania and University of Connecticut hospitals), I am convinced that a university hospital needs to have an updated physical plant with enough space to attract the diversity of talents to train the next generation of physicians and surgeons. It is a class room for these future care providers. It is a place where new biomedical knowledge can not only be discovered but also be applied to the benefit of patients. It is a place that permits not only bench to bedside translational research but also a reverse bedside to bench type of study. The latter will require close geographic proximity for patient samples to be studied without delay. Through this kind of bedside-to-bench study, we have identified a potentially new way to treat irregularity of the heart beat, and have developed a new blood test for heart attack and heart failure. Some of these discoveries are being followed closely or used by the pharmaceutical and biotechnology industries as new targets to treat heart disease. They also enable us to attract grant funding to UConn and the region.

The clinical and research activities provide a unique opportunity to teach our medical students and residents. Without an integrated medical center where the hospital is physically next to the school of medicine, such an opportunity would not exist. Some of the training could not have been offered for Connecticut programs such as the open heart and angioplasty programs at Waterbury and St. Mary Hospitals. As you know, we have been a past and a current supporter of the Waterbury programs in the last 6 years. An integrated medical center can deliver top quality clinical care through cutting edge research, through evidence-based practice of medicine, and through being a role model and a teacher to the next generation of doctors. UConn's vision of a medical school integrated with an academic hospital is and shall remain the key to providing the best medical care in the world, and for sure, in the state of Connecticut as well.

I am thankful to the support by UConn Health Center and the State of Connecticut in the last 8 years. I have been fortunate to be elected America's top doctor for the last five years, since 2006, and a member of the Connecticut Academy of Science and Engineering. My personal experiences have taught me the importance of a medical school contiguous with a university hospital.

Thank you for the opportunity to speak with you and I hope that you will support the new clinical facility for John Dempsey Hospital as an updated university hospital for UConn under the current bill.

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Testimony

Higher Education and Employment Advancement Committee

March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Adam Silverman and I am a resident of Simsbury. I am here today to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN**

I am a physician at the UConn Health Center and am approaching my ninth anniversary at the institution. As Chief of the Division of General Internal Medicine and President of the John Dempsey Hospital medical and dental staff, I want to thank you for your ongoing support of our mission. I have come before this committee several times in the past to testify on behalf of the health center and it is a privilege to do so again. I am here today to speak in favor of Governor Rell's proposed rejuvenation of the UConn Health Center and development of the UConn Health Network.

I do not need to recount for you the trials and tribulations that have necessitated many of these types of hearings in the past. You know them well! What I would like to do is provide you with a vision of what *can be* in the wake of Governor Rell's proposal last week. On March 9th we witnessed a truly momentous occasion at the Health Center. Legislators, University leadership, faculty, staff, students, and doctors stood with the leaders of all of our region's hospitals to launch a new vision for the care of patients in our region. This initiative, the UConn Health Network is a bold vision that will allow us to re-cast the landscape and deliver superior healthcare, open new paths of inquiry, advance the scientific understanding of disease, and provide job opportunities; all for the benefit of Connecticut's citizens.

The core of this proposal has been and always will be a vibrant Academic Health Center; that rare nexus where research, education, and patient care intersect resulting in critical mass and a chain reaction causing an explosion of new knowledge, new doctors/dentists/scientists, and cutting edge clinical care. Without integrating each piece of the Academic Health Center, critical mass is never generated and the immense benefit to society is never fully realized. A rejuvenated UConn Health Center including John Dempsey Hospital is an essential component to the success of the State's only public

Academic Health Center. A state-of-the-art hospital will not only provide exceptional patient care, but will serve as a classroom for the next generation of physicians, as well as catalyst for the next generation of scientific inquiry by giving the physician-scientist a physical structure adjacent to their research lab with which to translate their scientific findings into meaningful treatments for their patients.

This translation of knowledge to practice is the holy grail of medicine. Speeding new treatments, new techniques, and new process from the lab to the patient is what we devote our lives to. Some of you have walked our halls and noted the proximity of research lab to classroom, to patient care area. Not only is this arrangement awe-inspiring, it is also a critical recruitment tool for physicians, dentists, researchers, and students. As such, a rejuvenated John Dempsey Hospital will become the centerpiece of the State's majestic "Health Center on the Hill", attracting talent not just locally but nationally and ensuring the flow of Connecticut's the best and brightest students through our halls.

Faced with a growing shortage of physicians in the State, this investment in the UConn Health Center will offer our state a unique recruiting advantage over our neighbors and will become the centerpiece of a larger plan to recruit and retain physicians to our state. For these reasons, I hope that you will support HB5027. Thank you!

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Testimony – March 15, 2010
Higher Education and Employment Advancement Committee

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Dr. Peter Albersten. I am here today to speak in support of HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

I am the Chief of Urology at the John Dempsey Hospital and program director of the urology residency that trains urologists rotating through John Dempsey Hospital, Hartford Hospital, St. Francis Hospital and the Children's Medical Center. I have practiced at the Health Center since 1987 and I have seen many changes in the Hartford community. One thing that has not changed is the physical environment in which I practice. The operating rooms, the inpatient floors and the ambulatory buildings are essentially identical to the facilities I practiced in when I arrived. During this time, urology has changed dramatically. We no longer remove kidney stones by making large incisions. Virtually all stones can be removed endoscopically or percutaneously. To accomplish these tasks, however, requires modern equipment that consumes increasing amounts of space in the limited size of our operating rooms. On the floors, monitoring equipment that previously did not exist, but that is now considered standard of care crowd our two bed rooms so that it is often difficult to round with my residents and makes it impossible to provide patients the privacy they expect.

Physicians at the Health Center are often asked to provide services unavailable elsewhere in the state. Private urologists in Connecticut no longer see patients with Medicaid, but we do. My residents and I routinely see Medicaid recipients with kidney stones from all corners of the state, including New Britain, Waterbury, New London, Bridgeport , Bristol and Torrington to name just a few. All of these towns and cities have hospitals, but no private urologists will treat them. Instead these patients are referred to the Health Center for care. I am dedicated to providing high quality care to all the citizens of Connecticut and high quality instruction to the next generation of Connecticut urologists, but this is becoming increasingly difficult as our facilities age. In two more months a flat bed trailer housing the temporary air handler will be towed back to the rear parking lot so that my urology ambulatory clinic will be air conditioned this summer. The original compressors failed over two years ago.

I urge you to support the HB5027. The facilities at the Health Center need to be modernized so that I can continue provide the quality teaching and clinical care that Connecticut citizens expect and that attracts residents from around the country to train at our facilities.

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Testimony

Higher Education and Employment Advancement Committee

March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Timothy O'Brien. I am here today to speak in support of HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

I attended the University of Connecticut School of Medicine from 2001-2005 and I have spent the last 5 years training as an Ear, Nose & Throat Surgeon in the integrated University of Connecticut Residency Program. The last nine years of preparation and training will culminate on August 2nd of this year. August 2nd will be my first day in practice as an Ear Nose & Throat Surgeon right here in Hartford. I am proud to stay in my home state of Connecticut and care for the people of Connecticut. I have seen other states struggle with doctor shortages and I fear that Connecticut is not immune to that possibility in the near future if not already in some fields.

When it came time to choose a medical school, I was extremely fortunate to attend the University of Connecticut School of Medicine. While some of my training and rotations were at area hospitals, I feel that I received a significant amount of my training at the University of Connecticut Health Center John Dempsey Hospital campus. It was that strong foundation of teaching at the University of Connecticut Health Center campus that allowed me to flourish as a medical student and now as a resident physician. The faculty at the University of Connecticut School of Medicine dedicated countless hours of mentoring, training and ultimately facilitated my growth as medical professional. It started with simple examples of learning how to perform basic physical exam skills. Seeing videotapes of myself interacting with patient instructors allowed me to better my skills and bedside manner. It was at UConn Health Center where I first placed an IV line and took a blood pressure. It was at UConn Health Center where I learned how to recognize cancer cells under the microscope. It was at UConn where I learned then how to deliver the devastating news to a patient that they've been diagnosed with cancer. It was at UConn where I learned how to be a well rounded physician.

As a resident physician, Uconn Health Center has played a vital role in my training. Our academic physician professors have an outstanding balance of being busy productive physicians yet they are also full time educators who can dedicate their precious time to education. This ensures that the residency programs are producing quality physicians that are going to be treating the next generation of patients. The private practice doctors who train us at other area hospitals have also been integral to my education and play a vital role as well. In fact, I will be one of those private practice doctors this August hoping to give educational time

and energy back to training program. However, the support of the private doctors at the area hospitals alone would not have provided me with the outstanding training that I've received. I believe that the combination of the support from the area hospitals together with the leadership and sustenance provided by the physicians and staff of the UConn Health Center is what has made my training so outstanding.

I strongly believe that state investment in the John Dempsey Hospital will ensure that quality teaching physicians, students and residents will continue to choose Connecticut for their practice and learning.

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, I thank you for the opportunity to speak and for your time. I urge you to support the proposed bill HB5027.

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PUBLIC TESTIMONY OF
CHRISTOPHER DADLEZ
BEFORE THE HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE
HB 5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER A FACILITIES PLAN

Good Morning. My name is Christopher Dadlez and I am the President and CEO of Saint Francis Hospital and Medical Center.

I am here to testify in support of the UConn Health Network and the facilities initiative for the University of Connecticut School of Medicine recently unveiled by Governor Rell and President Hogan.

Saint Francis is a 617 bed acute tertiary teaching hospital that has been providing medical care to the residents of this community for over 112 years. We offer a wide range of health care services. Some of our most notable programs include the Hoffman Heart Institute, The Connecticut Joint Replacement Center, the Saint Francis /Mount Sinai Regional Cancer Center and the Mount Sinai Rehabilitation Hospital.

We have been an active supporter of the UConn School of Medicine for over 35 years and have been working hard over the last 22 months to help shape a plan to create a world class academic medical center with the University of Connecticut.

We support the current proposal for the following reasons:

- The UConn Health Network seeks to form a true partnership between the University of Connecticut School of Medicine and the hospitals in the Greater Hartford region.
- John Dempsey Hospital remains a public, state sponsored institution and receives the necessary renovations to ensure it remains a viable twenty-first century health care facility.
- The regional pediatric health care system we have developed in the Greater Hartford region is further strengthened through the transfer of the NICU Program at John Dempsey to the Connecticut Children's Medical Center;
- Research activities will be enhanced through the operation of the Connecticut Institute for Clinical and Translational Research and the formation of bioscience enterprise zones to encourage investment by private companies in new technology in association with UCONN Health Network Partners and;
- This proposal creates a new program initiative through partnership with members of the UCONN Health Network such as the Connecticut Institute for Primary Care Innovation, a new simulation center and a health disparities institute.

Saint Francis is particularly excited about plans for the Connecticut Institute for Primary Care Innovation. We have been working with the University for some time to develop this concept.

As currently envisioned the Connecticut Institute for Primary Care Innovation will be based at Saint Francis. This Institute will focus on:

- The creation of new models for training primary care physicians and retaining them in Connecticut to meet our state's growing need for more health care services;

  and

- Operation of a wide variety of recertification courses for existing primary care physicians, as well as supporting research initiatives aimed at evaluating new models of primary care delivery and transitions of care within the continuum health care services available to patients in this area;

In summary, the Connecticut Institute for Primary Care Innovation will help the University of Connecticut, School of Medicine and the UConn Health Network partners address critical health care needs and position our state as a model for contemporary primary care.

Thank you for listening to my thoughts on this exciting endeavor.

UNIVERSITY HEALTH PROFESSIONALS LOCAL 3837 AFT/AFT-CT AFL-CIO
The Exchange, Suite 110, 270 Farmington Ave., Farmington, CT 06032
Telephone (860) 676-8444—Fax Number (860) 674-0525

Jean M. Morningstar
President

PG 10
LN 17

Higher Education Committee

March 15, 2010

Good Morning Senator Handley, Representative Willis, and members of the Higher Education Committee. Thank you for this opportunity to address the Committee on the proposal that was presented to you last week concerning the University of CT Health Center.

I am Jean Morningstar, the President of University Health Professionals (UHP), the professional non faculty union at UCHC. UHP has over 2400 members, and is the largest union of employees at the University. Our members are dedicated professionals who work in public service and value the public University and Health Center that they serve. An example of their dedication is witnessed when you understand that we were the ONLY union that did not get non layoff language in the SEBAC negotiations last year with the Governor. Instead of no layoff language, my members sacrificed that so that the fringe benefits that they receive, that are no different than the other 48,000 State employees, could be financed by the Comptroller's Office, rather than their own agency, the UCHC. UHP agreed to this so that the State's only public hospital could remain viable and could continue to function at the high level that the State's citizens expect. They also did this knowing that people would be laid off; and they have been!

We want to thank those of you in here, and in the rest of the legislature, who heard our concerns and worked tirelessly to try and craft a solution to the historic issues surrounding the regions issues with healthcare. We were part of the listening tour that the Board of Trustees embarked upon last year, and are happy that they heard us and addressed many of our concerns in their proposal that you received last week. Like you, we are VERY disappointed that we were not brought to the table to help craft the proposal.

As to the proposal, UHP is extremely cautious in being optimistic. Without details, and without being privy to the discussions that led to this proposal, it is impossible to be anything but cautious. The optimism comes from the fact that what we heard on Thursday of last week keeps the UCHC as a public hospital with its own governance and the status of the employees as State employees with a public mission that we have fought hard to keep intact. The intended elevation of the medical and dental school is a goal that we wholeheartedly support and wish to help succeed.

Unfortunately, the plan for the NNICU is one that we are intensely wary of and cannot philosophically support. The transfer, under a CON, of the 40 NNICU beds to CCMC gives that entity a virtual monopoly of the NNICU beds in the area. CCMC makes no secret of the fact that they wish to control the beds in Hartford (including St. Francis), now Farmington, Waterbury (including St. Mary's), and Shriners in Springfield. Danbury Hospital has told them "no"; but plans to give them their pediatric services. New Milford is closing their beds April 1, and CCMC will have those too. What this means is that CCMC will

control the insurance rates and, as we saw in Massachusetts, that drove the rate up for the consumer. This is simply bad public policy and not one that I think is good for the state of CT. We virtually will have 2 entities, CCMC and Yale, controlling all the NNICU beds in the state.

On top of that, we will be giving control of these 40 beds to CCMC before we have a guarantee that we will get a CON approved for the 45 beds that the plan touts. What happens if the CON to change the 40 NNICU beds to Med Surg beds doesn't get approved? Even if the new CON is approved, the new tower

will not be built for several years IF the funding gets approved. That means that we don't have those beds in place and no revenue will be forthcoming on those beds for years to come.

That being said, I would like to say that the new Board Chairperson, Larry McHugh, has made a concerted effort to reach out to the labor unions, and I would like to publicly acknowledge that he and Dr. Laurencin have made great strides in their communication with us. We may not always agree, but they are willing to have the conversation with us. That certainly is a new approach that we wholeheartedly respect and approve.

Thank you for this opportunity to address you; and know that we are more than willing to help to reach a succcessful, sustainable solution.

IUPA/IAFF - AFL-CIO

705 North Mountain Road
Newington, CT 06111-1411

Phone: 860-953-2626
Fax: 860-953-1978

www.cpfu.org

PS 11
LN 11

March 15, 2010

Good afternoon Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee. My name is William J. Boucher, and I am the President of the Connecticut Police & Fire Union. With me is Captain Greg Priest of the University of Connecticut Health Center Fire Department. We are here today to speak on Raised Bills No. 5027: An Act Concerning the University of Connecticut Health Center's Facilities Plan.

The Connecticut Police and Fire Union is a labor union that represents approx. 1,000 police officers, firefighters and other public safety professionals who are employed by the State of Connecticut. The membership includes 42 police officers, firefighters/paramedics and EMTs employed at the University of Connecticut Health Center.

We are here today to support the idea behind the proposed bill. While I applaud all the hard work and effort that has gone on the past year to come up with a solution to many of the problems at the Health Center, I have concerns about Connecticut Children's Medical Center (CCMC) assuming the license and operation of the Neonatal Intensive Care Unit (NICU) program and the effect that will have on the response and transportation of the of the infants needing its specialized care and services. While I agree that establishing a regional neonatal intensive care unit program will create efficiencies that benefit the entire State and improve accessibility, efficiency and continuity of care, I am concerned has to how the first critical step in the process – the response and transportation of the infant will be carried out.

Currently the highly trained paramedics and EMT's employed at the UConn Health Center serve as the first responders and transporters for the NICU patients. They have been performing this service for approx. 35 years. For the past four years they have conducted an average of 330 transports per year. As a matter of fact, the UConn Health Center has the only licensed neonatal transport unit in the State. They even respond to calls in western Massachusetts and have transported infants as far as Boston and New Hampshire.

My concern is whether CCMC will continue to utilize these highly skill professionals as the first responders/transporters, or seek to used a less costly, less trained, inexperienced service provider, that potentially jeopardizes that lives of an innocent infants, in an attempt to save money.

This kind of service, that the UConn Health Center and Dempsey Hospital currently provides, is the type of issue that need to be looked at and discussed, when making a decision on the future of the Health Center, not just the bottom line.

I would like to close by thanking the members of the Higher Education and Employment Advancement Committee for their attention to this important issue, and we would be happy to answer any questions and provide you with any further information you may require.

Respectfully submitted,

William J. Boucher,
President

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LN 5

Testimony: Paige Armstrong, Third Year Medical Student

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Paige Armstrong and I am a Third Year Medical Student at the University of Connecticut. I am here today to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.**

The current proposal will benefit the Schools of Dental Medicine, Medicine, and the Graduate School in Bio-medical Sciences, the State of Connecticut, and the present and future patients of John Dempsey Hospital. Currently the Health Center houses three professional schools, many hospital beds, patient care facilities, and research laboratories. However, due to the size and dated facilities, students and patients must rely heavily upon additional resources in the greater Hartford and surrounding areas. This proposal would lead to the creation of a modern Integrated Academic Facility. Such an inclusive entity will be capable of fostering mentorship between faculty members and students in a University setting. It will also allow for enhanced research opportunities to improve clinical outcomes. The imminent result would be that of elevating the professional schools to a nationally renowned level. In addition to the benefits of an expanded hospital, the Network Initiatives will provide improved care to members of the community and state. Particularly, the proposed Regional Primary Care Institute and the Health Disparities Institute will provide additional resources to members of the community. They will also enhance student and resident education by offering additional facilities in which to train in primary care.

Before attending the University of Connecticut School of Medicine, I completed my Master of Health Science in Public Health at Johns Hopkins University. I am currently a member of the Urban Service Track, an organization that fosters students interested in research and volunteerism aimed to promote health in urban underserved communities. I have also been involved in the development and implementation of two educational programs, one in Costa Rica and one involving Medical Students. Additionally, many of my third year clerkships have taken place at John Dempsey Hospital. Given my interests and familiarity with the University of Connecticut Health Center, I can comfortably say that a University-based Hospital can provide students with uniquely beneficial experience. During my rotations, I am able to work closely with faculty members in each specialty. Attending physicians are exceedingly approachable and, due to the fact that faculty members are intimately involved in the curriculum, they are familiar with the expectations of medical students. I also find faculty members at John Dempsey Hospital to be invested in the education and the development of future health care professionals. John Dempsey Hospital provides an epicenter of education and mentoring that students can utilize; however, the interwoven community of additional healthcare delivery facilities affords students exposure in a variety of settings. I found John Dempsey Hospital to be critical in my training of the fundamentals of medicine through close mentorship with faculty members. It was also critical in the development of my clinical skills. With the support and training I received at the University-based Hospital, I was able to pursue my personal interest of volunteering in community clinics and working with underserved urban populations. The support of HB5027 will provide students with a superior education, which in turn will produce well-trained future scientists and health care professionals capable of providing Connecticut residents with high-quality comprehensive care.

I would like to take this opportunity to thank you for allowing me to speak and I strongly urge you to support the advancement of the University of Connecticut Health Center and HB5027.

SUMMARY

OF

AN ACT CONCERNING THE ESTABLISHMENT OF THE UNIVERSITY OF CONNECTICUT HEALTH NETWORK AND CONNECTICUT BIOSCIENCE INITIATIVE

[Working Draft]

Section	
1 [Legislative Findings]	Section 1 sets forth the public purposes of the Act, including findings that there is a need to advance health care, education and economic development in the state by funding initiatives that will encourage collaboration, innovation, job creation and new investment by hospitals and other key stakeholders in Connecticut's health and bioscience industries. These initiatives include the construction of a new bed tower at John Dempsey Hospital ("JDH"), the renovation of other academic, clinical and research space at the University of Connecticut Health Center ("UCHC"); Connecticut Children's Medical Center ("CCMC") assuming control and expanding its licensed bed capacity to include the neonatal intensive care unit ("NICU") located at JDH; and providing funding to support the development of a comprehensive cancer center; a state-of-the-art simulation and conference center to be located on the Hartford Hospital campus; a primary care institute located on the campus of St. Francis Hospital and Medical Center; a University of Connecticut-sponsored health disparities institute; and an institute for clinical and translational science.
2 [Definitions]	Section 2 sets forth key defined terms, including but not limited to: "University of Connecticut Health Center new construction and renovation" means the planning, design, financing, construction, equipping, etc. of clinical, academic and research space within JDH and UCHC, including a new 170-180 bed tower for JDH that will increase its licensed bed capacity from 224 to a number not to exceed 234. "NICU transfer" means the transfer of 40 NICU beds at JDH to the licensure and control of CCMC without any decrease in JDH's licensed bed capacity and with an increase in CCMC's total licensed bed capacity not to exceed ___.

Section	
	"Secretary" means the Secretary of the Office of Policy and Management.
	"UConn health network initiatives" means the initiatives to develop a simulation and conference center on the Hartford Hospital campus, a primary care institute on the campus of St. Francis Hospital and Medical Center, an institute for clinical and translational science on the UCHC campus, a comprehensive cancer center, and the University of Connecticut-sponsored health disparities institute.
3 [Infrastructure Improvement Program]	**Section 3** replaces section 10a-109e(a) of the general statutes and sets forth the particular projects which are approved as projects under UConn 2000 as well as the estimated cost of each. It adds the University of Connecticut Health Center new construction and renovation (estimated cost of $307,000,000), and the planning and design costs therefor (estimated cost of $25,000,000), to the list of approved projects, reduces the main building renovation at UCHC by $25,000,000 and notes that section 4 of the Act specifies sources of funding other than UConn 2000 for the University of Connecticut Health Center new construction and renovation project.
4 [Federal Funding]	**Section 4** states that with respect to the University of Connecticut Health Center new construction and renovation project, there shall be federal, private or other funds available in an amount not less than $100,000,000 on or before June 30, 2018 and that, upon such receipt, there will be contributed the proceeds of state general obligation bonds and temporary notes issued in anticipation of the receipt of the proceeds of the bonds. The federal, state, private or other funds made available for costs in connection with the University of Connecticut Health Center new construction and renovation project will be deposited in accounts of the university as the Secretary of OPM or State Treasurer, in consultation with the university, deem appropriate.

Section	
5 [Terms of Financing Transactions]	Section 5 replaces section 10a-109g(a)(1) of the general statutes and states that the University is authorized to provide by resolution, at one time or from time to time, for the issuance and sale of securities. This section also provides that the amount of securities the special debt service requirements which are secured by the state debt service commitment that the board of trustees is authorized to provide for the issuance and sale in accordance with this section shall be capped in each fiscal year and includes a table setting forth the amount of such caps in each year. If the board of trustees does not provide for the issuance of the maximum amount in a given year, the balance may be carried forward to any succeeding year.
6 [Issuance of Bonds]	Section 6 provides that the State Bond Commission has the power to authorize the issuance of bonds of the state in one or more series and in principal amounts not exceeding a total of $227,000,000.
7 [Use of Proceeds]	Section 7 provides that the proceeds of the sale of the bonds described in section 6 and in this section will be used for the purpose of undertaking, constructing, reconstructing, improving or equipping or purchasing land or buildings under UConn 2000 for the University of Connecticut Health Center new construction and renovation project (including payment of architectural, engineering, demolition or related costs) and for the purpose of state grants with respect to the UConn health network initiatives.
8 [State General Obligation Bond Procedure Act]	Section 8 states that all provisions of section 3-20 of the general statutes (the State General Obligation Bond Procedure Act) or the exercise of rights granted thereby are adopted and will apply to the bonds authorized by the State Bond Commission pursuant to this Act and that the temporary notes issued in anticipation of the money to be derived from the sale of such bonds may be issued in accordance with section 3-20 and from time to time renewed.
9 [Condition on Bond Authorization]	Section 9 provides that none of the bonds described in the Act will be authorized unless there is a finding by the State Bond Commission that there has been filed with it a request for such authorization, which is signed by the Secretary or by or on behalf of the University and stating that $100,000,000 of federal, private or other monies is available with respect to the University of Connecticut Health Center new construction and renovation project and such other terms and conditions as said commission may require.

Section	
10 [Excess Proceeds]	**Section 10** makes clear that any balance of proceeds from the sale of the bonds authorized for any UConn 2000 project described in section 7 the Act in excess of the cost of such project may be used to complete any other UConn 2000 project relating to UCHC if the State Bond Commission so determines.
11 [General Obligation Bonds]	**Section 11** provides that the bonds issued pursuant to sections 6 and 7 of the Act shall be general obligation bonds of the state and that the full faith and credit of the state are pledged for the payment of the principal and interest on the bonds as they become due. It also provides that appropriation of all amounts necessary for punctual payment of such principal and interest is made and that the State Treasurer will pay such principal and interest as they become due.
12 [Powers of the University]	**Section 12** replaces section 10a-109d(a)(10) of the general statutes and clarifies that the time period to which the caps apply to the amount of borrowing, to refund securities, or to fund issuance costs or necessary reserves extends to the fiscal year ending June 30, 2018.
Section 13 [Construction]	**Section 13** replaces section 10a-109n(a) and states that for the period from July 1, 2001 until completion, the University shall have charge and supervision of the design, planning, acquisition, remodeling, alteration, repair, enlargement and/or demolition of any real asset or any other project on its campuses.
14 [NICU Transfer and CON]	**Section 14** expressly authorizes the transfer of the NICU from JDH to CCMC so that JDH can increase its ability to treat adult patients and the NICU can become a part of the regional children's health system operated by CCMC. This section further provides that Certificate of Need approval, to the extent required, will be expedited for the NICU transfer, the University of Connecticut Health Center new construction and renovation project and any of the UConn health network initiatives and that state employees who provide services in the NICU pursuant to any agreement between JDH and/or the UCHC Finance Corporation will continue to negotiate wages, hours and other conditions of employment through their respective bargaining agents.

Section	
15 [Bioscience, Biotechnology, Pharmaceutical and Photonics Businesses]	Section 15 replaces subsections (a) and (b) of section 32-41s of the general statutes. Subsection 15(a) sets forth the following defined terms: "Eligible business" means a business which (A) has not more than three hundred employees at any time during the preceding twelve months and (B) is engaged in bioscience, biotechnology, pharmaceutical or photonics research, development or production in the state. "Eligible commercial property" means (A) real or personal property which an eligible business has (i) owned or leased and (ii) utilized at all times during the preceding twelve months or (B) real property which the Commissioner of Economic and Community Development or Connecticut Innovations, Incorporated has certified as newly constructed or substantially renovated and expanded primarily for occupancy by one or more eligible businesses. Subsection 15(b) provides that on and after July 1, [1997] 2010, eligible businesses and eligible commercial property located in (1) the city of Hartford and/or the town of Farmington or (2) any municipality which has [(1)](i) a major research university with programs in bioscience, biotechnology, pharmaceuticals or photonics and [(2)](ii) an enterprise zone, shall be entitled to the same benefits, subject to the same conditions, under the general statutes for which businesses located in an enterprise zone qualify.
Section 16 [Effectiveness of Act]	Section 16 provides that by June 30, 2015, the President of the university and the Governor's designee shall notify the Secretary whether the $100,000,000 in federal, private or other monies referred to in section 4 of the Act has been raised. If such notification states that such funds have not been raised, then the Act shall be of no further force and effect and the provisions of UConn 2000 as they existed prior to the amendments effected by the Act shall become of full force and effect, except that the amendments to UConn 2000 in sections 12 and 13 of the Act and section 16 of the Act shall survive, and to the extent that under section 10a-109g(a)(1), the board of trustees has not provided for the issuance of all of the authorized amounts by 2016, the board of trustees may do so in 2017 or 2018.

Did Not Testify written only

Statement of Thomas S. Finn in support of HB 5027

Good afternoon Senator Handley, Represenative Willis and members of the Higher Education and Employment Advancement Committee. My name is Thomas S. Finn. I am a resident of Hunters's Run in Avon Connecticut. I appear today in support of HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.

The entire Farming Valley Community is well served by UCONN's outstanding health facility here in Farmington. The quality of health care afforded to the communities served by UCONN's John Dempsey Hospital is second to none. The skill and standing in the medical community of the physicians assembled here is well known throughout Connecticut and the rest of the country. This reputation is enhanced the integration of the classroom with the clinical experience available at John Dempsey Hospital. The cardiology and other research laboratories at UCONN are further evidence of the national prominence of this great institution.

I, myself, have benefitted from the outstanding medical services available here. I have had several vascular surgeries and cardiology procedures that have allowed me to maintain my health and participate in the fullness of life here in Connecticut.

As the vice president of the Hunter's Tax District, I am fully aware of the impact of UCONN's Health Center on all our residents. However, we see a danger to the continuing development of this institution because of the limitations imposed by its present size. As the Farmington Valley continues its growth, it is imperative that UCONN's Health Center continue to be the Valley's superior medical facility. To insure that superiority, it it critical that you support HB 5027 which provides for the investment in a new hospital tower and continues the support for a robust health center.

I thank you for the opportunity to speak before you today.

M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
EXECUTIVE CHAMBERS

Testimony of Governor M. Jodi Rell

presented to the

Higher Education and Employment Advancement Committee

March 15, 2010

Regarding House Bill 5027,
AAC THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Chairwomen Handley and Willis, Ranking Members Debicella and Sawyer, and distinguished members of the Higher Education and Employment Advancement Committee:

Thank you for the opportunity to offer testimony today on a proposal that is critical to the future of education and health care in the State of Connecticut and will create a significant opportunity for economic development and job creation in the Hartford area for years to come. My comments address not the underlying bill but the proposed substitute language that I have offered which concerns the future of the John Dempsey Hospital of the University of Connecticut.

Last week – in concert with the University of Connecticut, the UConn Health Center, hospitals throughout the region, our Congressional delegation and many others – I proposed a landmark partnership that will transform the delivery of health care in Connecticut and lead to the creation of thousands of new jobs.

This plan brings together the resources of the state, UConn's schools of medicine and dentistry, Hartford Hospital, Saint Francis Hospital and Medical Center, Connecticut Children's Medical Center and other health care facilities and providers. The centerpiece of the partnership is a new state-of-the-art patient tower and renovated hospital at UConn Health Center campus in Farmington.

When fully implemented, this proposal will produce a renovated, state-of-the-art John Dempsey Hospital as well as a health network with incredible reach throughout Connecticut. The updated teaching hospital will have increased classroom and lab space – helping to offset an expected shortage in medical and dental professionals. It will also have a nationally recognized cancer center and specialized institutes and advanced training – facilities that will be open to all health care professionals in the state.

These facilities will help lift the UConn schools of medicine and dentistry into the top tier of academics and research in the nation and create thousands of bioscience jobs in Connecticut that will propel our economy into the future.

My plan relies upon $100 million in federal funding – money that must be approved before the project moves forward. Once the federal funds are secured, $25 million for design and planning

STATE CAPITOL, HARTFORD, CONNECTICUT 06106
TEL: (860) 566-4840 • FAX: (860) 524-7396
www.ct.gov

will be made available from already approved UConn 21st Century funding. The plan also provides for $227 million in future state bonding.

The plan provides for the establishment of a federally designated Comprehensive Cancer Center on the UConn Health Center's Farmington campus and creation of a Primary care Institute at Saint Francis open to all health care professionals to develop new models of chronic disease management and primary care education and treatment.

Under my proposal, UConn's neonatal intensive care unit (NICU) – a specialized unit that cares for premature babies and infants with other life-threatening conditions – would remain at John Dempsey Hospital but be run by Connecticut Children's Medical Center's regional children's system. This would allow John Dempsey to increase the beds that it devotes to adult patient care and provide the opportunity for the hospital to become self-sustaining.

My plan also calls for establishing a bioscience enterprise zone offering state tax breaks to private companies that create jobs and work with UConn Health Network partners.

This proposal is not just a prescription for improving the overall health of the UConn Health Center, which has struggled for years, but for revitalizing the health care delivery system and the economy of our state – both of which are in need of the proverbial shot in the arm.

Once again, I thank you for the opportunity to testify on this vitally important proposal and I urge you to favorably report the proposed substitute language so that we may begin to transform the John Dempsey Hospital at the University of Connecticut into a world-class research and teaching hospital, to better provide for the healthcare needs of our residents and to jumpstart the bioscience industry in Connecticut.

Before the Higher Education and Employment Advancement Committee
Monday, March 15, 2010
Testimony of Deborah Chernoff
New England Health Care Employees Union, District 1199, SEIU

In Re: HB 5027, "An Act Concerning the University of Connecticut Health Center's Facilities Plan"

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Good morning, Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee.

My name is Deborah Chernoff and I serve as Communications Director for the New England Health Care Employees Union, District 1199.

As you know, our union represents more than 22,000 health care workers, including 219 who work at the University of Connecticut Health Center.

I am testifying today to offer our support for the University of Connecticut Health Center and the State of Connecticut working together to update UCHC's facilities and build a larger, dynamic Health Network. We are cautiously optimistic about the plan that was presented before the Joint Informational Forum last Thursday.

It is a significant improvement over the previous plans, especially in so far as it puts UCHC at the center of the Network and strives to create health care that is geared toward the needs of Connecticut residents.

We are especially pleased with the promised focus on health disparities. UCHC's unique role as a public health care institution is crucial in the provision of services to African Americans, Latinos, immigrants and the economically disadvantaged. The enhancement

of health services to traditionally underserved communities is a major priority for District 1199 and we are eager to contribute to this process.

We believe that transparency and openness are critical at this stage. Much of what is in this plan reflects the concerns of our membership as stated during the "listening tour." But to the extent that legislators were not made aware of the plan as it took its current shape, the details we are hearing about today become all the more important. We have to get this right for the citizens of our state, the workers at UCHC and the future of health care in Connecticut.

Thank you.

Testimony

Higher Education and Employment Advancement Committee

March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Dr. Carolyn Runowicz and I am a resident of Avon. I am a practicing surgeon, GYN oncologist and the Director of the Carole and Ray Neag Comprehensive Cancer Center at the University of Connecticut Health Center. I am here today to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN**

As a UConn faculty member, administrator, practicing physician, educator and researcher I am in full support of the plan to renew John Dempsey Hospital and the associated clinical facilities essential for attracting and retaining faculty and supporting the academic mission of the Health Center.

As Director of the Cancer Center, I am speaking on behalf of the members of the cancer center in strong support of a National Cancer Institute, (NCI) - supported Comprehensive Cancer Center. Our vision is to develop a Northern/Central Connecticut Regional Cancer Center that provides excellence in cancer prevention, diagnostic and therapeutic services, as well as a comprehensive array of clinical trials, translational and basic science research, community services and medical education for the residents of Northern/Central Connecticut.

The state of CT needs to invest in a state cancer institute to accelerate progress in cancer prevention, early detection and novel therapies ("personalized" oncology). The University of CT Health Center (UCHC), with partners at Hartford Hospital (HH), Saint Francis Hospital (SFH) and The Hospital of Central Connecticut (THOCC) and others can create a regional comprehensive cancer institute to meet these goals by enhancing discovery, innovation and delivery of improved cancer care, screening and prevention. This inter-institutional enterprise will unite all of the cancer research efforts and clinical programs in the greater Hartford area by pooling the experience and expertise at each hospital into a regional enterprise, which will improve efficiency in research and in the delivery of cancer care.

Clinical programs and clinical research can be strengthened by developing novel therapies and expanding the regional delivery system. A Phase I/II clinical trials NCI-supported program in collaboration with Storrs (School of Pharmacy) and industry (biotech and pharmaceutical companies) needs to be developed. In addition, there is a need for a regional cancer transplant (bone marrow/ stem cell) program and regional cancer clinical trials network. Such a network will facilitate the delivery of novel therapies into the community to optimize cancer outcomes. In collaborating with Hartford Hospital's NCI designated Community Cancer Centers Pilot program and in reaching the inner city populations served by SFH and THOCC, these therapies can be made available to the underserved in the greater Hartford catchment area.

The benefits of a regional cancer center:

- Reduced overall regional expenses to provide diagnostic and therapeutic cancer services which will avoid duplication of expensive services and equipment.
- Improved regional access for all patients to a vast array of clinical trials, translational and basic science research efforts.
- Comprehensive prevention, diagnostic and therapeutic cancer services.
- Improved access to faculty expertise for all types of cancer and hematologic disorders.
- Improved patient/community access to support services including social workers, nutritionist, psychologists, complementary medicine, pain management, palliative care, and patient navigators.
- Enhanced educational opportunities for medical education and medical support disciplines.
- Focused philanthropic giving for the good of the citizens of the region.

Through its designation as an NCI Comprehensive Cancer Center, it will attract outstanding oncologists, cancer researchers, patients and donors. On average, NCI designated cancer centers generate significant federal and private-sector funding in support of the research and delivery of patient care. This in turn results in job creation. This center will work with the Connecticut Institute for Clinical and Translational Science in support of research and community outreach.

Testimony

Higher Education and Employment Advancement Committee

March 15, 2010

HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN

Senator Handley, Representative Willis and members of the Higher Education and Employment Advancement Committee, my name is Bruce Liang. I am here today to speak in support of **HB5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.**

Currently, I am the Ray Neag Distinguished Professor and Director of the Pat and Jim Calhoun Cardiology Center. I received my MD degree from Harvard Medical School. I moved from University of Pennsylvania to University of Connecticut in 2002 to assume my current position because of UConn's vision of an integrated medical center. Having served at 3 university hospitals (Brigham and Women's, University of Pennsylvania and University of Connecticut hospitals), I am convinced that a university hospital needs to have an updated physical plant with enough space to attract the diversity of talents to train the next generation of physicians and surgeons. It is a class room for these future care providers. It is a place where new biomedical knowledge can not only be discovered but also be applied to the benefit of patients. It is a place that permits not only bench to bedside translational research but also a reverse bedside to bench type of study. The latter will require close geographic proximity for patient samples to be studied without delay. Through this kind of bedside-to-bench study, we have identified a potentially new way to treat irregularity of the heart beat, and have developed a new blood test for heart attack and heart failure. Some of these discoveries are being followed closely or used by the pharmaceutical and biotechnology industries as new targets to treat heart disease. They also enable us to attract grant funding to UConn and the region.

The clinical and research activities provide a unique opportunity to teach our medical students and residents. Without an integrated medical center where the hospital is physically next to the school of medicine, such an opportunity would not exist. Some of the training could not have been offered for Connecticut programs such as the open heart and angioplasty programs at Waterbury and St. Mary Hospitals. As you know, we have been a past and a current supporter of the Waterbury programs in the last 6 years. An integrated medical center can deliver top quality clinical care through cutting edge research, through evidence-based practice of medicine, and through being a role model and a teacher to the next generation of doctors. UConn's vision of a medical school integrated with an academic hospital is and shall remain the key to providing the best medical care in the world, and for sure, in the state of Connecticut as well.

I am thankful to the support by UConn Health Center and the State of Connecticut in the last 8 years. I have been fortunate to be elected America's top doctor for the last five years, since 2006, and a member of the Connecticut Academy of Science and Engineering. My personal experiences have taught me the importance of a medical school contiguous with a university hospital.

Thank you for the opportunity to speak with you and I hope that you will support the new clinical facility for John Dempsey Hospital as an updated university hospital for UConn under the current bill.

My name is Irene Engel and I am a retired state employee from the University of Connecticut Health Center (UCHC).

I am a retired registered nurse who has been employed by other area hospitals as well as at UCHC.

I am a patient at UCHC and have experienced health care at other area hospitals and I have nothing but words of praise for my care regime at John Dempsey Hospital.

I have had many out-patient procedures done there and they have always been done with more than the average explanation and teaching.

I am a nine-year breast cancer survivor and had radiation, both surgery and radiation was at John Dempsey. It was very convenient for my family to take me to Farmington for treatments as we all live in Avon and appreciate having such a great facility in the valley and not having to drive into the city on a daily basis.

I was diagnosed ten years ago as a type 2 Diabetic and I go to a specialist at UCHC, I also have access to a nutritionist, as well as educational classes and information.

This past year I had to have open heart surgery and once again returned to UCHC for my surgery and recovery. I am pleased to be here today feeling better than in quite a few years. Once again my family was pleased with the care, ease of parking, and location of this facility.

I have referred many of my friends and colleges to this institution and they have all had positive experiences and many have attended the Discover Series Program and Mini Medical school lectures and programs, as well as belonging to the former Women's Health Program. I would be remiss if I did not mention the research that also helps provide better care and knowledge.

I personally feel that it would be a huge loss to the well being of the citizens of Connecticut if the necessary change for John Dempsey Hospital was not supported in this proposal and I encourage you to please pass HB5027 AN ACT CONCERNING THE UNIVERSAITY OF CONNECTICUT HEALTH CENTER FACILITIY PLAN.

March 15, 2010

Honorable Chairs, Members of the Committee:

My name is Edward Marth. I have been the Executive Director of the AAUP Chapter at Storrs and the regional campuses since 1986. More recently I had the privilege of serving this year on the Majority Leaders' Round Table on Connecticut Economic Development.

The University of Connecticut has become a major name and university of national prominence in the last twenty years with the support of many of you and your predecessors in the legislature.

The faculty and staff have show themselves to be committed to the health and excellence of the university throughout the intermittent surges and downturns in the economy, the present downturn being, of course, the worst. We have endured the swelling enrollments with diminished numbers of faculty and over-reliance on graduate students. Yet the amount of funded research combined with other university generated revenues have become major contributors to the Connecticut economy.

Today you have a proposal which is far-reaching in its promise of job creation and re-branding Connecticut as a leader in technology.

Change and technology are the drivers of a healthy economy. Rep. Sawyer and I were talking last year about the audacious plan of Governor Clinton to build a canal in 1815 to connect the Great Lakes with the port of New York and the world. Although today only a tourist and recreational facility, it formed the pathway to be followed by the great cities which became home to international corporations, the throughway and major airports.

Today we have the prospect of using the new international highway, the internet, to create medical knowledge, to train physicians here and abroad through the

concept of virtual applications of medical assistance and surgery pioneered on the battlefields where American presence has been required.

The integration of UCONN expertise with the applications of health care in Hartford will likely lead to new patentable results that will be drivers of a new age of well paying jobs where the competition is from elsewhere but it will again be met by Connecticut minds. No thinking person imagines our prosperity being built on anything but education and the practical applications of knowledge that flow from that.

This proposal has much to hope for in results, and much to be concerned about in development physically and application practically. People change in their roles but institutions continue on, shaped by the work they do and the belief in their roles.

UCONN has shown itself to be a source of pride for Connecticut and a producer of results; in 80,000 Connecticut alumni in every vocation imaginable, in job creation from the Storrs and Health Center advances in technology and imagination; and from generations passing through its portals.

This is hallmark legislation, worthy of supporting in concept and in fact. It is a part of what you must consider for breaking the trend of job disappearance as documented by Professor Carstensen and others. The Round Table proposals are vital and this is a contribution both specific and needed.

Thank you.

Ed Marth

Joan McDonald
Commissioner

State of Connecticut
Department of Economic and
Community Development

TESTIMONY PRESENTED TO THE HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE
March 15, 2010

Joan McDonald, Commissioner
Department of Economic and Community Development
Chair, Connecticut Innovations
Member UConn Board of Trustees

HB 5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.

The Department of Economic and Community Development (DECD) and Connecticut Innovations (CI) offer the following comments in **strong support** of HB 5027, AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.

Connecticut, much like the rest of the nation, is facing uncertain economic times and we are faced with many fiscal decisions that will have a lasting impact on the state for many years to come. However, despite this uncertainty, there are also many opportunities for Connecticut to make intelligent investments targeted to job creation.

The bill before you today represents just such an investment. Governor Rell has proposed a $352 million job creating investment in the University of Connecticut Health Center. As a part of the state's Flagship University, the UConn Health Center is already a nationally recognized leader in dentistry and has many of the nation's brightest and dedicated healthcare professionals and researchers. As such, this state asset must be nurtured and grown, since it will not only assist the state in climbing out of the current recession, but will help the state maintain and grow a competitive edge in the bioscience and medical technology industry, which we have always regarded as an important job growth sector.

This investment in a new hospital will allow for an increase in class sizes in the medical and dental schools and will help offset the existing workforce shortages in these professions. This proposal also establishes a landmark partnership between academia and the healthcare industry by establishing the UConn Health Network. By doing so, the state is also making an investment in our existing private sector health care industry and workforce. The key to the success of this Network, however, is at its core, the need for a vibrant and robust Health Center. These proposals are inextricably linked.

It is projected that as a result of this investment, more than 5,000 new jobs will be created by 2020 and more than 6800 by 2030 across the new UConn Health Network, not including associated jobs in the private sector.

Additionally, the state's return on investment will generate an estimated:

- $1.5 billion annually in new personal income in 2040 (nominal dollars);
- $1 billion annually in new output (2000 constant dollars) Gross Domestic State Product; and
- $1.1 billion in new tax revenue for the state by 2040.

Under Governor Rell's proposal, HB 5027 will also establish a bioscience enterprise zone. This will allow DECD to offer incentives to bioscience and medical companies that create jobs and work with UConn Health Network partners to further grow this industry in the state.

Thank you for your time and consideration of these comments. We urge the committee to take **favorable action** on HB 5027.

TESTIMONY OF
KURT BARWIS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
BRISTOL HOSPITAL
BEFORE THE
HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE
Monday, March 15, 2010

H.B. No. 5027, An Act Concerning the University of Connecticut Health Center's Facilities Plan

My name is Kurt Barwis, and I am President and Chief Executive Officer of Bristol Hospital. I would like to thank you for the opportunity to speak on behalf of Bristol Hospital in support of H.B., No. 5027, An Act Concerning the University of Connecticut Health Center's Facilities Plan.

While the proposal for the UConn Health Network requires more detail, conceptually this appears to be the most realistic plan that I have seen to date. From the information that has been made available, the proposal reasonably addresses the UConn Health Center's issues and concerns in a manner that any hospital or medical center would utilize to address them. Previous proposals from UConn involved constructing a new, larger hospital when studies commissioned by the State demonstrate that there is no need for additional beds in the region. The current proposal focuses more on renovation and building a patient tower which is more economical and appropriate.

Including other hospitals in this process is critical to the success of the proposed Health Network and paramount to attracting federal dollars. For this, I am appreciative of UConn's consideration of including Bristol Hospital along with other providers in the region. Bristol Hospital is supportive of advancing our state's medical school to top tier status to attract and retain medical students and increasing the number of medical and dental school slots. We are eager to participate in this process; however, as the overall proposal develops and becomes more granular, continuation of an inclusive and open process will be essential for our continued support. Our continued support is further conditioned on the significant objectives and scope of the proposal staying true to what has been presented thus far.

Bristol Hospital is excited at the prospect of engaging in conversations with UConn and other hospitals to design a system that will improve the delivery of healthcare in Connecticut and create jobs for our residents. We are confident that if we can collaborate in open, honest dialogue this plan will succeed and the state will have accomplished a very important mission that will result in educational and economic growth.

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Connecticut General Assembly

Permanent Commission on the Status of Women

The State's leading force for women's equality

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Testimony of
The Permanent Commission on the Status of Women
Before the
Higher Education and Employment Advancement Committee
Monday, March 15, 2010

In Support of: H.B. No. 5027 AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN.

Senator Mary Ann Handley and Representative Roberta Willis and members of the committee, thank you for this opportunity to provide written testimony in support of H.B. No. 5027 AAC The University of Connecticut Health Center's Facilities Plan.

PCSW chairs and convenes the Connecticut Women's Health Advisory Council (CWHC), which is a broad coalition of groups who have been committed to and working for the health and well-being of Connecticut women and girls over their life span. The mission of the CWHC is to achieve access to health care for all women and girls in Connecticut; to advance the representation of women at all levels of decision-making, research and service delivery; to promote awareness of women and girls' health care needs; and to educate the public, especially state policymakers, about these needs.

We support H.B. 5027 that would require a study of issues concerning The University of Connecticut Health Center's facilities plan. PCSW and CWHC understands that the ongoing financial challenges being felt by the University of Connecticut Health Center and John Dempsey Hospital requires a reflection of the most feasible ways to capitalize on the uniqueness of this facility. As the State's only public teaching hospital, the services and research provided are critical to the women in a variety of ways. By providing employment to more than 5000 employees they ensure women in the state have career opportunities in the science, technology, and engineering and science fields. As a teaching facility they ensure women's mental health, reproductive and HIV/AIDs services are constantly being addressed. Through their research they ensure that gender research, so lacking in the research areas, are explored.

The PCSW and CWHC believe that health care for women needs to be gender appropriate, culturally competent, comprehensive and preventive, universal and confidential. We also believe that Connecticut serves its residents best by having a public teaching and research facility that can be the cornerstone to economic growth and provide cutting edge services to 51% of the State's population.

18-20 Trinity St., Hartford, CT 06106 • phone: 860/240-8300 • fax: 860/240-8314 • email: pcsw@cga.ct.gov • web: www.cga.ct.gov/pcsw

University of Connecticut Health Center

KNOW BETTER CARE

THE UCONN HEALTH NETWORK
&
CT BIOSCIENCE INITIATIVE

Higher Education and Employment Advancement Committee

Public Hearing

March 15, 2010

000855

University of Connecticut Health Center

KNOW BETTER CARE

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University of Connecticut Health Center

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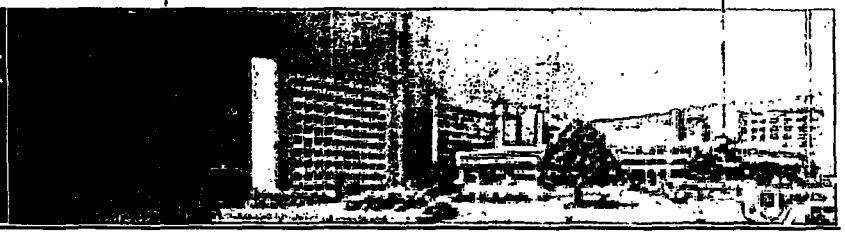
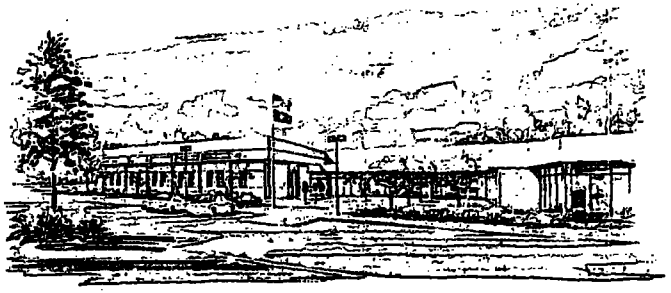


Higher Education and Employment Advancement Committee

Public Hearing

March 15, 2010



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University of Connecticut Health Center

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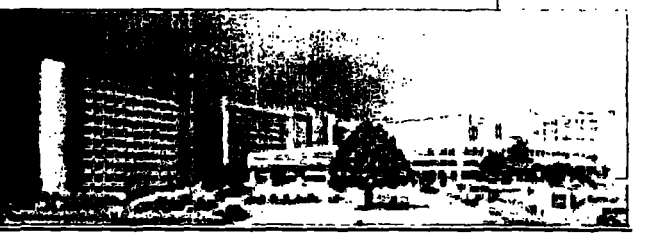

UCHC'S Mission: Education, Research and Patient Care

- ***3 Schools:***
  - Medical School (346 students)
  - Dental School (170 students)
  - Graduate School in bio-medical sciences (344 students)
- ***Residency Training***: 679 residents (medical and dental) who train in local hospitals
- ***Research:*** More than **$90M** generated annually to support discoveries translated into patient care e.g. Stem Cell research, cancer vaccines, hormone therapies for Osteoporosis, new materials for Dental Implants
- ***Patient Care***
  - ***John Dempsey Hospital (JDH)*** a 224 bed acute care university teaching hospital
  - ***UConn Medical Group (UMG),*** the multi-specialty faculty practice
  - ***Serve as Sites for Learning*** and represent key elements in attracting talented faculty who want to teach, do research and provide patient care
- ***UCHC*** **represents ½ of the University of Connecticut, ½ of its budget, ½ of its employees and ½ of its research portfolio.**

000858

University of Connecticut Health Center

KNOW BETTER CARE

A Worthy Investment

- *5010* employees (78% unionized staff, 10% unionized faculty, 2% non-union faculty, 3% managerial and 7% residents/graduate assistants/student payroll)
- Generates nearly *$1 billion* in Gross State Product
- Critical source of health care professionals
  - 35% of School of Medicine graduates practice in the State
  - 46% of School of Dental Medicine graduates practice in the State
  - 58% of the State dental workforce are School of Dental Medicine graduates
- Connecticut residents comprise 80% of the School of Medicine students and 68% of the School of Dental Medicine students
- Minority enrollment above National average
- Dental School is historically ranked #1 or #2 in the country
- School of Medicine national leader in innovative curriculum

000859

University of Connecticut Health Center

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UCHC: Partner & Resource to Other Hospitals

Internship/Residency Programs contribute to the quality of service in the participating hospitals & also drive additional Medicare reimbursement to their bottom line:

Hospitals FY 08	GME & IME Reimbursement
CT Children's Medical Center	$3.2M
Hartford Hospital	$36.9M
Hospital of Central Connecticut	$7.4M
John Dempsey Hospital	$19.7M
St. Francis Hospital	$26.8M
TOTAL	**$94.0M**

000860

University of Connecticut Health Center

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UCHC: Partner & Resource to Other Hospitals

- Train physicians and staff of Waterbury and St. Mary's for regional cardiac surgery and interventional cardiology program
- Train staff and assisted ECHN in establishing a Level II nursery at Manchester Hospital
- Provide regional dental emergency room service
- Provide Pediatric dentistry program at CCMC
- Provide Statewide Neonatal Transport Program and Regional Neonatal Intensive Care Unit / In FY09, UConn's Neonatal Transport Program transported 301 neonates to JDH and 13 other hospitals from 80 Connecticut towns
- Provide workforce at St Francis/UConn Burgdorf Clinic (Hartford's north end)
- Training site for nursing, allied health schools, pharmacy

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University of Connecticut Health Center

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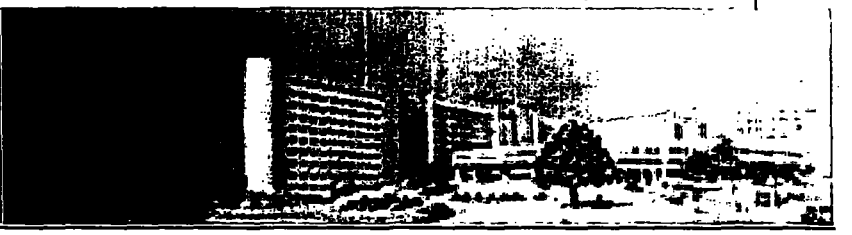

UCHC: A Resource to the Community and the State

- **Service to Medicaid Patients**
  - → JDH is one of the top 4 hospitals in CT in providing inpatient care to Medicaid patients
  - → Largest provider of dental services to Medicaid recipients and the under- and uninsured
    - 67% of patient visits to the UCHC dental clinic are Medicaid clients
  - → In 2009, 12.2 % of UMG visits were Medicaid patients

- **Clinical Service Collaboration:**
  - → Departments of Public Health, Corrections, Mental Health & Addiction Services, Veteran Affairs, and Developmental Services

- **Community Service:**
  - → South Park Inn Medical Clinic (Hartford)
  - → South Marshall Street Homeless Clinic (Hartford)
  - → AETNA Health Professions Partnership Initiative
  - → Urban Service Track
  - → Connecticut Poison Control Center
  - → YMCA Adolescent Girls Medical Clinic (Hartford)
  - → Camp Courant Dental Screening Program
  - → Migrant Worker Clinic
  - → Covenant House (Willimantic)

- **Economic Driver for the Region and State**
  - → Catalyst for biomedical and biotech jobs, e.g., Stem Cells
  - → Robust clinical enterprise

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University of Connecticut Health Center

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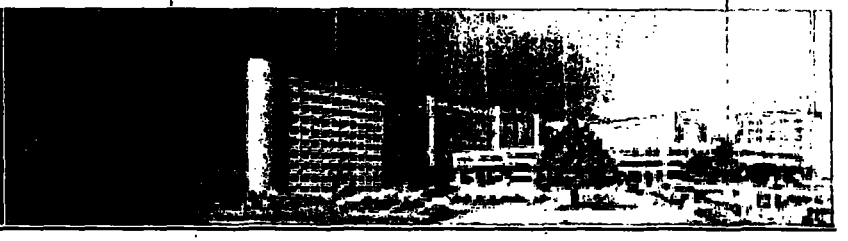
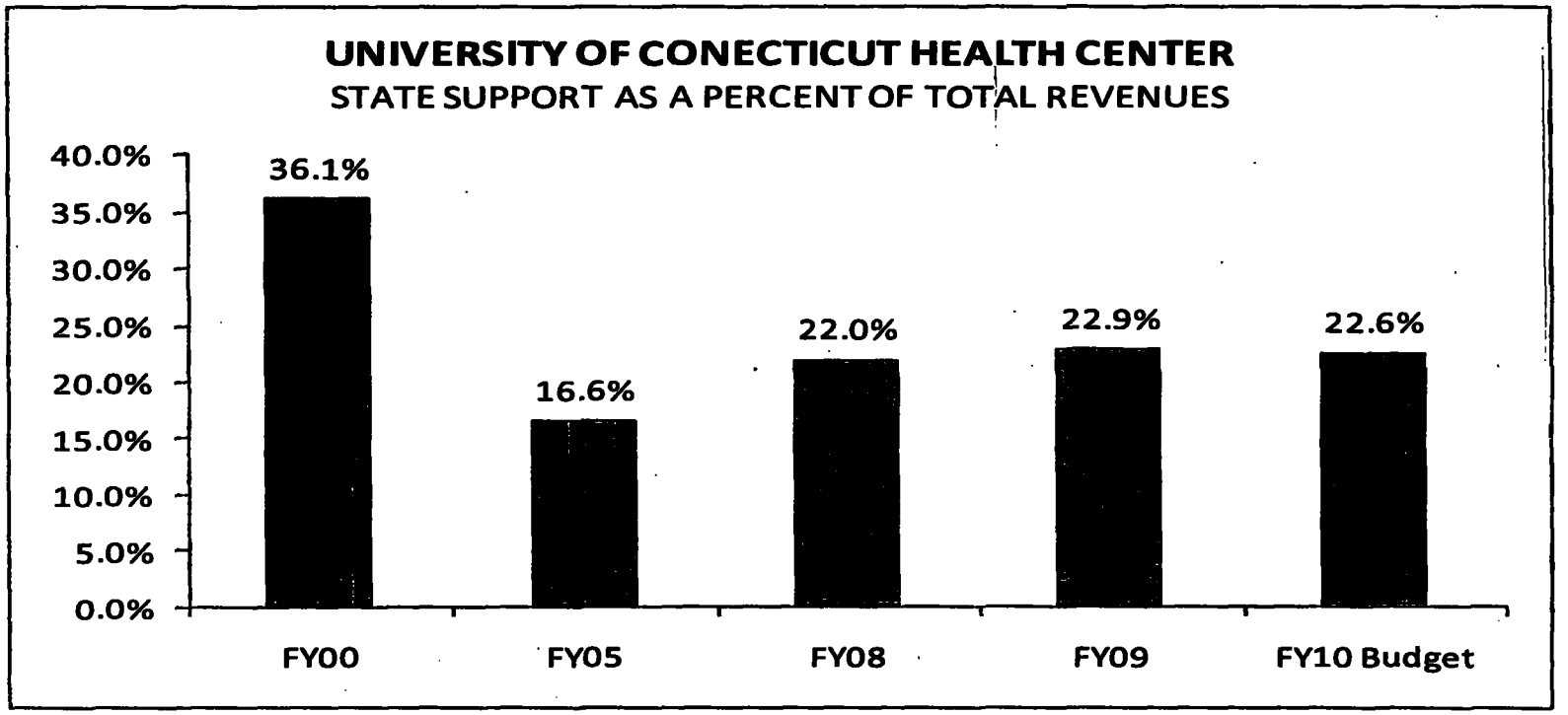


State Support

- 22.6% of the Health Center budget is state supported.
- 77.4% comes from other revenues (clinical, research, tuition, philanthropy).



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University of Connecticut Health Center

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About John Dempsey Hospital (JDH)

- Opened in 1975, JDH is the only public university acute care hospital in Connecticut and the 2nd smallest academic health center hospital in the U.S.

- Key service statistics
  - 9,761 inpatient admissions
  - 843,854 outpatient services
  - 93,003 dental clinic visits

- Originally planned at 400 beds, JDH was built at 200 beds. The second tower was never built.

- 224 fully staffed and licensed beds, of which 105 are very specialized (Neonatal, Prison, Psychiatry, Maternity), leaving only 119 medical/surgical (flexible) beds

- 22.8% of JDH inpatient days are Medicaid recipients. JDH is in the top four hospitals in Connecticut for Medicaid inpatient days as a percentage of total inpatient days. JDH is a disproportionate share hospital for Medicaid and Medicare.

- Faces the same set of challenges as the state's other 29 acute care hospitals: Medicaid/Medicare cutbacks, uncompensated care, low reimbursement rates, nursing and other health care profession shortages and the realities of an intensely competitive marketplace.

000864

University of Connecticut Health Center

KNOW BETTER CARE

UCHC's Structural Financial Challenges

- Structural financial deficits facing UCHC have been described to the General Assembly over the past three years

- The FY 2010-2011 biennial budget temporarily addresses these structural deficits through an increase in our block grant and fully funding the JDH fringe benefit differential. We are grateful for the General Assembly's recognition and support.

- Since 2000, the Health Center has achieved over $100M in improvement

- The most recent Health Center initiatives implemented in FY 2009 and 2010 resulted in cost reduction and revenue enhancements of over $14M

- Despite the above, we must not lose sight of the long term structural problem as verified in the March 2008 CASE & Price Waterhouse Cooper reports. A long term solution needs adoption and implementation.

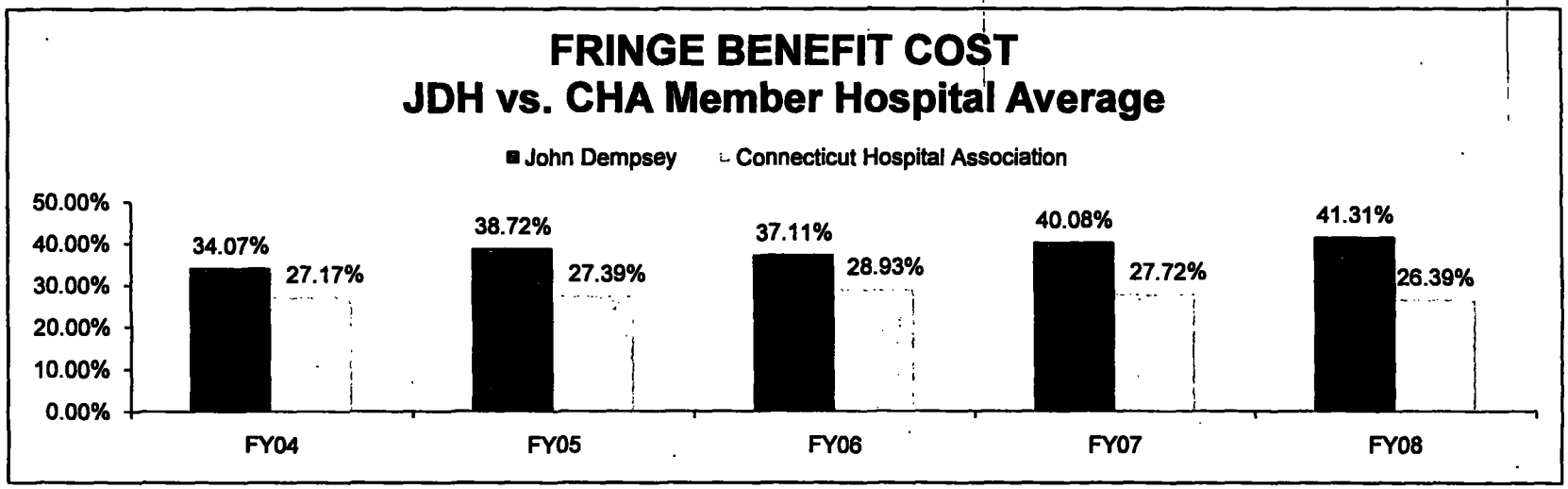
000865

University of Connecticut Health Center

KNOW BETTER CARE

Fringe Benefit Cost
JDH v. CHA Member Hospital Average

- As a state entity, JDH has fringe rates significantly higher than other hospitals.
- JDH has historically absorbed the cost of fringe benefits for its employees.
- In FY09, $3.6M in the state comptroller's fringe account was allocated to help offset some of that cost. In FY10 and FY11 that number was raised to $13.5M.
- The dollar value of that differential was $10.7M in FY 07, $14.4 in FY08 and is estimated at $14M in FY09, $14M in FY10 and FY11.



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University of Connecticut Health Center

KNOW BETTER CARE

JDH Physical Plant Status

- 35-year-old facility with no major upgrades since it opened
- Undersized and becoming increasingly outdated
  - Patient care areas need updating for next generation standards of care, technologies, privacy concerns, and patient/ provider expectations
  - Today's standard of care calls for single-bedded rooms
  - In its current configuration, JDH is comprised of primarily double-bedded rooms and is not up to standards.
  - In addition, present design precludes efficient staffing ratios or cost-effective renovation

000867

University of Connecticut Health Center

KNOW BETTER CARE

Core Goals

UCHC Financial Stability	Connecticut's Physician Workforce
• Growth in Capacity	• Retain Students in UConn Residencies
• New Facilities	• Produce More Primary Care Physicians
• Clinical Program Mix	• Increase Class Size Over Time

A larger John Dempsey Hospital is needed to accomplish both

000868

The UConn Health Network
&
CT Bioscience Initiative

Governor M. Jodi Rell

698000

Who is in this Network?

- Stakeholders:
  - University of Connecticut
  - State of Connecticut
  - Connecticut Children's Medical Center
  - Hartford Hospital
  - St. Francis Hospital
  - Hospital of Central Connecticut
  - Bristol Hospital
  - Federal Government
  - Biomedical Industry
  - Venture Capital Firms
  - And others
- For years, our area hospitals, as well as the public and private sector, have worked as partners in a variety of ways. To capitalize upon and enhance that cooperation, we propose a network and partnership that will:
  - Create generations of new jobs
  - Improve access to quality health care
  - Move the UConn School of Medicine to the national top-tier in academics and research

000870

New JDH Hospital Tower and a Remodeled Health Center Enhancing Academic and Research Capabilities

- A new and larger John Dempsey Hospital Tower is a key element in providing high quality patient care, creating a vibrant academic setting and the associated creation of jobs in the public and private sector:
  - 230-234 beds
  - Will allow for larger class sizes in the Schools of Medicine and Dental Medicine, providing more doctors and dentists for the State.
  - More than 5,000 new jobs in the new UConn Health Network, not including associated jobs in the private sector.
- The new UConn Health Network will provide more economic development opportunities and jobs in the biomedical sector for the greater Hartford region and the entire state.

000871

Neonatal Intensive Care Unit

- The John Dempsey Hospital Neonatal Intensive Care Unit operations transferred to Connecticut Children's Medical Center (CCMC):
  - Patients continue to be located at JDH
  - Operated by CCMC as a component of the CCMC-sponsored Regional Children's System
- Other partners include:
  - Hartford Hospital (currently participates)
  - Waterbury and St. Mary's Hospitals (currently participate)
  - St. Francis (negotiations in process with CCMC)

000872

Comprehensive Cancer Center

- Goal: Achieve National Institutes of Health designation as a Comprehensive Cancer Center
- Advances state-of-the-art cancer-related research, education and patient care
- Generates significant opportunities for larger federal and other public- and private-sponsored research funding
- Participants (clinical trials and patient care at multiple sites):
  - UCHC
  - CCMC
  - Hartford Hospital
  - Hospital of Central Connecticut
  - St. Francis
  - Other hospitals, community cancer centers, medical groups and pharmaceutical companies

000873

Regional Simulation and Conference Center

- Goal: A nationally recognized site for education of health care professionals, utilizing the newest technologies of simulated care settings
- Mock patient, OR, ICU, OB and trauma rooms, as well as high-technology mannequins used for education of health professional students, as well as experienced practitioners learning new techniques (e.g., robotic surgery)
- Located on the Hartford Hospital campus and part of the UConn Health Network
- The Regional Simulation and Conference Center would be made available to other hospitals, nursing schools, EMT training programs, etc.
- Will train 1,500 to 2,000 medical practitioners each year.

000874

Regional Primary Care Institute

- Goal: A nationally recognized site for development of new models of chronic disease management and primary care delivery and education
- Addresses the impending shortage of primary care providers in Connecticut
- Increased potential for attracting public and private grant funding
- Located on the St. Francis campus and part of the UConn Health Network
- The Regional Primary Care Institute would be made available to other hospitals, pharamceutical firms, medical practices and public health agencies

000875

Health Disparities Institute

- Goal: Enhance research and care delivery for the medically underserved statewide
- Will conduct applied research on health disparities in minority communities
- Will provide training opportunities for minority scientists in clinical research
- Potential for partnership with the Cobb Institute – the largest professional association of African-American physicians, with 35,000 members

000876

Institute for Clinical and Translational Science

- Goal: National Institutes of Health Clinical and Translational Science Award Grant (application pending)
- Clinical trials "super-site" is envisioned among partnering organizations
- Multi-million dollar potential research grant funding -- 18 new jobs created for each $1-million in grant funding (source: NIH)
- UCHC, CCMC, Hartford Hospital and St. Francis are all sponsors of the grant application, which was developed as a team.
- Offices to be located at UCHC; clinical trials conducted at multiple sites.

000877

Bioscience Enterprise Zone

- Goal: Creation of thousands of new private-sector jobs in industries supporting or associated with the UConn Health Network
  - Financing and loan guarantees through the Connecticut Development Authority, Connecticut Innovations and the Department of Economic and Community Development
  - Tax credits for facility improvements or expansion
  - Exemption from state real estate conveyance tax

000878

What does it cost and what do we get?

- A new patient tower and renovated academic and research facility at JDH. Cost: $352 million
  - $236 million for new patient tower
  - $96 million for renovated academic and research facility
  - $20 million for the Comprehensive Cancer Center, Regional Primary Care Institute, Health Disparities Institute, Simulation Center and Institute for Clinical and Translational Sciences
- Funding Sources:
  - $25 million from UCONN 21st Century
  - $100 million from federal funds
  - $227 million from State bonding

**Investment contingent upon federal funding*

***$25 million in UCONN 21st Century monies would be used for design cost.*

000879

Supplemental Material

000880

Facility Plan

	Current	Governor's Plan
Med/Surg Beds	119	165-169
Increase in Med/Surg Beds	**0**	**46-50**
Maternity	20	20
Newborn	10	10
Psychiatry	25	25
Corrections	10	10
JDH Operated	**224**	**230-234**
NICU Operated by CCMC	40 (JDH Operated)	40
Total Campus Beds	**224**	**270-274**

- New bed tower
- Renovation of existing space for:
  - Ancillary services: labs, pharmacy, radiology
  - Dental clinics
  - Emergency department
  - Cardiology
  - Psychiatry
- NICU remains on Farmington campus but is operated by Connecticut Children's Medical Center

000881

Financial Model Outcomes

Proposed Capital Investment at JDH	$332M
2017 UCHC Projected Operating Margin	$3.9M

000882

Class Size Increase

- Short term: Incremental increase in School of Medicine class size and School of Dental Medicine residencies
  - Increase first year medical school class by 5 students (20 students over 4 years)
  - Increase SODM residency programs by 10 first year positions when new dental clinics are available (20 residents over 2 program years)
- Longer term: Provides clinical facilities essential for additional future class size increases; we will plan for further increases as resources allow

000883

UConn Health Network Initiatives

2010

Primary Care Institute

Analysis shows a growing shortage of primary care physicians in the nation and in Connecticut. To address this shortage, both the University of Connecticut and Saint Francis Hospital & Medical Center are committed to encouraging medical students to study primary care, attracting more residents to train in primary care, and to retaining practicing primary care physicians in the region. Establishing a Primary Care Institute, housed at Saint Francis Hospital & Medical Center, will facilitate these goals as a regional asset to promote healthcare in the Greater-Hartford area and beyond. In addition to addressing the shortage of primary care physicians, the Primary Care Institute will drive new funding for research on healthcare quality and effectiveness, and health information technology to the region. Such funding is available through the National Institutes of Health and the Agency for Healthcare Research & Quality. Over a five-year period, the Institute could generate $10M-$15M in new federal grants and contracts. This funding, in turn, would not only raise the visibility of the Institute, but also support between 36 and 54 new jobs annually for the region, many in the healthcare professions (e.g., doctors, nurses, therapists), sciences (e.g., research scientists, technicians), and support services (e.g., administrators, clerical workers).

Center of Excellence on Health Disparities Research

The racial gap in health and healthcare is a costly and growing problem in the nation and in Connecticut. Minorities have less access to quality healthcare, suffer from chronic diseases at much higher rates, and have substantially higher mortality rates. To address this problem of inequality in healthcare, UConn seeks to establish a national Center of Excellence in Health Disparities, with support from the Cobb Institute of the National Medical Association. The goals of the Center will include: (1) conducting applied research on health disparities in minority communities both in Connecticut and nationwide; (2) providing training opportunities for minority scientists in areas related to clinical research, health policy and analysis, and public health; (3) sharing best practices in the delivery of quality healthcare within minority communities. The Center will include a Hartford Office of the Cobb Institute/National Medical Association and will serve as a resource throughout the region and nation. It will have three unique divisions, each focused on a priority area: (1) applied public health, (2) health outcomes research, and (3) health disparities research. In addition to addressing the rising costs resulting from the racial gap in healthcare, the Center for Excellence on Health Disparities Research will drive funding from federal grants and contracts to the University of Connecticut, attracting new faculty devoted to research aimed at reducing health disparities. Within 5 years, the Center would be supported by over $4.5M in external grant funding, corresponding to over 80 new jobs for the region.

Simulation Center

The Simulation Center, housed at Hartford Hospital, will offer sophisticated training for the next generation of physicians and surgeons. Like flight simulators, medical education simulation centers use computer technologies to allow physicians to hone their skills in life-like clinical settings, without risks to patients. Available to physicians and healthcare providers throughout the region and beyond, the Center for Simulation will facilitate improved patient safety, quality of care, and improved healthcare outcomes by providing an ongoing facility for continuous education of doctors and other healthcare professionals. The Center will build on Hartford Hospital's national reputation in robotic and minimally invasive surgery and its $15M investment in a 40,000 square-foot facility housed in its School of Allied Health. The Center will attract new federal funding targeted to enhance medical education and will create new jobs for faculty, technologists, and administrators. It will also attract talented clinicians to the region. A resource for hospitals throughout the region and beyond, the Center will lead to improved and lower cost healthcare delivery. Enhancing the Simulation Center requires significant investment in technology and capital infrastructure and maintenance. Hartford Hospitals $15M commitment along with an annual $1M operating budget will cover these costs and also generate 7 new jobs for the region. More importantly, however, the Center will train 1,500 – 2,000 medical practitioners each year, who will reside and work in Connecticut.

National Comprehensive Cancer Center

By combining efforts of the UConn Health Center, Hartford Hospital, Saint Francis Hospital & Medical Center, the Hospital of Central Connecticut, and others, we will seek designation as a National Institutes of Health Comprehensive Cancer Center. This designation will put the UConn Network Regional Cancer Center on par with other nationally recognized cancer centers, which serve as a destination for excellence in cancer prevention, diagnosis, and treatment. It will also contribute to the UConn Network's efforts to attract federal and private sector funds for large-scale clinical trials, leading to improved treatments and innovations related to cancer care, screening, and prevention. This multi-hospital effort will combine several existing hospital-based centers to improve efficiency in both research on cancer and the delivery of treatment for cancer. Through its designation as a National Comprehensive Cancer Center, it will attract outstanding oncologists and cancer researchers to the region. In turn, this will attract more patients to the Greater-Hartford region, helping to reverse the current trend toward out-migration of patients seeking cancer care. On average, National Comprehensive Cancer Centers generate significant federal and private-sector funding. For example, a federal infrastructure grant alone can be expected to provide $28M in support over five years, translating to about 110 new jobs. The infrastructure support sets the stage for improving the Center's capacity for additional research grants and contracts, each million of which can be expected to result in 18 new jobs. This infrastructural support then sets the stage for further research grants. For example, established Center's generate about $49M in sponsored research funding, corresponding to hundreds of new jobs for the region.

Connecticut Institute for Clinical & Translational Science (CICATS)

The Connecticut Institute for Clinical & Translational Science is a unique team project initiated by UConn among the University of Connecticut, regional hospitals, state agencies, and community healthcare providers, with the goals of (1) increasing the volume of health-related research, especially clinical trials, (2) generating more federal and private-sector funding for Connecticut's biomedical researchers, (3) attracting new biomedical scientists to the region, and (4) creating substantial growth in Connecticut's biomedical economic sector through new discoveries that will become the basis for new businesses. The Institute focuses on building capacity for clinical trials – research that scientifically tests the effectiveness of new drugs and treatments on volunteer patients. Individually, hospitals throughout the greater-Hartford region are unable to launch large-scale clinical trials, because independently, they lack an adequate patient base for scientific testing. Together, however, they can combine their patient base, generating adequate capacity to attract major federal funding (for example, grants from the National Institutes of Health), as well as contracts from major pharmaceutical manufacturers and other biomedical firms. These funds and contracts are the basis for supporting new jobs in biomedical science, including jobs for research scientists, laboratory technicians, grant managers, and other support staff (e.g., research assistants, clerical staff). Every $1M in new grant funding for biomedical research generates, on average, 18 new jobs directly linked to the research involved in the grant. Working with a team of other regional hospitals, state agencies, and community healthcare providers, UConn recently submitted a team grant proposal to the National Institutes of Health to support work at the Connecticut Institute for Clinical & Translational Science for $20M – this single grant proposal alone corresponds to 360 new jobs, reflecting the enormous potential for job growth that the Institute can enable.

Biosciences Enterprise Zone

The UConn Health Network plan includes the establishment of a proposed "Biosciences Enterprise Zone". This initiative is intended to attract new commercial investment into the area, with a particular focus on the area around downtown Hartford. The biomedical research activity of the University of Connecticut is envisioned as a stimulus for the Biomedical Enterprise Zone, with technology transfer linkages being pursued to commercialize University based biomedical research. Connecticut has an existing enterprise zone strategy, enabled by PA 96 - 264. Benefits for businesses under this act include corporate business tax credits and property tax exemptions for investments made by the companies. The framework of the existing strategy could work to create a Biomedical Enterprise Zone in Hartford with some amendment to the statutory language of PA 96-264. Hartford has a designated zone north of downtown/I-84.

Regional Neonatal Intensive Care Unit Program

A robust maternal fetal medicine program, including a neonatal intensive care unit program, is a key element of a full suite of accessible and state-of-the-art clinical services for the citizens of Connecticut. Currently, however, different neonatal intensive care services are delivered by different regional hospitals. The lack of a comprehensive sole-source for these services arises, in part, because neonatal intensive care and pediatric medicine, in general, are highly specialized and expensive domains of healthcare. The resulting fragmentation is costly, inefficient, and

limits access for citizens. Indeed, evidence shows that obstetrics patients are seeking care outside the state, particularly in cases of high-risk pregnancy when they cannot be assured of full services. About 20 years ago, the greater-Hartford community made a well-reasoned commitment to bring together the pediatric services of area hospitals to create a single, regional children's care center: Connecticut Children's Medical Center. The result has been internationally recognized state-of-the-art pediatric care. Taking similar steps in the area of maternal fetal medicine and neonatal intensive care is a logical next step. Working with Connecticut Children's Medical Center, the UConn Health Center, Harford Hospital, Saint Francis Hospital, and hospitals in Waterbury will establish a regional neonatal intensive care unit program, operated by Connecticut Children's Medical Center. The efficiencies generated by this multi-institutional effort benefit the entire region. Not only will this statewide asset provide improved accessibility, efficiency, and continuity of care, it will also attract the highest quality pediatricians, obstetricians, and other clinical healthcare professionals to the greater Hartford area. Furthermore, it will drive more grant opportunities to the region and offer improved education and training to healthcare professionals working in these highly specialized areas.

Testimony
of
Michael J. Hogan
President
University of Connecticut

Joint Informational Forum
March 11, 2010

Thank you for the opportunity to testify today. My name is Michael J. Hogan. I am the President of the University of Connecticut.

We're here today because the Health Center has had chronic fiscal problems for many, many years, stemming from a number of factors:

- Its public mission to offer healthcare to the underserved (e.g., Medicaid and prison populations);
- Its mission to provide services in much-needed areas of care that are very expensive, like psychiatry and neonatal intensive care;
- Requirements to fund higher-than-average benefits of state employees;
- And, its small size and growing obsolescence – the Dempsey has just 224 beds (the second-smallest academic hospital and the country), and approximately half of these beds are dedicated to UConn's public service missions, which does not leave enough beds for services (like surgery) that generate revenues to offset the extensive costs of our public service mission.

As a result of these problems, the John Dempsey Hospital has not been able to reach a point of financial stability and year-after-year, the State has had to cover the chronic structural deficit that results.

About two years ago, the General Assembly began to address these root causes. It started with a study and report by the Connecticut Academy of Science & Engineering (CASE), which recommended that UConn build a new or substantially renovated hospital, gain more revenue-generating beds, and develop stronger partnerships with affiliated hospitals in the region. Such strategies would place the Health Center on firm financial footing, improve access to healthcare, and generate new opportunities for economic development in the region.

Today, I'm pleased to discuss a plan the Governor announced on March 9th. This plan is supported by regional hospitals and corresponds in many ways with the recommendations made by CASE.

This plan represents a partnership of long-time collaborators, all of whom are stakeholders in the future of the Health Center. They include:

- The University of Connecticut
- The State of Connecticut
- Connecticut Children's Medical Center
- Hartford Hospital
- St. Francis Hospital
- Hospital of Central Connecticut
- Bristol Hospital
- The Federal Government
- Biomedical Industry
- Venture Capital Firms, and others.

At the center of the plan is a new bed tower with about 180 beds at the Dempsey Hospital and the renovation of older space, including the dental clinics, emergency department, and cardiology. This will increase the number of licensed beds from the current 224 to somewhere between 230 and 234.

Under the plan, the Dempsey will transfer operation of its Neonatal Intensive Care Unit (NICU) to Connecticut Children's Hospital. This, in turn, will open up licenses for more medical-surgical beds at the Dempsey Hospital. The result will be an increase in medical-surgical bed capacity of 46-50 beds. This is important, because these are the beds that generate revenues to offset the costly beds that help us meet our public service mission.

I want to emphasize that we are not reducing our NICU or any of our current public mission services. But, through partnership with Connecticut Children's we gain greater efficiencies and, in fact, improve access and service to babies, children, and families.

The increase in the revenue-generating medical-surgical beds will allow us to achieve a very small positive operating margin. And, this positive margin will allow us to modestly increase the class size of the School of Medicine and the number of Dental Medicine primary care residencies. This is essential as the State faces a very serious shortage of physicians and dentists.

The new bed tower and renovated facilities will also help us attract and retain world-class physicians, dentists, healthcare workers, and students seeking training and careers in the healthcare professions.

And, there's more than the partnership with Connecticut Children's involved in this plan: The Governor's proposed "UConn Health Network" involves collaboration with all the regional affiliated hospitals with which UConn has worked for many years in its academic, research, and clinical missions.

The plan will locate a new Regional Primary Care Institute at St. Francis Hospital. Right in Hartford, this Institute will encourage more medical students and residents to train in primary care – a specialty of great need, according to the American Medical Association. And, it will increase access to primary care for the citizens of the Greater-Hartford Region.

Our longtime affiliate, Hartford Hospital will become the site for a Regional Simulation Center, training students, physicians, nurses, and other healthcare professionals in the state-of-the-art techniques and treatments that are rapidly arising as medical innovations advance. Much like pilots who train in flight simulators, a medical simulation facility allows doctors to learn and perfect new techniques in surgery and medical care without risk to patients as they hone their skills. This will be a facility available to doctors and healthcare workers across the entire region and State.

Additionally, all of the regional hospitals, alongside public and private healthcare agencies will join UConn in working to solve a very costly and chronic healthcare issue: Inequality of access to quality healthcare. Many factors create barriers to ensuring that everyone has access to healthcare. For instance, diseases that disproportionately affect certain minority groups may receive less research and clinical attention; policies may make it difficult for some parts of the population to access clinics and care; and the way we communicate about healthcare may be less effective for some than others. These are just a few of the ways that disparities in healthcare may come about. But the one common factor is that these disparities are costly to those who experience them and to the entire state and nation. Consequently, an important initiative in the UConn Health Network is establishing a Regional Health Disparities Research Institute, bringing together public health agencies and healthcare providers with UConn's regional affiliated hospitals to solve these issues, and in the process draw on the increasing availability of federal funding to support the Institute's work.

This same network of UConn-affiliated hospitals, healthcare providers, and agencies has already launched a Clinical & Translational Science Institute, which is also part of the plan the Governor has announced and our regional affiliated hospitals have endorsed. Clinical & Translational Science is aimed at taking basic discoveries in the biosciences from "bench-to-bedside"; that is, translating research discoveries into new drugs and treatments that save and improve lives. Right now, experts note that it takes too long for the discovery of a new drug to become available to the general population. This is because one scientist working in one hospital must test the drug on hundreds of patients. Instead of this sole-scientist/sole-site model of medical discovery, our Clinical & Translational Science Institute is creating networks of collaborating scientists and hospitals to more efficiently and quickly conduct the research and testing needed to move new discoveries (from the bench), to lifesaving treatments (the bedside), and to the marketplace, creating new commercial businesses.

As I've noted, the UConn Health Network will move more discoveries, more quickly into the market. To promote this "bench-to-bedside" effort, the Greater-Hartford area will be designated a new enterprise zone – a Biosciences Enterprise Zone. This will drive new commercial businesses and thousands of high-paying jobs in biomedical science to the region; it will create new revenues for the state; and it will make the region a biomedical destination.

Importantly, The UConn Health Network & Connecticut Biosciences Initiative will stimulate economic development and job growth for Connecticut in one of the only growing economic sectors: Healthcare and the biosciences.

Forecasts from the Connecticut Center for Economic Analysis show that implementing the plan will create more than 5,000 new jobs in less than 10 years and approximately 7,000 new jobs in less than 20 years – and, this doesn't include associated jobs in the private sector.

The result will be $1.5-Billion annually in new personal income by 2040, $1-Billion in Gross Domestic State Product, and $1.1-Billion in new tax revenue for Connecticut.

The investment needed to make this a reality is $352M. This includes $25M in reallocated funding from UCONN 21st Century for design costs in the first two years of the project. During the first two years, no new State money will be needed to implement the plan. After the first two years, $227M in state bonding will be required for the new patient tower and renovation of older space, along with $100M in federal funding.

It's an exciting plan that will stimulate economic development and job growth, with no new costs to the state for the first two years. It will improve access to healthcare, promote biomedical research, place the Dempsey Hospital on firm financial footing, and move the School of Medicine toward top-tier status.

Thank you for the opportunity to share this plan with you. I would be happy to answer any questions.

H – 1083

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DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed.

The House will come back to order.

Clerk, we will return to the call of the calendar, please call Calendar 123.

THE CLERK:

On page 35, Calendar 123, Substitute for House Bill Number 5027, AN ACT CONCERNING THE USE -- UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN, favorable report of the Committee on Finance, Revenue and Bonding.

SPEAKER DONOVAN:

The distinguished chair of the Higher Education Committee, Representative Willis.

REP. WILLIS (64th):

Thank you, sir.

Mr. Speaker, I move for the acceptance of the joint committee's favorable report and passage of the bill.

SPEAKER DONOVAN:

The question's on passage.

Will you explain the bill please, madam?

REP. WILLIS (64th):

Thank you, Mr. Speaker.

The Clerk has an amendment. This is a strike-all LCO 4831. I move the reading of the amendment be waived and I be allowed to summarize.

SPEAKER DONOVAN:

The Clerk is in possession of LCO Number 4831, which will be designated House Amendment Schedule "A".

Mr. Clerk, please call the amendment.

THE CLERK:

LCO Number 4831 House "A" offered by Representative Willis, Sawyer, et al.

SPEAKER DONOVAN:

The gentlewoman has asked leave of the chamber to summarize. Is there objection?

Hearing none, please proceed, Representative Willis.

REP. WILLIS (64th):

Thank you very much.

This bill is about the future of the University of Connecticut Health Center and much more. It is about improving access to health care in Connecticut. It is about advancing UConn's Health Center's education, research and patient care missions. It is about economic development and job

creation and it -- new bioscience enterprise zones for the Greater Hartford region and this state. This proposal will provide needed renovation, expansion of the medical center and hospital and will create a strong regional collaborative.

Addressing the needs of the UConn Health Center is long overdue. In 2007, the legislature commissioned a study by the Connecticut Academy of Science and Engineering to assist in developing and identifying options for the future of the University of Connecticut's Health Center after completing a needs-based analysis. The key findings of the report were that the hospital was in need of upgraded facilities to adequately support its academic mission and delivery of quality healthcare. And, currently, the relationships between the University of Connecticut's Health Center and the regional hospitals were not being developed to its full potential. We're here today with a answer to those two calls.

The John Dempsey Hospital is a 35 year-old facility. We have not upgraded it since it opened that day. It is undersized; it is become increasingly outdated for present day standards of

care, technology and privacy concerns. Newer updated facility is needed to accomplish two core goals of increasing and attracting students and producing Connecticut's physician workforce. And it also will achieve financial stability most needed for the health center.

This year, Governor Rell proposed, with the endorsement of the Board of Trustees of the University of Connecticut and the UConn Health Center's Board of Directors, with the endorsement of area hospitals, a plan to renew and modestly enlarge the John Dempsey Hospital in order to bring the UConn Health Center to a point of financial stability, enhance healthcare and become an economic catalyst for the Hartford region and the state.

The UConn Health Center, the state's only public medical and dental acute care hospital -- our only public hospital -- the major teaching facility in Connecticut for our medical and dental students and residents in training. I think we would all agree that Connecticut needs a strong public medical school to serve the state. And as a strong medical school, it attracts residents who will practice in our hospitals, which is a service to our other

hospitals as well, produces high quality future physicians and improves the quality of healthcare in the region and stimulates economic development through its research programs.

What this plan proposes to do is to build a new bed tower with 165 to 169 beds, which is a modest increase of 6 to 10 beds. Remember the first proposal -- there was concern that we were producing -- creating too many beds and this addresses that. This will be an increase in the number of licensed beds from 230 to 234. And, again, keep in mind the UConn Health Center is the only Hartford area hospital that's licensed beds are fully staffed. Increased medical surgi -- surgical capacity under this plan will increase 40 to 50 -- to 40 to 50. This is a critical factor that will generate increase revenue. There'll be renovations to the dental clinic, emergency care, emergency department and cardiology.

One of the strong components of this proposal, is the coming together and maximizing the potential of -- between the health centers and the area hospitals. We're -- this bill would create a UConn Health network. $20 million has been put aside in

this proposal and was developed in collaboration with the Governor's office and the UConn and was designated to fund the components of the network. It will produce the creation of a simulation center at the Hartford campus. Hartford Hospital is building a 40,000-square-foot facility at the cost of $15 million and will fund $1 million in operating funds towards this simulation center. A primary care institute, a very important feature to all this, at St. Francis will be created. This is intended to increase the number of primary care providers in the state, clearly, a need that serves all.

There's going to be a network that creates a comprehensive cancer center that all the area hospitals will participate in and will help get National Institute of Health recognition. There will be an Institute for Clinical and Translation Science at the UConn -- at UConn. There also will be a UConn-sponsored Health Disparities Institute that will be intended to enhance research and delivery of care to minority and medically underserved people. This will become part of a national institute, the Cobb Institute of National

Medical Association. Also created will be a Connecticut Institution -- Institute for Nursing Excellence at the UC -- at University of Connecticut School of Nursing and that will explore ways to enhance recruitment, education and retention of nurses and nursing faculty.

There'll be improvements made at the Uni -- the Hospital of Central Connecticut, which will include planning, design, land acquisition and development of a cancer treatment center to be constructed in partnership with the hospital and to be located entirely within the City of New Britain. There'll be upgrades to the hospital's oncology unit and, hopefully, the other goal is to have a regional phase I clinical trials unit at the hospital. There will be 2 million set aside for patient room renovation at the Bristol Hospital.

Excuse me, sir.

Jobs. A very important component of this is jobs. The Connecticut Center for Economic Analysis projected that UConn will -- the network that we just -- that I just described, will create approximately 5,000 new jobs by 2020; 6800 jobs by 2030; and 7400 new jobs by 2040. Their analysis

shows the new jobs associated with the John Dempsey Hospital initiative would account for approximately 40 percent of the new jobs created in 2040. These jobs will overwhelmingly be private sector jobs concentrated in manufacturing trade, transportation, information and financially rated -- related sectors. A small percentage of these jobs are expected to be located in the public sector, primarily due to the additional bed staffing and some small growth in the medical and dental school faculty.

This bill creates a bioscience enterprise zones. It extends the enterprise zone benefits to businesses in the bioscience industry in the City of Hartford and areas of Farmington, New Britain and Bristol. This means real property tax exemption during the bioscience facilities construction period and a reduction in prop -- and increase in -- 80 percent real and property tax exemptions for five years. As in other enterprise zones that we have, there's corporation tax benefits for eligible bene -- businesses that meet the job creation requirement.

One of the things that the University of

Connecticut Health Center is famous for is its neonatal unit. This bill will create a medical center exclusively devoted to children that would provide Connecticut with a regional center of excellence in pediatric healthcare. The integration of the Children's Medical Center and the University of Connecticut Center of Neo Intensive Care Unit is a step in a realization of that vision. The financial status of, both, the UConn Health Center and the Connecticut Children's will improve as a result of the integration of the UConn's NICU into the Connecticut's Children's program. With the transfer of the beds, the NICU beds, to the Children's Hospital, it'll mean an addition of 46 medical surgical beds, which will create net income for the Health Center. This is a key factor in establishing for the Health Center financial stability. The new beds will add, approximately, $4 million to the health center's bottom line by 2017.

The proposed financing plan has been monofa -- modified, eliminating the need for cancellation of existing bonding projects to finance the construction of the hospital. Upon passage of this, $25 million will be used from the University of

Connecticut's UConn 2000 to begin the design phase of -- for construction. This project -- one of the key factors that is moving this project forth, this time, is the 4 -- $100 million that the state -- the UConn Health Center hopes to gain through the recently passed Health Bill in Washington. This -- it is a competitive grant and -- and this is project is very much contingent upon raising that.

If the state funds -- that authorization -- if the state does not receive those funds by 20 -- excuse me, by 2015 -- authorization for the project would end.

I want to say there's much more to say. I'll leave that for the questions.

But I do want to thank everyone who's been involved in this. I want to thank Governor Rell and her staff for their leadership. I want to thank many members of this -- of this legislature for all the work that was -- has been done over a very long period of time, Senator Handley. A special thank you to Betsy Ritter, Representative Ritter, Representative Pam Sawyer, Representative John Geragosian, Senators Harp and Daily and Representative Cam Staples.

I'd like to also thank the Office of Policy and Management, Michael Cicchetti for his work and contribution on this, members of the UConn Board of Trustees, especially Chairman Larry McHugh; members, Tom Ritter, Bob Ward, Fran Archambault for the hours and hours reaching spent -- reaching out and listening to numerous stakeholders and helping us get where we are today.

I want to thank the members of the Health Center's Board of Directors, Chairman Gerry Burrow and Vice Chairman Sandy Cloud. Of course, thanks need to go also for to the UConn President Mike Hogan, for his commitment and energy and passion to moving this project ahead. And, of course, to the Dean of the Medical School, Dr. Laurencin.

I also want to thank the members of the Connecticut Academy of Science and Engineering, who helped us study this matter and, especially, to Dr. Myron Genel who served as a volunteer with distinction and commitment to see that there was a solution for -- at the UConn Health Center.

I can't say enough about this because this is a critical factor. I have to say that Senator Dodd's leadership on this and securing possibly the $100

million in federal funds and providing this state with an opportunity to apply for those funds was certainly more -- a very important part of this.

I want to thank our staff, our LCO attorney, Eileen Lawlor, who put in countless hours; our LO -- OLR researchers, Terry Adams and Rute Pinho; and our staffer in OFA, Neil Ayers for their work. And all the stakeholders that have come together to support this effort and the Health Center's employees, the area hospitals and the various interest groups.

In closing, I feel we can feel comfortable today that this body and all the stakeholders have done their due diligence in formulating the plan that we have before us today. The UConn Health Center is our only public acute care hospital with a public mission to serve our healthcare needs. And our medical school and our only public and our dental school which is world -- which is renowned. It is our hospital, and it is our responsibility to address its needs.

I move adoption. Thank you, sir.

SPEAKER DONOVAN:

The question's on adoption.

Will you remark further on House Amendment

Schedule "A"?

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. Good evening, Mr. Speaker.

SPEAKER DONOVAN:

Good evening, sir.

REP. NOUJAIM (74th):

Mr. Speaker, thank you for allowing me the opportunity to speak on behalf of this subject and to discuss issues with Representative Willis on its merit.

Mr. Speaker, whether I agree with the concept or do not agree with the concept at this moment is irrelevant. But one thing that is important that I would like to make sure to go on record is to extend my gratitude to Representative Willis for her work on this project. This project is not a new one. I have been a member of the Higher Education Committee for several years. It came before us in 2007, 2008, and, again, in 2009, and here we are again. Senator Handley was also a big part of it and also I would be remiss if I do not extend the gratitude to Senator Hartley when she was co-chairman of the

Higher Education Committee because she, too, participated in this process as well.

And through you, Mr. Speaker, I do have several questions that I would like to pose in reference to this.

SPEAKER DONOVAN:

Please proceed.

REP. NOUJAIM (74th):

Through you, Mr. Speaker, to Representative Willis.

SPEAKER DONOVAN:

Go ahead, sir.

REP. NOUJAIM (74th):

Representative Willis, for a point of legislative intent, I would like to ask you in lines 23, 24 of the amendment, would you be kind enough to define the location of the University of Connecticut Health Center and John Dempsey Hospital as being one and the same or they are being separate entities. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis, do you care to respond?

REP. WILLIS (64th):

Thank you, sir.

John Dempsey is located and a part of the UConn Health Center in Farmington.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, moving on to line 38 and 39 of the amendment.

Basically -- I apologize. I'd like to go back to line 26 of the amendment where it speak about job creation. I know that Representative Willis spoke about creating jobs. Those jobs that are going to be created -- are these addition to jobs that exist in the state of Connecticut in other hospitals, or these are new altogether or there would be a combination of probably jobs coming in from other hospitals, from other institutions to work at John Dempsey and University of Connecticut? Through you, Mr. Speaker.

REP. WILLIS (64th):

Through you -- through you, Mr. Speaker.

These would be primarily new jobs. Particularly in the bioscience enterprise initiative that would attract companies to come in. It would

bring in researchers who would -- and entrepreneurs who would be doing new startup businesses in the bioscience field.

REP. NOUJAIM (74th):

And through you, Mr. Speaker.

SPEAKER DONOVAN:

Please proceed.

REP. NOUJAIM (74th):

Thank you, sir.

Line 38 and going on to line 43 -- it talks about support the development of a comprehensive cancer center, and the question that I have in reference to the cancer center, what would this differ from the cancer center that is located right now at the Yale-New Haven Hospital, and if it does not differ, would the state of Connecticut through our population be able to support two state-of-the-art cancer centers? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Thank you, Mr. Speaker.

Through you, right now all the hospitals in the

Harford region, that would be part of this network, all have oncology departments. When you network them in a group, it gives them strength and ability to get more grants and recognition through the National Institute of Health. It -- it, hopefully, will also move them into being able to do clinical trials beyond Phase 1, 2 and then into Phase 3. But they can't do that now individually. So that is a real important component and I think brought all the stakeholders together, you know, realizing -- recognizing that would be beneficial to them and the patients they serve.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, do I read Representative Willis to say that there would be collaboration somehow between -- between this newly created cancer center and Yale-New Haven Cancer Center. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, no. Yale-New Haven is not part of this network.

SPEAKER DONOVAN:

Representative Noujaim.

REP. WILLIS (64th):

They have their own cancer center.

SPEAKER DONOVAN:

I'm sorry. Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, I would like to ask Representative Willis if the board of directors of UConn tried to pursue private funds for this project, as an example what the Smilow Center in New Haven has done. The whole building and the whole tower was built through private enterprises and private contributions. Has this been tried to be -- to be looked at or even accessed? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Thank you.

Through you, Mr. Speaker, philanthropy has -- is certainly a factor in this, and I actually think as we move forward that there's -- there's no

question that we will see increased philanthropy as the hospital grows and attracts new -- through the bioscience, can attract further development in that area. So I see it all as a very positive step.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank -- thank you, Mr. Speaker.

And through you, Mr. Speaker, then would I include from this answer that there is a possibility that the bond authorization that is looked upon here from the state of Connecticut would have the potential of being reduced in the future if private funds come to the hospitals. Through you, Mr. Speaker

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I -- I would think that if you look in the bill, it says $100 million of non-state funds. Most of that coming from obviously the -- the plans to apply for the grant for the federal dollars but also that that would be supplemented or increased in amounts. And,

certainly, if it attracted a lot of money, I would assume that there could be reductions in some of the -- the moving out of the projects, UConn 2000.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

Mr. Speaker, Representative Willis just got a little ahead of me on this that is coming later on in the conversation in so far as the funds that are coming from the federal government, supposedly.

But before we get there the question that I have also as a member of the Higher Education Committee, I remember crystal clear just like yesterday, March of 2008, where we had one public meeting after one public hearing after one public hearing talking about the shortages of nurses and how we intend to -- to try to induce young generation to become nurses in the state of Connecticut and work and stay here. So my question to Representative Willis is with the shortage of nurses and shortage of LPNs, would there be any possibility that the newly created hospital will simply raid other hospitals, take nurses away from

them and, therefore, cause harm and -- and impact to their operations as well and to their patients. Through you, Mr. Speaker.

SPEAKEKR DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, the Higher Education Committee has been working on increasing the number of nurses in the state of Connecticut for some time. And, in fact, we have done a very good job of moving towards that goal. We passed the Nursing Education bill which will produce many new nurse educators who will be able to, I think -- the new program is going to produce something like 58 new educators. So that's a plus right there. We're adding -- we've expanded nursing programs at the University of Connecticut. We've expanded nursing at Western Connecticut State University and Southern Connecticut State University. We've expanded our nursing programs at our community colleges and, in fact, we are now initiating -- we have five and we will be starting a sixth. So I am hopeful that we will see a lot new nurses coming out of our programs throughout the state of Connecticut. And I know

that some of the independent schools are also producing numbers of nurses. So, hopefully, we can meet that demand and -- so I don't see that as a challenge in this at all.

Thank you.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And Mr. Speaker, I have had the honor and the privilege and voting -- for voting in support of those projects and those bills that Representative Willis is talking about.

Just my concern in this very same situation is that through all of the efforts that all of us, including Representative Willis, that we have put through, we still do not have enough nurses to be able to fulfill the mand -- the demand for all the patients for the state of Connecticut.

But I will move -- I will move on and I'll continue, if I may to -- to line 40 and to -- line 40 to line 4 --

I apologize, Mr. Speaker.

Line 49-- 48 to 51, it basically says talking

about -- about bringing in underprivileged patients. It says, The Health Disparities Institute sponsored by the University of Connecticut that will enhance resource and the delivery of -- and the care for the minority and medically underdeserved -- underserved population of the state. Through you, Mr. Speaker, knowing that this facility physically is located in Farmington, would Representative Willis inform me of what is the percentage of population in that Farmington area that is underprivileged, that will be coming into the new institution -- relying on Medicaid and Medicare? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Just a point of clarification, through you. You had mentioned that the Center for Excellence and Health Disparities was going to be at the UConn campus in Farmington. It's going to be in -- located in downtown Hartford. It will not be -- and, right now, I think the Medicaid population at Farmington is about 23 percent is my recollection if that's the population he's asking me to identify.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Twenty-three percent.

Thank you, Mr. Speaker.

The bill -- the amendment does not say that but I am truly appreciative for Representative Willis' explanation of this.

Allow me please to move to lines 54 to 56 where it says, The University of Connecticut School of Nursing that will explore ways to enhance the recruitment, education and retention of nurses and nursing facilities. Through you, Mr. Speaker, how would this differ from what Representative Willis just described about our efforts in the Higher Education Committee, under her leadership, to enhance nurses to -- or students to enter the nursing profession? Obviously, there should be something new and something different than this. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, this is a -- an -- a pilot program that would be at the University of

Connecticut. We've talked a lot about increasing the number of nurses but this program is really geared to retention of nurses. One of the challenges that hospitals have is -- is keeping nurses because it's such a demanding profession. And hospitals now across the country are looking at ways that they can institute policies, practices that will help lower that retention problem. It's -- it's a problem for hospitals when they bring on new nurses. There's a cost to that. I think the number is something like $60,000 in training for the first six months or to a year that a nurse starts at a hospital. This is really about keeping nurses and increasing bedside care. What are some of the best practices out there? How can we keep our nurses and how can we ensure that our patients -- their patients get the best possible care? So that's what this nursing institute is about. So it's a little bit different than producing new nurses.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And I appreciate the explanation.

And through you, Mr. Speaker, I would like to move to lines 286 to 291 where it says, NICU transfer means a transfer of licensures and control of 40 neonatal intensive care unit beds located at John Dempsey Hospital to Connecticut Children's Medical Center resulting in no decrease in John Dempsey Hospital's total license bed capacity and be an increase in Connecticut Children's Medical Center total licensed bed capacity by 40. And through you, Mr. Speaker, does this mean that those 40 beds that are going to be moving from Dempsey to the Children's Medical Center are they pediatric beds? Through you, Mr. Speaker.

REP. WILLIS (64th):

I'm not sure I caught the last few words of his -- this -- the question from Representative Noujaim. Could --

SPEAKER DONOVAN:

Representative Noujaim, why don't you give us a --

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

Those 40 beds that are moving to the Connecticut Children's Medical Center, are they

primarily pediatric beds for children? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, first, clarification, the beds are not moving to the Connecticut Children's Medical Center in Hartford. The Children's Medical Center is taking over the management of the neonatal beds in Hartford. So they are -- they are not pediatric beds, per se, they are the bassinets, they are the -- the neonatal beds at John Dempsey.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And I truly apologize, but I think I'm confused. I'm reading line 287 and 288, it says -- well, it says, Licensure and control of 40 neonatal intensive care unit beds located at John Dempsey Hospital to Connecticut Children's Medical Center.

Does this mean that the beds will remain in the same location, but they will be controlled by the

Connecticut Children's Medical Center? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Yes.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, this means to me -- and I -- I stand corrected if I'm wrong -- that this entire project that we are discussing right now will be adding simply six beds to Dempsey Hospital. Am I correct? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, yes, six to ten beds beyond the 226 that they're now licensed for.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, those beds, the 40 beds that we are discussing right now, are they Medicaid and Medicare supported beds or they are commercial -- commercial insurance beds as they call them meaning that they render profit to the hospital? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, it's a mix of Medicaid and private pay and insurance.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, would then the Children's -- the Children's Medical Center be requesting the State of Connecticut for reimbursement for Medicaid and Medicare costs for those beds, I presume? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

I'm not sure I -- through you, Mr. Speaker, I'm

not sure of the question. Right now the State of Connecticut pays for the Medicaid patients that are there. They will still be paying for those Medicaid beds -- patients when they are under the auspices of the Children's Hospital.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

I appreciate the explanation from Representative Willis.

Mr. Speaker, I would like to move on to line T346, which is in page 22 of the amendment. Mr. Speaker, the line T346 mentions the fact that between 2005 and now 2018, the State of Connecticut is essentially expending $1,555,400,000 for this project and a variety of this projects. Through you, Mr. Speaker, am I correct in this assumption?

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, could he repeat those numbers again. I'm sorry. I wasn't on that page.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

That's okay. Through you, Mr. Speaker, I am on page 22, line T346. That mentions $1,000,555,400 -- I'm sorry. $1,000,555,400. $1,000,555,000 -- Through you, Mr. Speaker, am I correct?

And what does this cover?

REP. WILLIS (64th):

That's the new number once we factor in the 207 million for the new construction and renovation. So we've changed UConn 2000 by that amount.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And just for clarification back to line 331, on page 12, it mentions $1,000,457,000. There is a difference of some million dollars. Is this just a calculation or there is something else that is put into it? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, could Representative

Noujaim cite those -- the page. On page 12, what line is he on?

REP. NOUJAIM (74th):

Page 12, line 331, madam -- Madam Chair.

REP. WILLIS (64th):

That -- that is the after 2000 -- as I'm reading that's the 2017, 2018, when the projects would have to be bonded. Those would be the change in the numbers is -- is my read of that.

REP. NOUJAIM (74th):

But so --

REP. WILLIS (64th):

But you're saying it's a different number. Is that, through you, Mr. Speaker, then?

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you.

And through you, Mr. Speaker, it says in here $1,457,000,000 and that's -- it's not very relevant. I know that the cost altogether would be over between $1.5 billion. That's the bottom line. Am I correct? Through you, Mr. Speaker.

REP. WILLIS (64th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, I am right now going to line 362 and this has deal with the federal funds coming to the State of Connecticut through the efforts of Senator Dodd, as the chairman of the Higher Education Committee mentioned at the beginning. It said, The contribution of not less that $100 million of federal, private or other non-state money or any combination thereof. Through reading the newspapers, I have been hearing for the past several weeks that Senator Dodd has promised $1 million -- $100 million from the State of Connecticut -- from the federal government coming into the State of Connecticut for this project. So what is the difference here and where is the difference, if I may ask, through you, Mr. Speaker? Because if Senator Dodd is saying 100 million from the federal government. This bill says 100 million federal, private or other non-state money. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, the intent here was if the 100 million did not come through, if we did not receive the federal grant for $100 million that the University of Connecticut would have the ability to go out and try to raise the money or seek, as it says, non-state funds, grants, whatever, and they needed to accomplish that by 2015 or the project as delineated here would cease. So that was -- we were just really just saying you have other options. If you can pursue other options, that's great, if the grant doesn't come through.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, then I have a combination of statements on line 377, 378 and then jumping to 670. It says, Until such time as the full amount of the federal, private or other non-state money described in subdivision 1 does not come through -- jumping to line 670 -- construction

and renovation shall not commence. Am I taking this to -- to mean that even though -- even though this bill passes this chamber tonight, goes to the Senate, passes the Senate, signed by the Governor, there will be not one penny spent on this project or dedicated to this project until 2015 when the money either comes from the federal government or does not come from the federal government? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, the only thing that would be expended on this project would be the $25 million that is being reallocated for the design process that we -- we discussed earlier for the architectural plans. That would move forward -- would move forward before the $100 million was received, potentially. We may know sooner and then that would be wonderful but that is how we envisioned it.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, then this $25 million is not essentially money that is going to be newly allocated. It's the money that's already allocated and it's just simply being shifted from one project to another.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, that is correct.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you.

And through you, Mr. Speaker. Now the funds that are promised by the federal government, would it take that long, until 2015, until the State of Connecticut realizes whether or not those funds are going to come to the State of Connecticut? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, does the federal

government behave any differently than we do? And do we know when we release money and our towns wait? So it's really -- I couldn't possibly answer that question.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. I accept that, Mr. Speaker. Thank you very much.

And I know how -- we will never know what the federal government does anyway.

Allow me to continue please to go to lines 394 to 395. It says, The University is authorized to provide by resolution at one time from time to time for the issuance and sales of security in its own name on behalf of the State. I would like an explanation for this line. Would this line mean to me that the University of Connecticut can go out and raise funds and issue bonds and the State of Connecticut will be liable for those debentures? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, in -- in programs that have been named -- projects that have been named, they can do that and also they have to ensure that their caps on bonding are never exceeded.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

But, through you, Mr. Speaker, then this would be in addition to any of those financials -- amounts that we are discussing in this bill?

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, no. My understanding is that what we're referring to is the schedule and the projects that are named and being pushed back and rescheduled, which are on -- start on page 13 of the bill.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker. Allow me to ask

you questions about lines 420 to 422. And, basically, it says that between now and 2018 or until the completion of the UConn 2000 infrastructure improvement project, whichever is later, the University is in charge of supervision, construction, project management and all this. Gosh, it wasn't long ago when we had to investigate the dormitories and the safety and the problems that took place at UConn while UConn was in supervision. And the safety of the kids was most important -- not so much to talk about the taxpayers' dollars that were spend needlessly to -- to go back and do the repair. And all of the -- I remember crystal clear, at the time, they had 24-hour guards staying at the dormitories just to make sure that the kids would not have a fire in the dormitories and then would have bigger problems by the loss of human lives. What makes us think right now, through you, Mr. Speaker, that we are not going to have this problem again, when we have the rest of Connecticut being supervisioned? It is in the bill, I should be asking the question on it. Through you, Mr. Speaker.

REP. WILLIS (64th):

Through you, Mr. Speaker --

SPEAKER DONOVAN:

Question -- questions should be directed to collect for informational purposes not for opinion. I'll let this one go.

Representative Willis.

REP. WILLIS (64th):

Now I've forgotten the question. Could you re -- I apologize. Could you restate it again? I got distracted.

REP. NOUJAIM (74th):

That's okay, Mr. Speaker. I'll be very brief to (inaudible.)

REP. WILLIS (64th):

I apologize.

REP. NOUJAIM (74th):

That's okay, Representative Willis. It's been a long day for all of us and long week for all of us, as well. Representative Morris agrees.

We had several problems with UConn. As a member of the Higher Education Committee and -- and the good representative, Representative Willis has taken of it insofar as the safety and security of the kids and the problems that took pare -- took

place during construction. Again, for a matter of opinion, as you stated Mr. Speaker, I would like to ask the Representative, if we would have a good feeling --

REP. WILLIS (64th):

Uh-huh.

REP. NOUJAIM (74th):

About -- about UConn being in charge. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Now, again, warned that we're straying a little bit out of the ambit of masons, but I'll let this one go.

Representative Willis.

REP. WILLIS (64th):

Thank you very much, Mr. Speaker. Thanks to the work of the Higher Education Committee and to this body and the Governor's office, we put in place an incredible oversight -- construction oversight. We worked -- had had hearings, passed legislation and put forth a very comprehensive plan that would -- would really ensure that an episode, like this, did not happen again. So I'm really -- I really feel confident that we've put that in place, and it

is included in this document, in this bill before us. So I think we've done our due diligence, and we've set up the oversight on construction over UConn 2000, and I think that we are in good shape.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And Mr. Speaker, I'd like to appreciate you allowing this question to continue and -- allowing Representative Willis to answer it.

There is a question I have in lines 499 to 502. Basically this is new language and it says, The agreement to proceed between -- between Dempsey Hospital and -- and the Children's Medical School. And it continues to line 501 and 502 it says, If this agreement to remove or take control of the 40 beds then this whole process will be scrapped. Am I correct in saying that if this agreement between Dempsey and between Children's Medical Center cannot be reached, then, essentially, this whole pro -- whole project and all of this time that you are talking about it is going to be null and void? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, the neonatal beds being moved to -- under the auspices and management of the Children's Hospital is a key factor in making this a financially feasible -- I should say bringing financial stability to the University of Connecticut's Health Center. Because what it -- what this allows to happen is that those -- the 40 beds that they are licensed for can now be converted to med-surg beds. And that is where they would make $4 million starting in 2017.

So as it -- as it stands right now, moving the neonatal beds which are not a moneymaker for the hospital and moving them to the Children's Hospital increasing the medical-surg beds is -- is really what is going to make this project work. So if that didn't happen this -- this program would not -- would not work for the hospital in terms of its finances.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, to Representative Willis. Does this mean the entire project is not going to take place? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker. This is a critical component, and I don't see how that trans -- if that transfer does not take place, that this project could move forward.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Wow, thank you, Mr. Speaker.

And through you Mr. Speaker, I think I right now I'm getting to probably the most important factor. Everything else has been financial and logistic. But this one deals with something different.

I would like to go to line 50 -- 545 to line 551. And I would like to read it because these are very important. It says in here, The University of Connecticut School of Medicine and St. Francis

Hospital and Medical Center shall enter into an affiliation agreement that shall provide that the institute shall not be constrained by the ethical and religious directives for Catholic healthcare services with regard to research and training pertaining to primary healthcare or any report of recommendation generated from such research. Mr. Speaker, as I am a Catholic and I really know and I understand this, probably this entire paragraph deals with stem cell research which obviously the Catholic Church opposes. So am I to assume here or am I to read into it, through you, Mr. Speaker, to Representative Willis, that if something happens and two, three years down the road, you have the hospitals trying to negotiate and then they cannot reach an agreement about stem cell research or -- or how to conduct stem cell research, would then this entire process and the project be scrapped? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, there's -- this initiative is primary care. It is -- there's no

clinical care going on, patient care. It's purely residents training. And so this is to encourage residents who are going through the rotation at different hospitals to have exposure to patient care, develop best practices and, hopefully, encourage and increase the number of primary care physicians in Connecticut which we need very much.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And, through you, Mr. Speaker, I am just reading those lines and those line are talking about ethical and religious directives of the Catholic Church. So, obviously, they are talking about stem cell and abortion. And I don't know how they would be coming into an agreement with it and how this is going to be -- and, again, probably that's on from Representative Willis' point of view. It's an opinion so I'm just asking her opinion. What is going to happen if they cannot come to an agreement? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, there's no stem cell research going on in a primary care institute. And this is -- this is -- there's no clinical care. There's no -- no one's taking care of a patient. It's purely training for residents and primary care. So both of those issues would not come up in a situation like this.

The concern primarily was -- and why this was placed in here. I should back up. Right now, the University of Connecticut Health Center and St. Francis already have a collaboration at the Burgdorf Clinic. So there is a working relationship right now. The difference here and the concern of the working group that was putting this legislation together was that we were actually putting something in statute. So we wanted to be really clear that maybe on some issues involving discussions on family planning or end-of-life issues that those discussions, that training, that exposure would be allowed to -- to happen. And there would be no constraints on it. That's why this is in here. It really was precautionary. It was a feeling that those of us involved wanted to have that comfort

level.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

That makes me feel much better but so, through you, Mr. Speaker, then there has been understanding between St. Francis Hospital and Dempsey in reference to those -- this paragraph here. What is the meaning of the paragraph and how -- how processes will be conducted in the future? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I apologize but I was -- and -- speaking -- so if the gentleman would be so kind. I'm sorry.

SPEAKER DONOVAN:

Would you please repeat the question, Representative Noujaim?

REP. NOUJAIM (74th):

Definitely. Through you, Mr. Speaker. I'm going to make sure that the Representative Giannaros

does not distract Representative Willis in the future.

REP. WILLIS (64th):

Yes, he's distracting me.

REP. NOUJAIM (74th):

Mr. Speaker, through you, am I presuming -- am I presuming that this communication and dialogue has already taken place between St. Francis Hospital and Dempsey in reference to this paragraph and in reference to the research that will go on with the two institutions? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, yes. St. Francis has seen this language.

SPEAKER DONOVAN:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And, through you, Mr. Speaker, as I was involved in the past four other ventures for other hospitals in support of it, we had to go through the Office of Healthcare Access for public hearings and

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for presentations and for approvals and all of this. Does Representative Willis expect that those organizations and for this plan they must also receive approval from the Office of Healthcare Access of the state of Connecticut? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, that is indeed correct. They have to --

SPEAKER DONOVAN:

Representative Noujaim.

REP. WILLIS (64th):

-- go through Office of Healthcare Access.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And, through you, Mr. Speaker, when does Representative Willis expect that those conversation and request for approval would begin to -- to go through Office of Healthcare -- Healthcare Access? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I don't have that information.

REP. NOUJAIM (74th):

What's for dinner, Mr. Speaker?

She said bring milk --

SPEAKER DONOVAN:

I'm caught.

REP. NOUJAIM (74th):

She said bring milk when you come home.

SPEAKER DONOVAN:

Pretty much.

Please proceed.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

Mr. Speaker, if you would allow me and if -- and if the good Chairman allows me to make some final comments, I'll be very appreciative.

And I would like to extend the gratitude to Representative Willis for her indulgence and her answering all of the questions.

Mr. Speaker, in all of the public hearings that we took place and we encountered back in 2008 and 2009 and, again, this year, we have a facility that

has 224 beds of acute care in a university teaching hospital. This hospital has 22.8 percent Medicaid inpatient days as a percentage of total patient days. The UConn medical group, clinical practice of faculty, examined 14 percent -- 14.6 percent Medicaid populations coming to them every year.

UConn, Dempsey, every single year they come and they ask the state of Connecticut for $13 million to cover the differential of fringe benefits that they experience at UConn. Every year, the State of Connecticut puts an additional $13 million from taxpayer's money to cover the fringe benefits for the employees of Dempsey.

The UConn building is 35 years old. We have heard it numerous times, 35 years old and antiquated, or outdated. Mr. Speaker, I will tell you that I am involved with other hospitals, and I said it many, many times. I said it to the president of the University of Connecticut. I have said it to Representative Willis and to Senator Handley. My style is not to blindside anybody. I have had the honor and the privilege to sit on the board of directors of a hospital. This hospital is 100 years old. It continues to operate in an inner

city right in Waterbury. Grant you, the infrastructure of the hospital is not the greatest but they continue to operate. They continue to serve patients. This hospital has 60 percent -- 60 percent -- 6-0 percent of Medicaid visits of all -- its population. Dempsey has 22.8 percent and 14.6 percent in their two divisions. Saint Mary's Hospital in Waterbury has 60 percent. Waterbury Hospital has close to 54 percent of Medicaid visit out of its population. But yet, both, Waterbury Hospital and both Saint Mary's Hospital in buildings that are over 100 years old, they continue to operate and somehow they continue to manage to make little bit of surplus so that they continue to operate.

If we are going to be having and infusing all this money into Dempsey Hospital, it behooves us to support other hospitals as well. In Waterbury and I am familiar with that and I visit the -- the emergency room at Saint Mary's very efficient -- very often, they walk down to Saint Mary's. They come from the north end of Waterbury. They come from the south end of Waterbury. They serve the underinsured, the person who hasn't no insurance,

the Medicaid population, the Medicare population. And the state of Connecticut continue to cut them. Continue to cut their rate of reimbursement but, yet, somehow they manage to survive. But yet University of Connecticut Hospital comes to the state of Connecticut every year asking for $13 million.

At 1:05 this afternoon, about six hours ago, Representative Leone made a statement, and I quoted -- and I wrote it down. He said in statement, We need to tighten our belt. If I am looking at the total debt from this, looking at the fiscal note, it's going to end up costing the State of Connecticut, according to the fiscal note, $361.4 million, $361.4 million.

Several hours ago we saved $422 -- $22 million in deduction. $422 million, which mean, most of those monies that we saved when Representative Leone introduced that bill are going end up going just out the door to fund this -- to fund this amendment that we are about to introduce right here.

I think it behooves us as legislators to look fiscally at what we are doing and stop spending taxpayer's dollars and stop bonding and stop

increasing the debt of the State of Connecticut because all we are doing right now is we are mortgaging the future of our children and the future of our grandchildren by increasing the debt of the State of Connecticut.

Mr. Speaker, I could not see this project when it came before the Higher Education Committee, and I intend to vote no on it, and I hope my colleagues will join me in voting no.

Thank you so much, Mr. Speaker, for indulging me.

SPEAKER DONOVAN:

Thank you, sir.

The Chair would like to note that members on both side of the aisle are getting into a rather bad habit of pushing the button to speak and then leaving the chamber. That is strictly not allowed. Earlier today I was just clearing people who were doing that off of the board. But it has become so persistent and so ubiquitous that I fa -- felt strongly that I needed to warn everybody that you -- you can't participate and -- and leave the room at the same time.

So if people will be very careful. If you're

going to put yourself in the queue for speaking, you do -- you do need to remain in the room while your -- while your turn is awaiting.

So with that we'll move on continuing to discuss House Amendment Schedule "A". Let me call on the distinguished Deputy Speaker from Hartford, Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

Good morning -- good afternoon, Mr. Speaker.

SPEAKER DONOVAN:

It's almost morning.

REP. KIRKLEY-BEY (5th):

Yes, almost.

I have a couple of questions I'd like to ask to Representative Willis.

SPEAKER DONOVAN:

Please proceed, madam.

REP. KIRKLEY-BEY (5th):

The 40 neonatal beds --

REP. WILLIS (64th):

I answered a question.

REP. KIRKLEY-BEY (5th):

You're being distracted, ma'am.

REP. WILLIS (64th):

I'm sorry.

REP. KIRKLEY-BEY (5th):

The 40 neonatal beds that are going to the Children's Hospital, are going to become beds for adults at UConn Medical Center?

REP. WILLIS (64th):

Through you, Mr. Speaker. They're med-surg beds so they could be for a child, but I would assume that most of the med-surg beds would be for adults.

REP. KIRKLEY-BEY (5th):

Okay. We currently have 12 prison beds at UConn. We're going to take that number down to 10 so I am assuming the extra two will be used for adults of some sort, and we're still going to pay them $90 million a year to take care of 10 patients; is that correct, ma'am?

REP. WILLIS (64th):

Through you, Madam Sp -- through you, Mr. Speaker. I'm sorry about -- through you, Mr. Speaker, what lines are you looking at in the bill?

REP. KIRKLEY-BEY (5th):

I'm not. I'm just talking about what UConn does.

REP. WILLIS (64th):

Oh, okay. I am not aware that there is a reduction of two beds in the corrections.

REP. KIRKLEY-BEY (5th):

Believe me, there is.

REP. WILLIS (64th):

Okay. So I can't --

REP. KIRKLEY-BEY (5th):

UConn will have a total number of how many beds when this is -- if this goes through?

REP. WILLIS (64th):

It will have 230. It's -- they have 226 and they will get an additional six to ten beds.

REP. KIRKLEY-BEY (5th):

In five years, will they be coming back to us needing more beds?

REP. WILLIS (64th):

They have to -- through you, Mr. Speaker. In order to get more beds, they have to go through the Office of Healthcare Access. So it's really not incumbent -- wouldn't be necessarily incumbent upon us or it would not necessarily come before us for additional beds. That would be something that you would take for a decision from the Office of

Healthcare Access.

SPEAKER DONOVAN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

The nursing degree that will be given out at UConn -- will the one that's to be given out the state universities and the community colleges be exactly the same?

REP. WILLIS (64th):

Through you, Mr. Speaker, this is not a degree program as I understand it. It's just a pilot job training, retention program. That's going to be at the University School of Nursing. So it's not -- it's just training program.

REP. KIRKLEY-BEY (5th):

Do the trainees ever graduate?

REP. WILLIS (64th):

I would assume so.

REP. KIRKLEY-BEY (5th):

When they graduate, whatever certificate they get will it be the same as those coming out of the con -- state colleges and community colleges?

REP. WILLIS (64th):

No, it's not the same degree. A baccalaureate

degree in nursing or a master's degree in nursing would be different that an associate's degree, RN, in nursing.

REP. KIRKLEY-BEY (5th):

So that's what UConn is going to be offering, the higher degree?

REP. WILLIS (64th):

That's what they offer now.

REP. KIRKLEY-BEY (5th):

So they'll continue to do the same.

REP. WILLIS (64th):

Right.

REP. KIRKLEY-BEY (5th):

So people coming out the state system and the community college system will have to go on for probably more to get to be at the same level?

REP. WILLIS (64th):

No. This -- this is something completely separate. This is really just a institute of nursing to determine to train -- best practices. As I said, it's really aimed at giving and developing programs that will retain nurses. It's -- it's not about -- as much about educating and turning out nurses. It's an institute which is different.

SPEAKER DONOVAN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

Okay. Will UConn be coming to us this year with a deficit?

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, no.

SPEAKER DONOVAN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

Are you sure, madam?

REP. WILLIS (64th):

I'm -- I'm not going to answer that question. That's not fair.

SPEAKER DONOVAN:

Prudent and wise.

Representative Kirkley-Bey.

REP. KIRKLEY-BEY (5th):

Are there federally qualified health centers in the bill?

SPEAKER DONOVAN:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, federally qualified health centers are not in this bill, though, I am aware that the University of Connecticut is very interested in entering into a dialogue with the -- the federally qualified healthcare centers.

REP. KIRKLEY-BEY (5th):

If they enter into a dialogue with them -- we're going out in five days -- where do we see it? If they reach some kind of agreement, do we get to see that?

REP. WILLIS (64th):

It's my understanding that they are going to be meeting after we adjourn. So I don't have any language or proposals in this bill on federally qualified health centers.

In fact, I do want to comment that I did not receive any communications from anyone from a federally qualified health center through this whole process since 2007, actually. And it was only a few days ago I was apprised of an interest by a health center in Hartford. I think it's a wonderful idea. I'm a huge supporter of qual -- federally qualified health centers, and I would have certainly en --

enjoyed having that part of the discussion.

REP. KIRKLEY-BEY (5th):

You've just hurt Representative Thompson's feelings.

We talked about it three or four days ago, and Mr. Cicchetti was asked to address the problem but I guess he didn't do it.

Thank you very much.

SPEAKER DONOVAN:

Thank you, madam.

Representative Larry Miller.

REP. MILLER (122nd):

Thank you, Mr. Speaker.

I think Representative Noujaim asked a lot of questions. I hope I don't repeat anything that he might have asked but --

Let me just start by saying that my constituency generally go to New Haven or Bridgeport. And I know that in the bill it says that they're going to zero in on medically -- minorities and medically underserved children or population. Bridgeport and New Haven are the number one and number two cities of the state. And certainly treat this type of population. I would

think probably more so than Dempsey might or the Health Center.

So I have a problem with the fact that you're going to be competing with hospitals down my way who are always in financial trouble because of the fact that they are treating a lot of minorities and medically underserved people. They've been doing that for years.

And as far as the cancer center goes, that's all well and good for Hartford, but we have five of them now in Connecticut all within the last three years or so. The Smilow Cancer Center of Yale-New Haven Hospital, it's going to be -- well, it is 14 stories tall. It's going to require a lot of people. And they hope within five years it will be the equivalent of a Dana-Farber, which will be real blessing for the state of Connecticut to have that type of quality hospital in the area where the people don't have to go out of state. In Bridgeport, St. Vincent's Hospital, the Pfriem Center, it's a cancer wing they put up there. And, in Waterbury, you've got the Harold Leever cancer wing that was just built. Griffin Hospital in the valley put up a cancer wing. And I think -- I'm not

sure which hospital in Hartford has a heart -- a cancer wing. So you got five of them. And they're all going to be competing for all sorts of funds -- federal funds, as well as state funds. So we're going to -- it looks to me like we're going to be watering down the amount of monies that these hospitals will be getting because of the fact that the Dempsey Hospital is also going to be looking for money and because it's a state hospital, I hope they don't have the edge in receiving funding.

There's also going to be a bioscience zone. I don't know what that's going to do for the rest of the state. We have some bio pharmaceutical type firms in my district, as well as located in other parts of the state. And Danbury has some. We all have a few of them. So now is this going to be the area for bioscience type of companies to go to rather than our local towns and cities?

So, again, you know, we're -- we're going to be competing -- the State's going to be competing with all the municipalities and towns throughout our state who are also in financial disarray. We all want money. We all need money, and we certainly will be looking to get as much as we can from

anyplace we can. And if it means an employer coming into our area, we're going to do what we can. But we certainly don't want to compete with the likes of a UConn or Dempsey.

I'll probably repeat myself, but I think I'll just end it at that stage. But I have some very serious concerns about this whole operation. Dempsey has been in financial trouble for years, and I'm not sure this is the thing that's going to bring them out of it. There's a lot of things on the plate for that facility. Whether they can accomplish it, whether the numbers that they're throwing out there are even close to what they might be, I don't know. But, again, because this hospital has been financially challenged for years, I'm not sure this is going to change it.

I thank you for the time, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, sir.

The gentleman from Farmington, Representative Giannaros.

REP. GIANNAROS (21st):

Thank you, Mr. Speaker.

I rise to speak in favor of the bill before us

-- the amendment before us.

This is an investment that the State of Connecticut's making not only to improve the quality of healthcare delivery at UConn Health Center but the whole regional system of healthcare delivery. Not only will it actually improve the quality of health but also attract better doctors, better nurses over time. It will strengthen our biomed -- biomedical technologies cluster that many of us have been fighting for many years to develop. And it's going to create actually many jobs that are high value added jobs. Jobs that create high incomes and contribute to our well-being.

As we know that we have an economy that is composed of highly educated people, one of the most educated in the world for that matter. And we have the capacity to grow and develop an industry, the biomedical industry, the biopharmaceutical industry, that will actually put us in the forefront of economic development and innovation.

All -- as far as I know, all the major stock -- stakeholders relating to this project have agreed, including the unions, the hospitals that are involved in this. And we have, for the first time,

I believe -- maybe the third time is a charm -- for the first time, we have an overall agreement that this is an investment that is supported by everyone, including the Governor, the leadership and many others.

It -- it -- given that we are anticipating an increase demand for medical services over the next 20 to 50 years because of the demographics, it is imperative that Connecticut become a leader not only in providing the services that we need upon the basic level but also in creating innovations, new ideas, new products, if I can use that term, that are -- develop solutions to our healthcare problems more effectively at a lower cost.

And I think that by creating an incentive or providing incentives for better doctors, better researchers, to come to the UConn Health Center and work in that premise, I think we have a chance to stand out worldwide. And I believe that we will be able to create jobs that, perhaps, we had not anticipated in the past. It will be the kind of environment that will be fertile for many biomedical, bioscience type of firms to come to Farmington, to New Britain, to Bristol, to Hartford

and connect with the medical center and its research center and develop those new products that I mentioned before.

Not only that but because of the improvement in the facilities and in the capacity to improve research and health delivery, the federal government is more likely to allocate more grants to our medical and scientific personnel. And I think that will be another plus.

So when you look at the estimates that have been provided by our good friends of the Office of Fiscal Analysis, they only capture part of the benefit that we anticipate from this investment. And, again, this is an investment. It is not spending. There is a difference between spending when you are consuming something for the simple enjoyment within a short period of time. But this is an investment, $207 million, we anticipate to spend directly from the state bonding that will carry benefits and create benefits for decades to come not just for the next one day, two days, one year or ten years for that matter.

And I would love to see everyone actually support this. Of course, we have had one at least

individual who's taking the opposition, the opposing side on this issue. But it is really a hu -- a human capital investment, an investment in our science, research, and medical provision of new products, new services, new ideas and new solutions to our health problems. And I want to reemphasize that this is a good investment and I call upon all of my colleagues to consider voting for it.

Thank you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, sir, for your remarks.

Will you remark further on the bill? Excuse me, House Amendment Schedule "A"?

The distinguished gentleman from the 113th District, Representative Perillo, you have the floor, sir.

REP. PERILLO (113th):

Mr. Speaker, thank you very much.

I -- I have a number of questions. I'm trying to formulate them in an order that actually makes sense so if I haven't done that, I apologize.

If I may through you, Mr. Speaker, a few questions to the proponent.

DEPUTY SPEAKER MCCLUSKEY:

Please proceed.

REP. PERILLO (113th):

Through you, sir, currently, I think it's pretty well accepted that the hospital right now is not something that generates money for us. In fact, it does lose money and we subsidize that frequently year after year. If you could briefly explain --

REP. WILLIS (64th):

I don't think your microphone is on.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. PERILLO (113th):

No, no, no, I -- I think there may be a sound problem, sir.

REP. WILLIS (64th):

I can -- excuse me, Mr. Speaker. I think his microphone's not on. I can't hear him. I can't hear the gentleman.

DEPUTY SPEAKER MCCLUSKEY:

Representative Wil -- Willis, did you finish your comments?

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, if -- if I could ask a question

through you. Representative, can you hear me now?

REP. WILLIS (64th):

Yes, I can. I'm sorry.

REP. PERILLO (113th):

Thank you.

Then I'll ask my question again. Through you, sir, the hospital right now is not a hospital that makes money on its own. In fact we subsidize it year after year, and I believe the Representative from Hartford may have alluded to that previously. If you could briefly -- and I know this is a very large bill -- if you could briefly explain to me what in this bill we expect will actually change that year over year loss of funds that we've seen in the past. Is there anything in here that is actually going to change the solvency of the hospital? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I addressed this issue before. The transfer of the neonatal intensive care unit under the management of the Children's Hospital will allow under their UConn --

their licensed beds -- to transfer that 40 number to med-surg beds. And when they do that, their income will -- the income from that when it comes online in 2017 will generate an additional $4 million which will give them their operating margin.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much.

And I'll follow on to that if I could through you, sir. Very often in the hospital community, we look at some key actually loss centers. Emergency departments and labor and delivery, oftentimes, you can look at the department by department line items and you say, wow, these are losers. Why do we do them anymore? And the reason is simple we do them because they're actually the portal to the hospital. You know, it's where you're born and where you come for an emergency are the doors. And that's how we get patients. So I'm wondering -- very often parents who are looking for a facility where they're going to have their child often look at the capabilities of that facility. Very often parents will ask me, Gee, where should I go? And one of the

things to consider is what is the capability of that facility to provide care in instances where perhaps the pregnancy doesn't go according to plan and perhaps there may be some complications. And, as you know, typically that's treated in a NICU, neonatal intensive care. So has there been any thought or analysis into whether or not we're going to see a decline in admissions through labor and delivery because the hospital does not have neonatal intensive care? And I understand that there will still be that care available. But is that something we've evaluated and established? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

The neonatal intensive care unit is not leaving the facility. It is still going to be housed at the John Dempsey Hospital and the continuum of care from -- from the neonatal unit would then -- they would be able to go pediatric care under the Children's Hospital. So that's the difference here and the nuance.

I do -- as long as we're talking about this, if you don't mind. Representative Noujaim asked a

question before about the NICU unit and I gave him sort of misleading, incorrect information. I want to clarify it on the NICU. Because the NICU unit is such a critical element to this financial stability of the hospital, he had asked the question, if it falls through, does this mean that the project can't go forward. The issue would really be at that point if it does not -- did not work out with the Children's Medical Center, then the University's Hospital, you know, the UConn Health Center, would have to go to the Office of Healthcare Advocate -- excuse me -- Office of Healthcare Access to apply for 40 med-surg beds. So the project could go forward that way if they were approved.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much.

Another follow up on the NICUs, through you, sir. If the NICUs lose money, why has CCMC decided to take it on? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, an excellent question. The reason that it makes sense for Chil -- the Children's Hospital to take on the NICU is they get a higher Medicaid reimbursement rate. And so it makes a big difference in the bottom line. For them, makes more sense. They get -- I think it's somewhere in the neighborhood of $2000 reimbursement from Medicaid, while UConn -- I could get the exact numbers -- but let's say it's around 1500.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you again.

And through you, Mr. Speaker. So the follow on to that is obviously is the Medicaid rate is higher for CCMC so at the end of the day that's kind of a wash for the State of Connecticut; is that correct?

REP. WILLIS (64th):

There would still be an increased cost in, you know, going forward in Medicaid because they get the higher rate. So there would be -- and I saw the numbers on that. I think it's approximately $1 million would be the difference.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Just a statement if I may. I am actually having a hard time hearing the Representative, as well on her answers.

But if I could, again. I just -- honestly, I apologize. I don't understand the answer.

My comment was that the 40 beds shifted to CCMC make sense because the Medicaid reimbursement is higher. The State of Connecticut pays that so at the end of the day we're balancing because of the fact that the State of Connecticut paying more money. So at the end of the day it's a wash for the state of Connecticut. And I'm sure the answer is clear. It just wasn't to me. If you could again, please.

REP. WILLIS (64th):

I'll state it again because --

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Thank you.

Through you, Mr. Speaker, because of the

reimbursement rate differentials between the two institutions, the state will increase -- incur increased costs for Medicaid payments to the Children's totaling $1.4 million per year. That -- I knew it was around $1 million but it's 1.4.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, sir.

And, again, that 1.4 million increase is more than outweighed by the savings they'd experience by not handling the NICU beds, the 40 beds; is that correct, sir?

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, that is my understanding. These increased Medicaid payments will -- will also reduce, as you know, Children's Hospital carries a large burden -- I think it's $22 million deficit from their Medicaid caseload.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

And, again, I thank the kind lady for her answer.

I just want to move on to some of the economics of this, specifically, not just the finances but the economics for the State of Connecticut. There was a study performed and there are a lot of numbers here and there's not a whole lot of support for it. And I understand that economic estimates are a bit of a challenge. It was the Connecticut Center for Economic Analysis that put these economic numbers together; is that correct? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, yes. I think that's the --

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

And -- and -- thank you, again.

My understanding is that the Connecticut Center for Economic Excellence is actually based at UConn; is that correct? Through you.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, that is indeed correct.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you.

And the reason why I ask, you know here we are it's May now and we're coming up on election season and the question you always ask when someone releases a poll is, Well, who did the poll? So I guess the obvious question is we have numbers that seem to be positive run by an analysis center that is actually operated by the beneficiary of the investment. And I think that is, you know, it immediately gives pause to me. We're relying on numbers. We're relying on our decision. We're making our decision based upon economic numbers and estimates and, gosh, we hope they're true. But we're relying on numbers that have come from UConn, and UConn is here asking us for an investment. I don't know how I reconcile that and, quite frankly,

I don't know if there's question on that. It's generally just a statement, but I think it -- any rational person has to wonder, Gee, should we be wondering about that?" And I guess I'm wondering, gee, should we be wondering about that.

But, further, as to the economic impact and I understand that we expect and we hope that this investment will breed that, but the State Connecticut is not the State of Ohio; the State of Connecticut is not the state of Texas. It's a pretty small state. And one has to wonder Yale University and the Yale Medical Center that goes along with it is generally regarded as a world class medical center. And I'm just wondering what makes us think UConn Medical Center -- and it's a fine facility -- but what makes us think that the hospital, UConn, is going to generate or could generate economic success that, quite frankly, a clearly established and world renowned center, like Yale, cannot? Are -- are we expecting that UConn can do it better than Yale? What is the basis for the assumption that this is going to bring us jobs that reliance in the private sector cannot bring us? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I'm not sure of how to respond to that. It seems to be a subjective response. I mean, obviously, this is -- this proposal has a component of the network that's going to -- going to be created. It's -- it's not going to be just the University of Connecticut's Health Center. It's going to be a collaborative effort and a working together to strengthen health care delivery for all the hospitals. I'm sure they wouldn't be entering into this if they didn't think there was -- there was benefit to them in terms of their bottom line, as well, and their delivery of ability to deliver health care.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

I -- I don't know if I get there, but I appreciate the answer.

Part and parcel of this -- and you talked about collaboration a little bit, the representative did,

and I want to get to that later -- but part and parcel to this the creation of enterprise zones. And if we could explain how the creation of those enterprise zones -- and the word "clusters" was used before -- explain that economic benefit to me because I'm wondering why it's exclusive to UConn Medical Center. Why can't -- that -- that can't be generated in other places. So these enterprise zones, in and around the medical center, why can't we do that in and around Yale? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I didn't catch your -- the last words if --

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo, would you please rephrase your question?

REP. PERILLO (113th):

Absolutely.

REP. WILLIS (64th):

Just the last --

REP. PERILLO (113th):

Thank you, sir.

The creation of enterprise zones is sort of at the crux of what we believe will generate economic success from this investment. My question is given the fact that we already have a world-renown medical center, why wouldn't the creation of enterprise zones around that facility bring us the same economic benefit without the 300-plus million dollar price tag? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, the University of Connecticut has a very strong research component to it. By creating these bioscience enterprise zones around the hospital, increasing them in Hartford, New Britain and Bristol, we're going to be attracting people in those fields to -- and researchers and quality physicians who want to come here to be part of that initiative. So it is a very important part of what we're moving forward here. This is our flagship university. And their research generates a lot of their revenue right now. Remember the State of Connecticut gives a very small portion of its -- I think it's like 22 percent of

their operating dollars. The rest comes through research grants, philanthropy, you know, insurance and Medicaid reimbursements but by creating and attracting this to our state to that -- the region that's -- that's the strength of this proposal. It's -- It's a huge part of the component of this bill -- is -- is the enterprise -- the bioscience enterprise zones.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you. And, again, I thank the lad -- gentlelady for her answers. I don't know that that answers the question entirely. I understand this is going to create -- or we believe this going to create additional jobs, additional research. I understand that, that that's our belief.

But my question is -- I guess not my question -- my statement is, here in the State of Connecticut, which is not a very large state, here in the state of Connecticut, we have a world-renown medical center, which is largely based on the three principles of a world-renown medical center, an academic medical center: research, education and

patient care; research, education and patient care. And what we're essentially saying is with this investment we're going to duplicate that and do it either differently or better. I'm not sure which, maybe both. But my question is why aren't we taking advantage of what we have even though it's a private institution? Why aren't we taking advantage of that to build economic clusters? Why aren't we creating economic -- or enterprise zones around that facility in order to take advantage of it? Why are we reinventing the wheel? I just don't understand. It seems to me that if you have an asset, by God, use it. And I wonder why we're not doing that.

It seems to me we should be discussing whether or not we should be creating enterprise zones around Yale University and the system that it has put together and we're not doing that. It would seem like it would be an awful lot less expensive, and it would enable us to use an asset with quite a bit of cache. So I don't -- I don't -- I don't quite understand how UConn is going to be able differentiate itself from Yale. And I don't understand how we can expect that UConn is going to do a better job than Yale. And at the end of the

day, it's a competition. And it's all about differentiation. And I just don't know that this investment is really going to be able to differentiate the facility. And then that's not a question, that's just a statement.

But something that was mentioned before that I said I wanted to get back to was the concept of collaboration and coordination. And I actually kind of like that, you know, coordination in medicine is -- is -- is sort of in vogue now. And it seems to be working very, very well in a lot of different places around the country. But my question is in order to collaborate with the other facilities around the Hartford area, why is it that we have to spend the kind of money we're spending to do it? Why is it that we need to create another bed tower to do it? Why can't we just do it and not make the investment that we're talking about? So that's my question, why can't we just do it without the creation of another tower? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, because the -- the

building will not support that.

Going back to the beginning of -- of my statement, the Hospital and the Health Center have not been renovated in 35 years. They are not equipped for the technology. The don't have the research space. So many of the things that are needed to -- to grow and to attract researchers to come or physicians to come here or students to come here because of what we're doing is not there right now. We have a building that for years we have known that there were problems with. And you can only push this out so long, and the day of reckoning is going to come.

All the things that a modern hospital requires, their facilities won't handle that right now. And the hospital the way it was created 35 years ago -- built 35 -- it was not designed, unfortunately, to handle these changes. Hence, we're -- we're here today. But the point is that they don't have the space to do the ki -- the kinds of things that research and they don't have the space. They're competing with space for clinical care. So that -- that's the challenge here.

I also want to say going back to your statement

before, we created -- this bill also creates a bioscience zone around Yale-New Haven. Okay, because it says, it alludes to university, so that's in here. Thank you. Through you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Well, that's good to hear. I -- I appreciate that. I don't know that my question is answered. It is to some degree but not exactly where I would hope it would be. And maybe my under -- my fundamental understanding of what this collaboration and coordination's intended to be is wrong. It's possible, obviously.

It would seem to me that our goal to collaborate and coordinate with other facilities is not intrinsically linked to beds at UConn. It would seem to me that if we're saying, freely, that Hartford Hospital, St. Francis Hospital, Bristol Hospital, they all have assets, they all have specialties, and we're going to work to coordinate all of that, then why is it that -- and I've asked this and I'm asking again. And I guess I shouldn't ask and I'll make the statement -- if we're

coordinating what other facilities do well and that's the goal, then I don't understand why we need to spend this money to build another tower. The goal is to coordinate. The goal -- the goal is to bring together the services that the other facilities provide very, very well and provide for an appropriate continuum of care, provide for an appropriate coordination of the medicine delivered. I don't know why we need a big tower to do it. I -- I just don't follow it. It seems like it's a great goal. And it seems like it's something we should definitely be striving for, but I don't know that we need to spend the money to do it.

But, I'll move on as it pertains to the tower because I think that that leads to another question. My understanding is that two years ago there was a study performed. I believe it was the CASE study. I could be -- I could be wrong, but I believe it was the CASE study. And it studied among other things, it studied whether or not there was a need for additional beds in the state of Connecticut. And what was the outcome of that study? Through you, sir.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

The outcome of that study was, I'm going to say, three-fold. One it said that the hospital was in need of upgraded facilities to adequately support its academic mission and the delivery of quality health care. It also said that the University of Connecticut's Health Center had not developed relationships with the area hospitals, collaborative relationships. The third point regarding beds -- because if -- if you remember the first proposal from the University was, I think, for 300 and-some-odd beds. I could get you the exact number, but a lot more than we're talking about here.

And so there was an outcry from the area hospitals in the Greater Hartford area because they're saying that, you know, obviously, they would take away from -- from them. That was the concern. This legislature did not feel equipped to -- to make a decision about the number of beds that are needed for the Hartford region. So CASE was charged with really looking at -- looking at that, and what they came back and said there really wasn't a need for

those number of beds. So that was the -- that was the third part of the leg of the stool. And that's why, you know, the second proposal was a much reduced number of beds and here we are today really talking about 230 beds. And -- and that's I think the three points that I think are the strongest that came out that report.

DEPUTY SPEAKER MCCLUSKEY:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you. And again, I thank the kind lady for her answers.

I recall reading in the newspaper very, very recently, and it goes to this question of bed counts. The president of Waterbury Hospital, and I know some folks in here would be familiar with this, the president of Waterbury Hospital is actually leaving the hospital. In one of his comments he was quoted in the newspaper saying that the City of Waterbury doesn't need two hospitals anymore. As you know, Waterbury has two hospitals, Waterbury Hospital and Saint Mary's. So here we have hospital executives in the state of Connecticut acknowledging the fact that we don't need as many beds anymore,

yet, here we're talking about adding beds, specifically 45 med-surg beds. And it seems like the medical community is admitting that we don't need any more. I don't understand. And I actually said this to a number of colleagues and -- and I -- I'll say it again. I think it's a fair comparison. Last week, my wife had off on Wednesday, and she went out to do some shopping. And in the course of doing that shopping, she found some stuff that was on sale. She found some deals. And I got home that night and she told me -- and we've all done this, we've all done this -- she told me, you know, I saved a lot of money today and then she showed me all this stuff she bought. And then she showed me the in -- or the receipts for all the stuff she bought. And, I don't know, if my math is wrong, but she didn't save me any money. She bought a whole bunch of stuff that we didn't need. She's probably watching, God help me.

But it seems like that's what we're doing here. We're spending money in the hope that we're going to be able utilize federali -- federal money, and I get that. I get that. But at the end of the day, we're spending our money and the federal government's

money, which at the end of the day is all of our money, on something that I just think we need. We have a world-class medical center. We should be talking full advantage of that.

And as I see it, there are three options here. The first is to do nothing, leave it as it is, good enough, let it go. I would imagine, at least the sense I get is that nobody here wants to do that, and that's fine. And we're probably right. The other option is to do what we're doing, spend some money, make some improvements, hope that it draws new researchers, hope that it draws new scientists, hope that it draws new physicians, hope that all of that draws more companies to do the research and brings jobs and that trickle downs and generates more revenue for the State of Connecticut. That's our hope. That's a number of iterations of away from where we are, but that's our hope, that's the second option.

The third option that I haven't heard mentioned today, but that I'll go ahead and say is to do neither of those, and that's to acknowledge that perhaps there's a facility better situated and better equipped and better qualified, perhaps, in

the state of Connecticut to do exactly what we're saying we should do. I'll be honest, I'm not sure we need this hospital. I'm not sure we need this hospital.

Yale just made a significant investment in a cancer center. Griffin Hospital, the closest hospital to me, just made a significant investment in improving its cancer center, which incidentally is largely affiliated with Yale. It seems to me the opportunities here are affiliation with a deeply established world-renown medical center, and we should be taking full advantage of that. And we should be doing, quite frankly, what another world-renown medical center -- medical hospital -- I'm sorry -- medical education center in the Northeast has done, which is Harvard. There's no Harvard Hospital. There's a Harvard Medical Center. One of the best, if not the best in the country, but it doesn't have a hospital. Its affiliations, its resident, its interns all learn in the hospitals surrounding it. And that apparently works very well because it turns out some pretty descent doctors. And not for nothing, there is an exceptional cluster of bioscience, biotech, medical devices, companies

around that area, largely because of Harvard and MIT, and I know it's not that easy. It's not just one facility.

And I wonder that maybe we're hanging our hat on the concept that it is just one facility, but it seems to me that that's the model we should be using here. Take advantage of our greatest medical asset in the state of Connecticut. Why reinvent the wheel? It seems that that's what we're doing. And there's no doubt that we should be expanding health care opportunities in the state of Connecticut, not only for our patients, but for our folks here to develop our workforce. But I can't be convinced that if we get rid of this hospital, we're going to lose doctors in the state of Connecticut, and that you're not going to be able to find a dentist. I can't be convinced of that. Take advantage of our greatest asset. And it seems to me it's very clear as what that is. And I -- I just can't support this today because I feel like we're throwing money at a problem hoping desperately that it's going to make a difference. And I'm just not convinced that it's going to make that difference that we hope for.

We have assets. We should use them. This

isn't doing it. And I -- I respect those who believe this is a good idea, I truly do, but I don't and I'll be a no vote today, and I would urge my colleagues to do the same. And, Mr. Speaker, I thank you for your time. And I, of course, thank the kind lady for her patience and her answers.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, sir, for your remarks.

Will you remark further on House Amendment Schedule "A"?

The distinguished representative from Westville, Representative Dillon, you have the floor, madam.

REP. DILLON (92nd):

Thank you, Mr. Speaker.

Through you, some questions to the proponent of the amendment.

DEPUTY SPEAKER MCCLUSKEY:

Please proceed, madam.

REP. DILLON (92nd):

Thank you.

First, I want to congratulate you. It's a wonderful committee that I serve on, and I know that this took an extraordinary amount of work. And I

congratulate you on your achievement and congratulate UConn in securing the support of the Governor.

But -- but I do have a number of concerns, and -- and I guess I want to preface this by saying this is really complicated. I don't -- I don't know how I would have done it if I were in charge. But -- but I have to ask a few questions.

Through you, Mr. Speaker, how were the hospitals chosen who were in this state-created network?

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Ex -- through you, Mr. Speaker, they were approached by the University.

DEPUTY SPEAKER MCCLUSKEY:

Representative Dillon.

REP. DILLON (92nd):

Through you, Mr. Speaker, okay. I'm just concerned -- for the past three years every nonprofit that I know, you know, has -- whether it gets 50 or a $150,000 has been told that they have to use an RFP process through the Office of Policy

and Management. Was there an RFP process that went through UConn? Through you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, there was an RFP process in the last year's plan where Hartford Hospital came forward, and, quite frankly, I don't recall an RFP process for this network collaboration that's being discussed here.

DEPUTY SPEAKER MCCLUSKEY:

Representative Dillon.

REP. DILLON (92nd):

Thank you, Mr. Speaker.

And on the med-surg beds, how was the number 40 arrived at? Through you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, that's the number of NICU beds.

DEPUTY SPEAKER MCCLUSKEY:

Representative Dillon.

REP. DILLON (92nd):

Thank you, Mr. Speaker.

And -- and it was -- the swap isn't necessarily related to any needs assessment in the -- in the Dempsey market? Through you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I'm not sure I understand the question, but the need is for more med-surg beds at the -- at the hospital. Remember, UConn Health Centers has 226 beds that are licensed right now. And they have 226 staff beds so they are at capacity which is different than any other hospital in the Hartford region.

DEPUTY SPEAKER MCCLUSKEY:

Representative Dillon.

REP. DILLON (92nd):

Thank you.

Would it be appropriate to conclude from the language of this bill that there will be a public obligation to provide some clinical support to the -- financial support for clinical services at the private hospitals that are in this new network? Through you.

DEPUTY SPEAKER MCCLUSKEY:

Representative Willis.

REP. WILLIS (64th):

Through you, Mr. Speaker, I'm not aware of that.

DEPUTY SPEAKER MCCLUSKEY:

Representative Dillon.

REP. DILLON (92nd):

Thank you, Mr. Speaker.

I'll be brief, actually, but I -- I -- I really wish the medical school well. And -- and I do believe that Dempsey needed to be redesigned. And I -- I haven't been there in a few years, but it was a problem then.

But I'm a little bit worried about what this morphed into. And -- and I'll just point out a couple of things, some of which are not my direct problem but -- but may be a future problem. It isn't clear to me. Med-surg beds are -- are very profitable beds. There also very competitive beds. And they're -- they're beds for which there is a decreasing need, largely, because of advances in technology, for example, outpatient surgery. Okay. It may well be that -- that as some of the things

that we discussed in the needs assessment that we paid for that in -- by 2025, it may well be that we'll need some more beds in that particular area but, until 2025 -- assuming there is no change in our current technological status, which is unlikely, for example, laser surgery or whatever, I'm very concerned, and this is not my call that the 40 med-surg beds that may be needed at John Dempsey Hospital are actually going to be cannibalizing their own partners in this new State-created network. Now, why the CEOs of the other hospitals agree to buy into it, I don't know. And it may be that they know something that I don't know, and I am incorrect, and I'm willing to accept that if they have new information. But -- but I don't see the need in the system for extra med-surg beds.

It's not a particular threat, not necessarily, to the market in area that I represent, although, as Representative Perillo pointed out this is a small state. And even in a small state, I think that Connecticut deserves a hospital policy that is bigger than 5.2 miles wide, which is the distance from Farmington to New Britain, and I love them both. I -- I also have some problems that are -- I

suppose parochial although I usually look at hospitals around the state and don't always look at my own hospitals in particular. New Haven has three hospitals. Two of them are acute hospitals, and one of them is an IMD, an institution for mental disorders. Yale-New Haven Hospital, you've heard a bit about. It's an independent hospital, though. It's not owned by a Yale Medical School, and neither -- the Quinnipiac Hospital -- the Quinnipiac Medical School isn't going own a hospital, either. So they're going to be two medical schools in the Greater New Haven area, neither of which is going to own their own hospital. So that's Yale, independent.

Saint Raphael's Hospital has had a $30 million deficit. It has been begging for rate relief from Department of Social Services. Like other Catholic hospitals, it has paid a lower rate on its wage index partly because their historic costs were tied to the women religious. And all you would have to do is look in 1985 and see what the CEO of a Catholic hospital was making, if it was Sister Marie Anthony, and figure out that at that, perhaps, what hospital pro -- presidents are making in the private

sector is a bit more than what -- than the women religious were making. The State of Connecticut has not remedied that injustice.

And so we have Saint Mary's Hospital, which it may very well be, may end up merging with Waterbury because of its general assistance and because of its wage index. And it's in our power to fix that, and we have not done it so those are two hospitals in my own town. One of which raised its own money, and one of which is not getting the rate relief it needs.

The third hospital I represent is the Connecticut Mental Health Center. Connecticut Mental Health Center is an IMD. It has fewer than 60 beds. Ten of those beds are research beds that are paid for by the State of Connecticut. It is part of a partnership that goes back, I believe, to Governor Ribicoff. It's exactly the kind of thing that everyone says that they want to do. Okay? The employees there are state employees. They belong to 1199. They were part of the negotiated "Give Back on CBAC" last year. They have job security.

However, ever since then, the executive branch has been picking at the Connecticut Mental Health

Center like a scab cutting its money out everywhere else. So one program was wiped out. The resear -- the outreach programs that goes to -- to the homeless and brings people into mental health treatment was wiped out. Now the ten research beds in the past quarter which are the state match for a research initiative which generates $20 million right now from Institute of Mental Health, from -- from all kinds of federal agencies and from the private sector. It is recovered almost immediately because for that 1.2 million, we get a million back in indirect costs. Those dollars go to the Comptroller's Office for the benefit to the people who work there because they're state employees, and the rest go back to the Department of Mental Health and Addiction. So we have now fronted 1.2 million, got a million one back, and we've leverage another $20 million.

That $20 million is not a projection from an economist anywhere. It's arrived at by adding up the grants on a piece paper, and that -- it's money that we get now and it's jobs in New Haven. The Governor used her rescission authority to eliminate it, that 1.2. It's called Yale Research Subsidy.

It's not. It's a state hospital, and it's the state match that leverages private investment. Knowing what I know now -- and by the way most of those people wor -- live in Woodridge and the shoreline, although the unionized workers do tend to live in New Haven. But, to me, it's a question of this, I don't know who setting the agenda. I wish UConn well. I hope the medical school does well. But it's not right to cut jobs that exist now in one part of the state while you're enriching another. I think we should work as a community and until I know that something is different, I cannot support this.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, madam, for you remarks.

Will you remark further on House Amendment Schedule "A"?

Distinguish gentleman from Manchester, Representative Thompson, you have the floor, sir.

REP. THOMPSON (13th):

Thank you, Mr. Speaker.

Mr. Speaker, I would like to relate my comments to several other representatives who spoke earlier, for example, Representative Giannaros. I agree with him entirely that we should look upon this at an

investment, an investment that is long overdue in health services. It's not only in Connecticut, but in the United States.

The World Health Organization -- I believe any or may be everyone of you -- has been following up on health care across the world. And there's been a great deal written about it, especially since we've raised that issue in Washington. The United States according to the World Health Organization ranks 37th in the world. As just demonstrated by both Representative Perillo and Representative Dillon, we have World Health services in our state. Unfortunately -- and in New England -- unfortunately, those services do not reach everyone. And one of the reasons why we rank 37th in the world is that we don't provide health services on a regular and continuous basis to our population. In fact, I think there is, last count, there were over 300,000 people in Connecticut. Better than 10 percent of our population has not -- does not have health insurance and probably doesn't have access even with the public plans that are available. And we also have that situation in which both, Representative Noujaim and Representative Perillo,

mentioned of hospitals here in Connecticut on shaky financial ground.

The investment we're making is to coordinate our health services, to bring people together and experts together. And I think it is a very, very good example of what the roundtable job growth was talking about. We're going to invest money, which will expand care, which will provide over 7,000 jobs, as I understand it, in the next 10 years. And anyone who knows anything about health care will know that those jobs will be well paying. They'll provide benefits, and so on, but more important, they'll contribute to our economy.

One of the reasons why France is ranked number one in the world is, in my judgment, it has universal health care, but it also employees so many people in that health care system that they're a major part of the economy. But the United States does not rank tops in health care, the quality of health care. We experience a very high level of health care, we, in this room, because we have a good health care plan and we have access to physicians and hospitals, and so on.

But in addition too -- then I think you should

look back from the roundtable and look back to over 20 years ago, when in my community, Manchester, and a northwest community, Winsted, came together their education and their town leaders and said, our kids are not getting to college, we don't have a level of college that is needed in this -- I remember being in the service and it seemed to me everybody I met from California -- and I think half the Marine Corps came from California -- everyone of them had attended a junior college. In fact, so many of the football players that USC produced had their start in junior colleges, and they certainly had a great program. So they got together and they said, Let's start a junior college, another level above our high school. And the town board of education and the town councils approved, and they opened in the high school. And I had the opportunity to meet the whole staff one day at Manchester. And I'm sorry Senator Handley is not sitting here. She was one of the first adjunct professors. But there were ten people there. That was the whole full-time staff of Manchester Community College. I don't know what it was in Northwest, but they were there, ten people. The rest of the staff was adjunct professors. We

opened our high school to the students. And now we have 20 -- 29, is it? Or 22? 22 colleges, community colleges across the state.

Everyone of our communities is serviced by a community college. And the quality of education is improving all the time and has opened doors to -- it was an investment we made. And I think it demonstrates the wisdom of the roundtable, the job growth, technicians, and so forth, and you relate that to the health care system. All of these community colleges, I believe, now have health care education opportunities, including lice -- licensed practical nurses, nurses assistants, health technicians, and so on, and, believe me, they're going to be needed.

I'd like to make one other point. Both Representative Noujaim and Representative Perillo mentioned Saint Mary's Hospital. And I can remember some years ago and many of you in this legis -- in this body tonight will remember the Healthy Families Program that we started. It was a program that was created in the state of Hawaii. And it reduced and almost eliminated abuse and neglect of first-born babies, first born in the family. And they did it

with a very simple -- they got into the hospitals and they appealed to the hospitals to create a program which would allow them to interview first-born families, first-born parents. And they discovered that they could assess what children -- what babies would be at risk of abuse or neglect. So they created this program, the Public Health Department in Hawaii. And we picked up a bulletin on it one day, and they had succeeded in eliminating abuse and neglect of first born in practically 95 percent of that population. So we contacted Hawaii. And the woman who began that program, Gail Breakey, said, Well, I'll be in new -- Rhode Island in a couple of weeks. Why don't you come over talk to me?

Well, a group of legislators, Republican and Democrats, traveled to Rhode Island, not to Hawaii as we had hoped, but to Rhode Island and we met with Ms. Breakey. And we were convinced she was the real thing. So we came back, and three departments, Public Health, DSS and DCF, came together as a group, met with us and decided that they would provide in-kind services to get the program off the ground. And one of the first hospitals that

participated, the Saint Mary's Hospital in Waterbury, and they're still participating today.

And one of the first persons that worked with us was Susan Deal. And she was a visiting nurse, as was Ms. Breakey. And she said there's one thing you've got to do, if you begin this program, you got to keep track of what's going on. And the Research Institute at the University of Hartford took on that chore for us. And here we are some years later and that program has achieved if not exceeded services of the Hawaii model. But, beyond that, that program now called "Nurturing Connecticut." And it's in every birthing hospital in Connecticut, every birthing hospital. They provide services; they work with us. The program is funded largely on grants but on some state money.

So if Saint Mary's Hospital, which has become a wonderful hospital for children, is having trouble financially, we should look into that and co -- cooperate with them and work with them. And I think that's what all of this is about, is having a better coordinated system, training people and developing opportunities for people.

But one thing further, Representative Giannaros

-- I'm sorry, it was Representative Perillo, who mentioned Harvard Medical School and how -- in Boston, Harvard Medical School is not on campus. The campus is the hospitals throughout the city. And as I read the proposal from the roundtable, that's exactly what's happening in this. It's going to be a coordinated approach. And there'll be certain hospitals which will be training doctors in, for example, primary care and other specialties. And they will be coordinating their efforts and studying what's going on in the health needs of Connecticut.

But, coincidentally, my brother-in-law, Dr. George Collins, a neuropathologist, was on the faculty at Harvard. And he invited me to come visit him. And his classroom was in Massachusetts General Hospital in Boston in the Neuro Lab. And he took me in there, he was all excited and showed me a microscope. And he said, Jack, this is one of two microscopes in the world, and we got one up here in Boston -- and it was manufactured in Germany -- and he said, You won't believe what we will be doing with this. How much this will open up neuropathology to us.

Well, that was the beginning of the story. He said, at that time, he was specializing in spinal cord injuries, and so on. He said someday the only spinal cord injury will -- that will cause paralysis will be when the spinal cord is severed.

A few years ago he called me, he said -- and he remembered this -- went back many years -- he called me and said, Jack, I got to take back what I said. In Europe, they are now growing spinal cords in ani -- in animals. There will never be -- there is the hope that paralysis will never happen again in our health system.

Well, we're probably a long way from that but, nevertheless, I picked up a publication that we all received recently. And there was a picture of somebody sitting in a wheelchair. And they said that he wasn't able to use the wheelchair with any of his body at this time. Then they made -- came to the conclusion, well, you can -- the tongue is not attached to the spinal cord. So they slipped a computer chip under his tongue. He could move his tongue and his tongue is compe -- sending him around the room and around wherever he's going, and I'm sure he needs some assistance, but he's able to

manage on his own at least to that extent. And I think they -- some national companies is investing millions of dollars.

So those types of things are happening in our health care. They're not happening here right now. They're happening in other places, but we're sharing in the benefits of those. And I think that's what this is all about that we have an opportunity to invest in the future. We have, I think, a great opportunity to improve our health care, not only across the country, but right here in Connecticut by making it available to everybody. So that someday every kid who's born in Connecticut will be guaranteed -- he or she will be born in up-to-date hospital. If their parents have any problems with abuse and neglect, and so on, they'll be somebody there to see to them. And they'll be safe. And someday paralysis may not be part of the future for some people.

So I'm supporting the legislation, but I think it's the beginning of a lot of work on our part, on the part of the health care system, but we'll be better for it. So I'm speaking in support. Thank you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, sir, for you remarks.

Will you remark further on House Amendment Schedule "A"?

The gentlelady from Bolton, Representative Sawyer, you have the floor, madam.

REP. SAWYER (55th):

Mr. Speaker, having worked with the distinguished chairwoman of the Higher Ed Committee, I have been honored to sit through many, many, many, many, many hours of public hearings, of workshop meetings in 2007 and 2009 and 2010, to reach this point this evening.

And when you look at the comparisons between the three different proposals, they're signif -- significant, not only in financial dollars. It goes from half a billion dollars down to $475 million to where we are today at 2 -- sorry, $362 million. But what we do know is the bonding for this is going to be in new bonding dollars, $207 million.

And I'm fascinated by the thought of $100 million dollars coming from the federal government. This is the first proposal that we've had that option. And if, you know, if that doesn't come

about, the plug gets pulled on the project in December of 2015.

Just to refresh your memory, ladies and gentlemen, the money that we get from the federal dol -- from the federal government from dollars that we send, we don't get a dollar in a dollar back. In 2005, we got 69 cents on the dollar for our money that we sent to Washington, and, currently, we get 66 cents on the dollar. So, to me, to be able to have the federal government assist us in this major project is fantastic. I don't believe they came to our aid recently in the month of April enough when we had the tragedies for flooding in the lower part of our state to the significance that we need them to.

Again, I'm thrilled at the thought of $100 million coming. Jokingly, I've said to people, we're getting this on sale. The first 25 million is going to go to the design and setting up the whole process for the -- the next phase of it. And that's coming from the UConn 2000 -- UConn 21st Century money. And that was money that would have gone to the Health Center anyway. And it's being redirected in this bill.

But I'd like to go back and just talk about who is in the network and who is really going to benefit from this as the stakeholders, obviously, the University of Connecticut, the State of Connecticut, the Children's Medical Center -- you've heard about the NIC Unit -- Hartford Hospital. You've heard about the incredible center that they're going to put over there, expand. Saint Francis Hospital is a stakeholder, Hospital of Central Connecticut, Bristol Hospital, of course, the federal government, the biomedical industry and the venture capital firms, as well as others.

To capitalize upon and enhance that cooperation, they're proposing a network and partnership that will create generations of new jobs, improve access and quality health care and move the UConn Medical School and Dental School into the top tier in academics and research. A new and larger John Dempsey Hospital is going to be the key to improving this high quality patient care many people have said tonight. They've talked about the 5,000 new jobs.

But one of the things I want to address is what these beds are for. What we know, ladies and

gentlemen, is that patient care today is far different than patient care 35 years ago when the hospital was built. Currently, the standard of care today is single-bed rooms. It wasn't in 35 years ago. There were two patients to a room. What we have now is HIPPA and the privacy and the new standard of care is a single patient to a room.

If you think of all of the medical equipment that we need today, it's hugely increased compared to what there was 35 years ago. You just need more space. The component about the neonatal intensive care where the beds are still going to be there in the hospital. They're going to be managed by the Connecticut Children's Medical Center. That's going to create a coordinator -- coordinated standard of care for all those NICU beds, for all those baby beds. You know, the first month that a -- one of those precious little bundles that are so tiny that are in the NIC Unit, so tiny, those little bitty babies that are 2 pounds, 1 and a half pounds. One that I saw that was 15 ounces that survives because of this.

The first month, the hospital actually makes money. It's in the second, third and fourth month

that these precious little things are there that it gets very, very costly. And we know that they can be there for many months at a time before they are able to go home with their mothers and fathers. The other parters -- partners with the NICU, by the way, is the Hartford Hospital, which currently participates. By the way, Waterbury and Saint Mary's Hospital currently participates.

Saint Francis, as a matter of fact, is in negotiations process with CCMC on this, coordinated standard of care. The comprehensive cancer center that we've talked about, I think when Representative Miller tal -- Larry Miller talked about the cancer center and his concerns, to achieve the National Institute Of Health designation as a comprehensive center, a comprehensive center, you're talking about the state-of-the-art cancer center research, education and patient care. It generates significant opportunities for larger federal and public dollars, as well as privately sponsored research funding.

So who we playing with in this? The medical center, Connecticut Children's Medical Center, Hartford Hospital, the Hospital for Central

Connecticut, Saint Francis, as well as other hospitals, community cancer centers, medical groups, as well as pharmaceutical companies. The word "comprehensive" is key. And that's where the conference center's going to be. That makes sense to me.

You know, we've all seen on some of the great TV programs that are sometimes a little too vivid for me, but we've seen the robotics that's going on -- that's -- that's happening today in our -- around the world. When it comes to surgery, the robotic surgery is fascinating. But what you need to have is experience with robotics in order to be able to be proficient, not only proficient but to be the best in the world. And so part of this whole package today has a regional simulation center and conference center and that's going to be located at Hartford Hospital, but that's all part of this. It's going to utilize the newest technologies for simulated care. They're going to have mock patient OR, ICU, trauma rooms, as well as high technology mannequins to practice on, to practice some of the techniques that are certainly high tech in the future of the medicine today. That's located in

Hartford Hospital, and it's part of the regional program that will be available to other hospitals, nursing schools, EMT training programs. And we'll train 1500 to 2,000 medical practitioners each year.

One of the things we've heard about so often is that there's a shortage of primary care docs. They just put out this horrible looking vision that -- that the shortage is getting larger and larger. So the goal here, in this particular bill, is to create a nationally recognized site for the development of new models for chronic disease management and primary care delivery. It will address the impending shortage of primary care providers in Connecticut. And this part of it will be located at Saint Francis.

Saint Francis, Hartford -- Hospital in Hartford. It -- this, too, will be available to other hospitals, pharmaceutical firms, medical practices and public health agencies.

And we have heard in our research, certainly, the Public Health Committee has heard often, that we have a disparity in health care delivery for our medically underserved population statewide. And so part of this does -- has -- sets up a health

disparities institute. And one of the exciting parts to me, not only will they provide applied research in health disparities in minor -- minority communities, it will provide training opportunities for minority scientists in clinical research, with the hope for a potential partnership with the Cobb Institute, the largest professional association of African American physicians.

Then there's the clinical and translational science part of it. There's an application pending for the science grant award. The clinical trials supersite is envisioned among partnering organizations. This multimillion dollar potential research grant funding means for the state of Connecticut 18 new jobs per one million in grant funding. The sponsors of that grant application is not just the medical center but the Children's Medical Center, Hartford Hospital, Saint Francis. And they'll be located, though, here at this one in Farmington.

We had the discussion of the bioscience enterprise zone, looking to create the new private sector jobs in industries supporting here. The financing and loan guarantees would be through our

own CDA, our CII and the DECD, that alphabet soup that we have for economic development community -- community development. We have tax credits for the facility improvements and expansion. And all that talks about jobs. We talk about pro-business.

When you look at all of that and you put it together, the balance is for the health care of people in Connecticut, the health care in the future through the new science that will be developed and the training of, not only doctors, dentists, but other medical professionals.

I'd like to just for one moment talk about the dental school, which has not been touched on today. The UConn Dental School, by the way, is usually ranked number one or number two in the country. It is a premier dental school. And the great part to me is that 68 percent of those students come from our own state. Sixty percent of the practicing dentists in Connecticut were trained at UConn, UConn graduates.

The UConn dentical -- dental clinics serve as a safety net for underserved and underinsured population, including preventative dental care. And, by the way, it serves every zip code in

Connecticut. UConn Dental School serves also 22 communities across the state in their community health centers.

When you look in this plan what the dental school gets out it is a renovated dental clinic. And the -- with looking to the future of modestly increasing the dental residents and the profitability comes in the reinvestment of an increased facility.

I'd like to address some of the questions that -- and comments that were made by some of the other state representatives. Representative Perillo who talked about the economic impact, and I just wanted to reflect back that Professor Fred Carstensen used the REMI model when he looked at the analysis. And that particular -- REMI stands for Regional Economic Model Incorporated and it was developed up in Amherst, Massachusetts -- was a dynamic forecasting and policy analysis tool. And it looked at the balance of the entire state.

When you -- we talk about New Haven's enterprise zone that Representative Dillon brought up. I just wanted everyone to be aware of that, on line 645, it is the Yale-New Haven area that

benefits because the word "bioscience" gets added under their economics development zone.

Also what was brought up by Representative Perillo was the issue Mass General, Harvard -- Harvard Medical School and that Harvard Medical School doesn't have its own hospital. No, it does not. It does have its own medical school. It does not have its own hospital. It is affiliated with 18 hospitals. But, primarily, the campus in the middle of Boston, if you've ever been there, it's all together, Mass Eye and Ear, Brigham and Women's, Mass General, is in one campus. It's all centrally located. It's walkable.

But let me tell you about an experience that I just recently had up there. We talk about the availability of it so close to us, absolutely, but, ladies and gentlemen, the wait is easily two months before you can get the treatment needed, two months. And, in this case, for outpatient surgery to remove one tiny parathyroid gland, which is located in the thyroid in the neck, two-month wait. So, though, it's near and, though, it's top -- top of the line. There's no question. It is considered sometimes the Cadillac of medical care. It's not readily

available, and it's not close by.

Representative Kirkley-Bey questioned about the DOC patients, Department of Corrections. And she referred to the $100 million that it cost the State of Connecticut for the Department of Correction patients. But let me make one thing clear, it's $13 million at the Health Center. The rest of it is health care that is out at the prison and the prison health care facilities, not over at the hospital.

Let me draw a big picture for you of the hospital right now. You know, that's a half of hospital, by the way, did you know that? That when it was originally going to be built that it was a political football. Started discussions, started about 50 years ago about the -- what was needed to put this medical school together. It was suppose to have been a 400-bed facility that was suppose to have grown to 450 to 500 beds. And there's great argument as to whether or not it should be built at all, and it got negotiated down, ladies and gentlemen, to the 224 that we have now, a half of hospital, if you think of it that way. It's no wonder that it's not profitable. But it's a great

care facility. It's not a great facility any more. It's great care facility however. And it's great for our medical students. And it's great for the research, but it's half a hospital.

So let me draw you a picture of that hospital, again, thinking of all the floors in the hospital. I want you take off a floor that could be profitable. It's not because that's Department of Corrections, those are the 10 beds. It's a locked ward. Take off two floors, please, for the psych beds that are when people have psych -- psychiatric conditions and they are in need of medical care, acute care medical care, take those floors out. And you take the neonatal floors out as being profitable. So you take out those four big floors, those pieces of the hospital, again, a half of hospital, and it doesn't make money. No, it does not. Absolutely. Not the way it's structured now.

But, ladies and gentlemen, it's the only hospital in the state that does the public mission, the public mission. No other hospital is doing the Department of Correction's work, the -- the State psych work. It's a public hospital, ladies and gentlemen, and it's the only one in the state that's

a comprehensive hospital. We have to do something. It has been a money loser. Over the years it has cost us a lot of money. There's no question. The differentials, we've tried to pick up those benefits, those types of things to be able to bail them out and over the years, whether it's 15, 18, 22 million dollars because it has a public mission. But you put -- make a change to med-surg beds, you do a change and a renovation to the dental care -- the dental clinics or the research and to the expanding situation there where you're able to come out with and expand and push out a lot of incubator companies. It has so much promise. It has so much life to it. And that's the reason that I'm supporting it.

I hope I've been able to answer some of the questions that have come out and comments that people have given. It's not, perhaps, everything that UConn would like it to be. They have done a very, very impressive job in going and talking to the other stakeholders and putting together the pieces, the comprehensive pieces. It's not just a hospital. It's not just research. It's not just the medical school. It's not just the dental

school. It's been very, very impressive. So I would like to thank the chamber for their encouragement and allowing this debate to go on. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

The gentleman from the 1st District, Representative Green.

REP. GREEN (1st):

Thank you, Mr. Speaker.

Mr. Speaker, I had a number of question that I had wanted to propose to the proponent of the bill, however, in other discussions with other staff and representatives of the hospital, I was able to get most of those questions answered. So I don't really have any questions for her.

But, as I listen to the debate and as I followed this story in terms of the Health Center, as a legislator, and as actually someone growing up I Hartford when the UConn Medical Center was on Holcomb Street and we called it the McCook Hospital. So I go back in knowing the hospital before it went to UConn in Farmington. And, as the previous representative just stated, 35, 40 years ago, there

may have been some discussions about trying to have a first-class hospital, and there may have been some political discussions, and, in fact, we had half of a hospital.

Well, I hope today that whatever direction we go, we're going -- that we don't make it a political football. It's been some of that already. But that we -- if we're going to pass this that we know where we're going. We know the direction we're going in. And, in fact, we know how to monitor as to whether or not we're going in the right direction.

There are about three or four pieces that I think has to be addressed and has to be thought about to -- to monitor us for someone to be able to say, Are we going in the right direction? The physical plan of the hospital, I think is obvious to all of us that there needs to be some major improvements to the physical plan. They talked about a tower. They talked about a single-bed occupancy, and so there has to be some renovations. There's some other physical plan -- areas that probably needs addressing. If there's going to be a need for the physical plan, I think we have be very careful and cautious and observant of the cost of

that, what we expect to happen after that's completed, how does that move us to where we want to be in terms of the number of beds that we have, accessibility and all the other modern and technological equipment that is needed to make sure that we move the hospital on the physical plan side to what hospitals are today and in the future.

If we do that, that is going to be a major investment. It's going to be a major investment on the cost to build tower and make the changes. And I want to tie that in to what I think I heard was possibly the bottom line on some of this. And the bottom line is that it's an investment in our future. It will create jobs. And my thought is that and it's also our citizens' money. It's pubic money. It's their tax dollars.

We've had debates here on a number of years about if we're going to have public investment of our money, particularly, we talked about construction fields, contracts. If we're going to have a public investment and a physical plan of the University of Connecticut Health Center, then I think we should be a little bit more specific in terms of how much money we invest and how that money

is used and make sure that we create and/or impact the employment market. I don't think we can just simply say it's a good investment; it's going to create jobs. And you don't know how you're going to do that. I don't want to be here three or four or five years from here and say, you know, we invested all of this money, but we had no impact on the unemployment rate in the region. None of the contractors and construction workers in this region got the job. And, in fact, we really have very little financial impact on what it created for folks in Connecticut.

We have to really tie in the public investment of the funds to what do we expect when we talk about job creation, when we talk about improving the chances for small businesses, when we talk about Connecticut citizens. We say that, but we really -- and today -- we really couldn't outline how would this project do that so the physical plan would be a concern.

We've had over the years invested monies into this -- the Health Center. There's been some questions as to whether the Health Center has operated as a deficit, whether or not the research

and the medical schools have done better. We have, in fact, put monies into the hospital when they were in a deficit. We created in this year and next year, we've actually added money in their budget to avoid a deficit and so we've invested a lot of money. And even today, as we've invested that money, we've talked about result-based accountability here a number of years. If we've already invested that money, what was the result of that? What did it do to change the way we've been operating financially with those centers over the years? So we talked about result-based accountability. We've invested money to try to have them stabilized. And yet, we still get the same result. And so the result -- the result is that they've been operating at a deficit. And, in this plan, I have not really seen how might whatever we do that creates all of these -- these jobs that this big investment of bond money -- how does it -- how does this keep the university afloat year by year and avoids a deficit based on what we're doing today?

The analysis -- and, you know, we talked about the UConn Joint Center or Economic Analysis and it's

going to create all these jobs. One of the things I didn't see the Joint Center of Economic Analysis do is say that how over the years they've been operating at a deficit, how could they reduce that deficit, and how does this bill, here, help them in the future if we do all of this. That we don't come back three or four or five years and they're still operating at deficit. No one gave me an analysis of that.

Not saying that this might not do this, but, for me, it's a project that I truly believe has to happen. We've been around this for so much that we have to do something. But, once again, we're doing something without saying what are we really expect, how we really going to get there, how do we know we're getting there. And so that we're not down here a few years from now saying, you know, well a few years ago, somebody made a deal. Well, let's get it right this time. Let's try to get it right this time.

Now the jobs piece. I've heard something about 5,000 jobs created by 2020. 500 -- I don't know $500 a year for the next ten years, 5,000 jobs. What kind of jobs? What are the qualifications for

those jobs? When do you need those jobs? What -- you know, again, what kind of jobs? So if I've -- in projecting 5,000 jobs over ten years, and these -- some of these may be new jobs which means it gives people an opportunity get training, get the education, get themselves prepared to get the jobs.

There's nothing -- and nobody saying, well, you know what, we -- we know it can create these jobs, and even though we don't have to do it in the bill, these are the jobs you're going have in the next ten years. This is what is needed. We better get people trained for that now. And let's develop a pipeline so that we know that new jobs, if we want to impact the employment rate, that we can get people prepared for these new jobs. So that then I can measure whether or not these new jobs are happening. Are they new jobs? And does it benefit the citizens of the state of Connecticut? Because some of the analysis says, you know, it's going to create 4, point, or whatever billion dollars of new wages and salaries to the citizens of Connecticut. Like we're going to have all of these new jobs -- it's going to create these salaries and these wages and stimulate the economy with $1.5 billion in new

wages and salaries. Well, how do we know that? I mean, I could just say that. It sounds a very impressive.

I'm impressed with this proposal. I'm glad some things got worked out from what we heard a few months ago and some of the hospitals were not in favor of the project. They -- they're cooperating as a collaboration, as a comprehensive health network. It's a big investment. It's such a big investment that even earlier today or yesterday when we talked about -- earlier today I believe -- taking money out of the bond package for this project, we're adding money into the bond package, that's how important it is.

Again, I'm not going to question taking money out, saying we got to lower the bond, yet we create new bonds. That's not an issue. But I do know that no one has been able to convince me, or how do I measure the results of this big investment around jobs, around keeping the hospital and the medical centers out of a deficit every year. What happens if they do -- how do we hold people accountable to meet certain objectives that we may want to set with this kind of investment. We have an opportunity to

say if this is where we want to move on this project with this kind of investment, then I'm going to set standard ways for us to monitor.

I can recall a few months ago where we invested quite a bit in a highway and the highway stretched from Hartford to Waterbury. And then there were some concerns that not only did we invest in some highway reconstruction, we paid somebody to monitor the State to make sure they were doing what they were supposed to be doing. And if people that were monitoring the State didn't do what they were doing and found out that the construction really wasn't done the way it was supposed to be done, and we had to come back and do it over again.

Let's not make these kind of investments of public tax dollars in areas and initiatives that probably need to be done, and then we have no way of monitoring it.

Now with the idea that it's going to create 5,000 jobs, another piece of information that I read tried to -- talked about if we get these kinds of monies in, it's going to create these new jobs. It didn't total up to 5,000 jobs so I haven't been able to figure out the math on that yet. It also talks

about if we get the new grants, or if we get certain kind of grants, it's going to create these jobs, if we get the grants. Now, I'm hoping we get the grants because, again, the idea was that if we get the grants, it creates these jobs. If I didn't read about "if we get the grants," I would have thought that this project would have created those jobs. There's a lot of contingencies here.

One of the things that I do believe is going to happen, we talked about the University trying to get $10 million in funds from outside sources. The proponent of the bill talked very early on about Senator Dodd and his efforts to try to assist the state in trying to get those $100 million. I hope that's successful because that would be a major a piece of saying that we've done, at least, this goal and we've met this goal that we said. That's a good -- see, that that's one of those result-based goals that you like. We said before you can do that you got to get $100 million from outside sources. There's no if, ands, buts about it. That's something you can measure. Did you get the $100 million or did you not? Now we have a way to get that, and a lot of things are contingent on that.

We probably will get that. But that's is a observable, measurable goal. That's the kind of stuff that we should have in the construction piece, in the job piece or reducing the deficit for the hospitals and try to make sure that we get this right.

I have a lot of issues with that. I think, however, the project is too major and too big for us not to do it, especially that we've gotten the cooperation of the regional hospitals. I just hope the coordination, the collaboration, is there so that we don't see, like I think I kind of felt earlier, that we have turf wars between the hospitals that there's really some smooth transitions in delivering high quality health care to all of our citizens, and that we make sure that we -- we get the results of this major investment in this hospital. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

The gentleman from Bethel, Representative Bartlett.

REP. BARTLETT (2nd):

Thank you, Mr. Speaker. I'm very excited and

enthusiastic about this proposal and this plan for UConn. I think the appropriate area or analogy that we need to look at is UMass Medical School. The investment that Massachusetts has put into their medical school has been in the hundreds of millions of dollars. And it is proven that this type of an investment produces jobs and revenue for the state of Massachusetts.

UMass receives $250 million per year in research funding. That is an obtainable goal if we actually do invest in a world-class institution. That is something that the University of Connecticut and Connecticut should be re -- striving to receive.

Currently, we received $90 million in research. And if we don't make this investment, we won't increase to the $200 million goal, but we will actually begin to lose that federal research funding dollars because we will not be able to maintain or attract the researchers and the faculty that help garner those federal dollars. So that's where we need to start. And if we continue to look at the opportunity in terms of patents and licenses and the different venture activities that the University of Connecticut will begin to undertake with this

investment, all of those factors will result in good paying jobs and more businesses, more companies in the health care industry.

Health care is the number one emerging industry in our state, and it leads in the country. We need to be investing in the health care industry. We need to invest in UConn.

The simulation center, for example, that is a part of this plan, they have that at UMass Medical Center. I've seen it. It is world-class. We are looking to roll that out in our state and benefit a city, like Hartford. The whole regional concept of these bioscience centers will help our entire Greater Hartford area, will help out state attract businesses and jobs to the State of Connecticut.

Mr. Speaker, I urge everyone to get on board with this plan. Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

The gentleman from Bloomfield, Representative Baram.

REP. BARAM (15th):

Thank you, Mr. Speaker.

As a cosponsor of this amendment, I'd like to

urge its support as well for the following reasons:

First, I believe that this an opportunity to strengthen the UConn Health Center and make it financially viable and to ensure its survival as our flagship public university and also to promote it as a health care destination.

Secondly, I believe that this preserves the hospital, which is used by thousands of residents, not only living around the university health center, but around the Greater Hartford region as well.

Third, I believe that it continues to preserve our medical and dental schools, training more doctors, hopefully, keeping them in Connecticut and especially in a primary care field.

Fourth, it promotes research. It creates jobs in a biotech sector which all the economist say is the future for Connecticut. And it includes programs to help promote minorities enter into the fields of science and public health.

Fifth, it takes the advantage of a one-time opportunity to receive $100 million from the federal government. This is an opportunity we need to avail ourselves of. It's an opportunity that puts Connecticut back where it should be, maximizing its

opportunity to receive federal funds.

Sixth, it sets up specialty centers for cancer treatment, robotic, and technology and neonatal care. And this is something that we should be very proud of.

Seventh, it creates an enterprise zone which will promote jobs, research, products and all sorts of medical services.

And, lastly, in February, Representative Larson and myself wrote an op-ed piece for the Hartford Courant, talking about opportunities for collaboration with the Veterans Administration. There was a Blue Ribbon Commission report that was established by the VA which indicates that the VA is going to entertain collaborative throughout the United States with many public universities and health care centers.

We brought this Blue Ribbon Commission report to the attention of the officials at UConn Health Center and had a very meaningful meeting with President Hogan and others. And, as a result of that meeting, I'm proud to tell you, Mr. Speaker, that we received a letter from President Hogan, indicating that while they have some modest

collaborations with the VA at this time, they are very interested in pursuing the expansion of this relationship into many areas of research, musculoskeletal care and clinical care. And they promise to pursue this expeditiously and keep this legislature apprised of their efforts.

For all these reasons, Mr. Speaker, I would urge this passage to make the UConn Health Center, not only a health care destination but a world-class facility.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

The gentleman from Norwalk, Representative Perrone.

REP. PERONE (137th):

Thank you very much, Mr. Speaker.

I'll just be really brief. I wanted to echo the sentiments of several state representatives but, specifically, Jason -- Jason Bartlett and also Representative Green.

I believe Mr. Green made some very good points about making sure we understand how our money is being spent and understanding the -- the impact that's it's going to have on our budget and -- as

well as our ability to bond in the future. I also believe that Representative Bartlett made some very excellent points regarding the impact of the health care industry on the rest of our state. It's -- it's a -- it is relatively speaking a fairly young industry. And I actually in -- in reviewing some of the -- some of the bond figures that -- that we're talking about, when we look at other states, specifically, Massachusetts, the $237 million we're talking in bond money actually pales in comparison to -- to what I feel if we were -- if we really wanted to make Connecticut, you know, a world standard in medical research which we have the raw assets here to do as we've -- you know, as we've learned in the -- in the jobs growth roundtable and other -- through other studies in the state of Connecticut.

We are -- this money will be, I believe -- I believe it will be well spent. We're talking about establishing Connecticut as -- as a -- a burgeoning academic and medical research state. And I think that given the need to have a larger footprint, we do -- we've seen already with -- with the bioscience having a larger footprint in the life sciences area,

given -- given the competition that we have from other states, is -- is critical.

And, frankly, if we start to power down in terms of -- or we build down in terms of how we choose to fund health care, we are going to lose researchers to other states, and especially when other states or other regional states are so committed to -- to establishing a beachhead in this area.

I think it's -- it's critical that we -- we do as much as we can to bolster this area. It is an emerging industry. We've done this before with -- with the financial industry, getting behind that, getting behind bioscience and -- and others and -- and it has paid off. But we do have to coordinate it. We have to look at it in the larger context of what's good for the economy. This is going to be a win for the economy, especially, when as -- as more of these entity -- these -- these projects come on line in the future. And I look forward to supporting it. Thank you.

DEPUTY SPEAKER GODFREY:

Remark further on House Amendment Schedule "A"? Will you remark? If not, let me try your minds.

All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay.

The ayes have it. The amendment is adopted.

Will you remark further on the bill as amended? Will you remark further on the bill as amended? If not, staff and guests please come to the well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representative is voting by roll call. Member to the chamber. The House is voting by roll call. Members to the chamber, please.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If all the members have voted, the machine will be locked.

The Clerk will take a tally, and the Clerk will announce the tally.

THE CLERK:

House Bill 5027 as amended by House "A."

Total Number Voting 143

Necessary for Passage	72
Those voting Yea	109
Those voting Nay	34
Those absent and not voting	8

DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker.

Mr. Speaker, I rise to move for the immediate transmittal of all actions that we have taken today that need further action in the House -- Senate.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Is there objection? Hearing none, they are transmitted.

House will stand at ease.

(Chamber at ease.)

DEPUTY SPEAKER GODFREY:

House will come back to order, and we will return to the call of the calendar.

Mr. Clerk, please call Calendar 263.

THE CLERK:

On page 11, Calendar 263, Substitute for House

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(Chamber at ease.)

THE CHAIR:

The Senate will come back to order. Senator Looney. Senator Looney?

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, if the Clerk would call as the next item from calendar page 22, Calendar 542, House Bill 5027.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 22, Calendar Number 542, File 209 State 230 for House Bill 5027, AN ACT CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER'S FACILITIES PLAN, AS AMENDED BY HOUSE AMENDMENT SCHEDULE "A," favorable report from the Committees on Higher Education and Finance Revenue and Bonding.

THE CHAIR:

Good afternoon, Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President.

I move acceptance of the joint committees favorable report and passage of the bill in concurrence with the house.

THE CHAIR:

Thank you, Senator.

On acceptance and passage in concurrence with the House, will you remark further?

SENATOR HANDLEY:

Thank you, Mr. President.

This is a very important bill to the University of Connecticut and I think to the State of Connecticut.

THE CHAIR:

Excuse me, Senator Handley. People please take their conversations outside the chamber.

Thank you, Senator.

Senator Handley.

SENATOR HANDLEY:

Thank you.

As many of you know, the University of Connecticut School of Medicine has been in existence for about 40 years. It is connected with the research center and with the John Dempsey Hospital. Over the last few years, studies have been made to determine

how to do essentially three things. One is to increase the student body in the medical school and at the same time to increase the status of the medical school with relationship to other medical schools in the country.

The second question that has been asked is how to expand the research branch of the university medical school and finally, what to do about the Dempsey Hospital, which is small, was designed 40 years ago in a style that is no longer appropriate for medical care. There have been a lot of studies. There's been a lot of work looking at this. And several iterations of plans for the medical school, the research center and the hospital.

This plan, I think -- I am convinced, is the best of the plans that we have looked at. It will provide for an expansion of the medical school. It will provide for a great expansion of the research capacity of the school and of the community that surrounds it. It will provide for the expansion of the hospital with 40 new medical surgical beds in the hospital, and it also includes what I think is most important for many people, the creation in statute of a network of care between the John Dempsey Hospital, the medical center

and the community hospitals in Hartford and other surrounding towns and cities. The project involves the construction of a new tour at the site of the medical center.

It calls for the creation of an enterprise zone. It calls for the creation -- an enterprise zone, I might say in Farmington, Hartford, New Britain, and Bristol and it calls for the expansion of an already existing somewhat informal network of hospital relationships to begin to create the medical center, the medical school and centers health network. And I encourage my colleagues to support this, what I think is a very exciting and very promising future for our own medical school -- for the UConn Medical School and for the research that is being carried on at the medical school and for the renovation and modernization of the only public hospital that we have in the state.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President, and Mr. President, as

both Senator Handley and I near the end of our last regular session together, I was wondering if through you I could ask some questions to her on this bill.

THE CHAIR:

Please proceed, sir.

SENATOR DEBICELLA:

Through you, Mr. President. The bill before us seems to have two very distinct parts to it and the fiscal note reflects this. As we have basically $237 million in bonding, 207 million of which is going towards construction at Dempsey Hospital, specifically and mainly the new patient tower. Another 30 million of which is going toward the UConn health network initiative. Through you, Mr. President, would Senator Handley just be able to describe each of those two parts in a little greater depth. Through you Mr. President.

Senator Handley.

SENATOR HANDLEY:

Thank you. Thank you, Mr. President.

The UConn health network is, as I said, an attempt to put into a more formal arrangement, arrangements that already have been carried on between the Dempsey Hospital and other hospitals and -- I

guess it's mostly hospitals. And this will provide -- the financing here will provide a method to expand and make more complete some of these activities which include a center for simulation at Hartford Hospital, an Institute for Nursing at the University of Connecticut, a cancer center in New Britain, and so forth. There are many of these, and this will provide some assistance.

The other activity involves the larger amount of money which is designed to construct the tower. It really is in three parts; $25 million, which would provide for the planning of the new hospital -- of the new tower; $100 million which is anticipated will come from the federal government or other non-state tax sources and which is critical. Everything else is contingent upon that. If that $100 million is achieved, then the other 200-plus million is achieved, will be included in the UConn 2000 bond package.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President, and Mr. President, a couple of other questions on that second part of the bill in terms of the patient center. I did read that

the $100 million whether it be from federal or private sources needs to be achieved first before that bonding happens. Through you, Mr. President, is that $100 million contained anywhere right now. I know at one point it was in the federal health care legislation. Is that $100 million that we eminently expect to have? Through you, Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. The $100 million is included in a competitive grant in the health care bill which was recently passed and we are hoping, with the help of Senator Dodd, that the funds will become available to us, and if they're not, then there is a -- there has to be a search for those funds for sources other than the taxpayers through their taxes in Connecticut.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. And so then, just hypothetically, let us say that we don't get that $100 million. Under the bill as it's written today,

the UConn health network initiative would still go forward, but the patient tower would not. Is that my reading of the bill, is that correct? Through you, Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

No, that's not the case. The only thing that will begin is the $25 million for the planning, that's the only thing that we are committing. Simply because if we either to get the $100 million from the feds or to get the $100 million from other places, we need to have a plan. We need to have something fairly concrete to demonstrate what we're up to.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. So if we didn't get that $100 million, would there be any reason why we wouldn't go forward with the $30 million for the UConn health network initiative. It seems like if we were to spend $25 million on planning, wouldn't it make logical sense to move forward with at least the $30 million part of the bill. Through you Mr.

President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. The plan something for capital funds. It is not involved in the relationships that are going on between the hospital and other institutions. There's no reason why those cannot continue, but we're not obligating funds to that plan until the rest of the money has been acquired.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

I thank Senator Handley for the answers to those questions. Mr. President, it's been my honor in the four years I've been in the Senate to serve as the ranking member on the Higher Education Committee, and I've seen this debate over the course of the last four years. Where it started with Dempsey Hospital asking for an expansion of beds. A study done by CASE that showed that there was no need to actually have additional beds in the greater Hartford area, but

instead, there was a need for greater collaboration. A need for greater collaboration between all of our area hospitals for to facilitate not only research, but patient excellence, but allowing sharing of best practices, specialization amongst the hospitals and the sharing of expertise that different faculty and different doctors and residents have.

The plan that has come before us today, Mr. President, contains some of those elements plus. And as I look at this, I see one-half of this plan that comes directly out of the work that has been done in the last four years. And that is the UConn health network initiative. The $30 million described there to actually help all the area hospitals work in a more collaborative way, to actually increase specialization, but at the same time share that specialization amongst hospitals. It is not only a worthy goal, but directly follows the CASE Study findings.

The second part of this, Mr. President, which is the patient tower is -- and I've not received any evidence to the contrary, completely and utterly separate from the ideas in the CASE Study around collaboration between our area hospitals. Now, we

could have an argument whether a patient tower is a good facilities plan or not for Dempsey Hospital, but the only argument I have heard is that we need upgraded facilities to attract the best and brightest doctors to Dempsey Hospital. Well Mr. President, I don't see how that can be worth $200 million of taxpayer dollars, given the fiscal crisis that we're under right now. And so Mr. President, with that, I would ask the Clerk to call LCO5432.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 5432, which will be designated Senate Amendment Schedule "A." It's offered by Senator Debicella of the 21st District.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

I move adoption of the amendment.

THE CHAIR:

On adoption, will you remark?

SENATOR DEBICELLA:

Thank you, Mr. President.

Mr. President, this bill strikes sections three

through six of the bill which actually authorize the $200 million in bonding for the new patient tower. It remains intact. The elements of this bill related directly to the CASE Study around collaboration between our area hospitals around the greater Hartford area. Now why do I offer this amendment? I offer this amendment because we need to help our area hospitals without breaking the bank. We need to do this in a way that allows us to get all of the benefits that CASE outlined for us and we've been talking about for the last four years. Without putting the burden on the taxpayers for an expensive new patient tower, now other folks in the circle might argue, gee, the patient tower is a good thing to do.

Dempsey Hospital needs an upgrade. We actually need to improve our facilities. Now I can't argue with that, but what I can argue with is, is it necessary to achieve what we actually need to achieve and what we've been talking about for the last four years. The answer is no, and because of that, now cannot be the time for us to embark on massive new banding projects that are nice to haves. We're going to have more of a discussion later, Mr. President, about the future of Dempsey Hospital, about where it's

going.

But for the bill before us today, I actually think our concern should be how do we achieve the benefits that all of us agree on, while not simply building things that are nice to have for the sage of building them. Mr. President, I would encourage adoption of the amendment and make this bill pure to the objective CASE Study that was done in 2008.

Thank you, Senator. Will you remark further on the bill -- on the amendment? Will you remark further on the amendment? Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President.

I first ask for a roll call vote on the amendment and I would urge my colleagues to vote against this amendment. It does not get to the base of what our efforts are here, which as I said, as Senator Debicella has said, partly includes the expansion and the codification of this network, but it does not get to the fact that in order to increase the size of the student body in the medical school in order to increase the availability of research space in order to attract more research dollars and more research activity, we must increase -- we must change the

configuration at the UConn Medical School and the most effective way to do that is to remove some of the hospital activities from the present Dempsey Hospital, put them in the new hospital, which will then open up the space, which is absolutely needed for those other goals. Remember our goal is multifold and part of it is to improve and give to the UConn Medical School the kind of status we certainly want in the -- for our medical school.

THE CHAIR:

Thank you, Senator.

A roll call vote will be ordered.

Senator Frantz.

SENATOR FRANTZ:

Thank you, Mr. President.

I do rise in favorite of Senator Debicella's amendment and it really has nothing to do with the overall intent of the underlying bill that I have a problem with. In fact, it is absolutely a noble cause to be promoting that we put ourselves on the map either further, to a further degree as a destination for not only medical students but for medical services to people from not only within Connecticut, but also outside the state of the Connecticut. It is a very

noble cause and if we were under brighter economic circumstances, you would have a resounding yes from this particular legislator.

However, given our fiscal circumstances, I just think we need to either wait another year to two years. I know it's a pressing issue. I also know that this would be good for the economy, not only in terms of the initial jobs that it would bring, but it also results in permanent, higher paying jobs in this particular area of the state. And there's no question that there would be some synergy that is created fairly rapidly within this organization and set in different facilities. And of course, everybody does stand to benefit from modern facilities that are equipped with the latest and greatest technology. That's where medical services are going.

And I recognize that fully, once again, it's only because of the fiscal circumstances that we face which are quite frankly unmanageable at this point, that I am in favor of this amendment, not against the underlying bill and its concept, but maybe the timing is just not right. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President.

If I could, through you a couple of questions to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

THE CHAIR:

Thank you. Through you Mr. President, Senator Debicella, would this amendment maintain the $30 million commitment under the bill absent the construction of the tower? Through you Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Yes, it would. It would maintain those funds.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

And through you, Mr. President, would this also negate this amendment if it were to pass, then negate the need to spend $25 million on planning as put

forward in the bill? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

Yes, sir, it would.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

So, then I'm correct that if we were to pass this amendment, we would be eliminating the need for $232 million of new general obligation bonds. Through you, Mr. President, is that correct?

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Mr. President, through you, that is correct.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you and through you, Mr. President, does Senator Debicella have an accounting of what that would save us in terms of principal and interest on those bonds, assuming our standard 20-year bonds at a

say four or five percent interest rate. Through you Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

So I'm going to do this in my head as we go along, but on a 20-year bond, you're going to have $10 million a year of principal and at about five percent interest rate, you're going to have another 15 percent million in interest. So it's going it save us about $25 million a year, $25 million a year in interest costs -- interest and principal costs. Through you, Mr. President.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you and I thank Senator Debicella for his answers. Mr. President, we talk about the cost of bonding $232 million new in general obligation bonds. And I will leave for a moment the $2.2 billion that the University of Connecticut has received from the taxpayers of the State of Connecticut, and focus simply on that new $232 million. We can talk later

about the fact that we are about $500 million under our soft statutory bond cap and this removes about half of that, getting our state even further in debt and perilously close to that bond cap.

But what we don't talk about, is what we have to pay every day, every month, every year to support that bonding. There's somewhere between 3 to $400 million that we will spend, that taxpayers will spend to support this borrowing. Some $20 million a year we will be spending to pay off the bonds, to construct the new tower and other physical changes to this plan. I guarantee you we could spend that $25 million perhaps attracting some of the best and brightest minds to our medical school for research, grants or other doctors who could be attracted to the medical school.

We could spend that money to work on collaborative efforts between the greater Hartford area hospitals, Hartford Hospital, St. Francis Hospital, New Britain Hospital, all the way through Children's Medical Center. So when we talk about this project and we talk about just bonding and we talk about physical structures and a new tower, and I'm sure everybody would like to have a brand new hospital

and a new tower, I think what we haven't focused on is the fact that this is some 3-$400 million of general fund revenue. Some 15 to 20 or $25 million of general fund revenue per year that has to go to sustain these bonds.

So when you vote for this project and this project clearly has the majority of votes to do that, and you're looking at budget deficits in the next couple of years, remember that that money, that 15 to 20 or $25 million a year, is going to be going to pay off these bonds, when you're asked to cut adult dental or raise taxes on the middle class or businesses, remember that you thought it was important that the University of Connecticut on top of the $2.2 billion they've received from the taxpayers of the State of Connecticut, that they get an extra $200 million and that all of our taxpayers have to pay for it.

Many of the good parts of this bill will still be achieved if we pass this amendment and we could save the taxpayers hundreds of millions of dollars and still keep UConn going in the right direction and sit back down at the table and through a collaborative effort among area hospitals, and I'll talk about that a little bit later, make sure that our University of

Connecticut Medical School is as good as it can be. And I would urge adoption of this amendment.

THE CHAIR:

Thank you, Senator. Senator Kissel.

SENATOR KISSEL:

Thank you very much Mr. President, and just as a preface, to the folks that are advocates of this project, I will say right now I apologize. For many months I have been very supportive of all the discussions that I have heard regarding this overall project, but I'm going to be very honest. This afternoon brings me to a point in time where I now have to look at this project in light of everything else that is going on in this building, and so, as much as I've heard over the last several months from the executive branch that some things have to be looked at in terms of the context of the overall state budget, in a perfect world, if we didn't have other things hanging higher out there on May 4, I would have less reservation in supporting this kind of expenditure of vast amounts of money.

So with that as a predicate and being a UConn alum and being very supportive of trying to do something with the health center for many years back

when the chief financial officer was Lori Aronson, there was an extraordinarily freezing day in January where I actually went out to the facility and toured it and met with the staff and I saw some of the areas where the patients were, understand how the architectural design of the facility at this time may not be optimal, but Senator McKinney is right when he says that there are a lot of difficult decisions that are coming down the road. And I just haven't seen us put our arms around those decisions this year. So through you, Mr. President, some questions to the proponent of the amendment, my friend and colleague Senator Debicella.

THE CHAIR:

Please proceed, sir.

SENATOR KISSEL:

Through you Mr. President.

This amendment pares away some of the costs of the project. I'm wondering what remains of this initiative and what is sort of cut out. Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

Through you, first what is cut out is the new patient tower which has been proposed at the UConn -- at the Dempsey Hospital. What remains is the collaborate -- the money to enable collaboration between UConn and its area hospitals. And if the good gentleman will abide with me for just one second, I will actually get you a more detailed list of what that $30 million that remains will be sent on. The remaining $30 million is for projects that are at not only at Dempsey, but at the area hospitals as well. And I am just, if the good Senator with bear with me, looking through the note to get to the specifics.

Yes, so there are things such as an Institute for Primary Care Innovation, which is a collaborative enterprise between UConn School of Medicine, St. Francis Hospital Medical Center, the Connecticut Institute for Nursing Excellence, which is going through at the UConn School of Nursing. There is -- looking at these further, a simulation and conference center at the Hartford Hospital campus that's going to be using new technologies and simulated care settings to educate and train health care professionals. An Institute for Primary Care at St. Francis Hospital, an

Institute for Clinical and Translational Science at UCHC, a comprehensive cancer center to expand clinical trials and advocate patient care. A UConn Health Disparities Institute, and new patient room renovations at Bristol Hospital.

So if you actually look at the things that are still remaining in this bill, they are aimed at making sure that the hospitals in collaboration with each other are working on cutting edge things like advances in nursing care, advances in oncology. Where different hospitals will continue to take on different specializations, but in doing so, will share that knowledge with all the area hospitals. This was the core of the CASE Report that came back to say how we can actually improve the quality of care in the Hartford region. Through you, Mr. President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, and I appreciate that extraordinarily detailed response. So it appears that through this amendment as Senator Debicella had pointed out, the core of the findings of the study are maintained, but it's this tower that is cut out. Is

that correct? Through you Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Through you, Mr. President. That is correct. The patient tower was added in later. It was actually not in the original CASE Report, but was added in as a facility improvement that Dempsey Hospital believes is necessary. Through you Mr. President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President.

And I appreciate the indulgence on my friends and colleagues here in the circle, because I've got to be honest. You know, sometimes I come in here and I sort of know exactly where my north star is on these issues. This one's real hard, because I see a lot of the good things that can happen creating the sin gees related to this, this UConn endeavor. But at the same time, I'm really, you know, this afternoon, it was a hot day, and when we were discussing other issues in our caucus, all of a sudden we heard thunder. I really see storm clouds over Connecticut's horizon.

And I'm getting to the point now where I have a great amount of concern that is being heightened on an almost daily basis because I think that we are going to inevitably put ourselves in a position where it's going to be very, very difficult to get out from the corner that we paint ourselves in. How much money would this amendment save as far as not going forward with creating this tower? Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

I actually Senator McKinney asked me the question. I gave a range of 20 to 25. I actually calculated it out a little further. It's actually about $22 million a year in principal and interest costs over the course of the next 20 years will be saved by this amendment. Through you, Mr. President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Actually, that sounds rather inexpensive for building this huge tower that they want in that area, but that being stated, who would be on the hook for

that 20 -- let's say $23 million? Through you Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Mr. President that would be the taxpayers of the State of Connecticut.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, but is that -- through you Mr. President, is that the taxpayers through our general fund or is that money that we allocate to UConn?

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Mr. President, through you, it would be through the general fund. These are general obligation bonds that would be paid back along with all the other general bonds of Connecticut, currently about 10 cents of every dollar in the State of Connecticut go to pay for our bonding. So this would be added to that amount. Through you Mr. President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much. So the University of Connecticut would not be on the hook for any of this money? Through you Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Through you Mr. President, I do not believe so. The -- Senator Handley has explained this is actually going to be added into the UConn 2000 project if and only if that $100 million of federal money and/or private money actually comes. So what this does not do is something we had talked about in committee and elsewhere is reallocating UConn 2000 funds to this purpose. Instead this is new bonding that is actually going to pay for the patient tower. Through you Mr. President.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much.

And I want to thank Senator Fasano for privately

sharing some information with me this afternoon regarding some concerns regarding this aspect and I certainly don't want to speak for my friend and colleague, Senator Fasano. But to my mind, I'm getting to the point to be quite honest, not that I wouldn't be anything but that, but tuitions continue to go up for people that are struggling to try to get a higher education. We send out our funds and in particular to UConn as like a block grant.

And I'm going to be honest. When I pick up the paper and I see something like a floor was squeaky and they did a renovation and all of a sudden they found asbestos, that's the kind of thing that my constituents say what is going on. We have hundreds of millions of dollars of deficit that we have to try to address and there seems to be no control mechanism out there. With all due respect, because I know that the folks that are working at UConn are working very, very hard and are diligent advocates and we have great sports teams and everything else. It's my alma mater, Bachelor of Science from the School of Education, Bachelor of Arts and History from the School of Liberal Arts and Sciences. Two bachelors degrees from that great institution.

But I don't really think that we can continue to write a check as a block grant and let that school do whatever it wants. I think going forward, we have to take a step back and get some more control over things that we have going on in our state. You know, we have no hire policies to try to save money, but apparently those no hire policies don't affect these institutions of higher education. I don't know how many provosts we need in the State of Connecticut or bursars we need the State of Connecticut or heads of various schools in the State of Connecticut. I'm not taking a shot at any of those folks, but to have a chancellor and four separate presidents under the state university system and to have an entire huge infrastructure of individuals at UConn, there's got to be duplication there and there's got to be ways to do this far more cost efficiently.

We can't even get into that game to have those discussions at this point in time, and now we're going to go down the road with something that, you know, in a perfect world, I love the idea. But we don't have the money. I, you know, my wife tells me I am crazy for running for reelection, but gosh darn it, I love this state, and I am honored that I have been able to

be able to serve my constituents for the last 18 years in this circle and I want to make sure that when I am done, and hopefully it's on my terms and not some challenger's terms.

But you know what? It's a free country. But I want to be able to leave public service or change public service or in some other respect in a way so that I know I did my best for my not yet 14-year-old Nathaniel or my 6-year-old Tristan to create a state that they can live in. And right now, we talk about jobs leaving for North Carolina or other states. But I look at our future leaving. You know that whole thing about leaving the nation and the exodus of 18 to 30 years old. Talk about best and the brightest. How about everybody.

Is Connecticut such a bad place that we raise our children here and above every other state, they leave here. I love my kids too much to think that they're going to have to find greener pastures down south or out west or in the Midwest or somewhere else. I love New England. Born here, raised here, everything has been done here. This is a nice thing. I know that the governor is behind it and God bless her soul, I think she's done so many good things for the State of

Connecticut. The UConn advocates have been impassioned regarding this, and I applaud them for their efforts. But we had UConn 2000 and then we added to that and we added investments in central and it just seems to go on and on and on and on and at some point in time, we have to pay the piper.

And I think that time is way sooner than we might think. Whoever is lucky enough to win reelection or to win election or to seek public service, to serve in our Senate or serve in our house or serve as our governor or any other constitutional officer, I swear, when they get sworn in, that's when the day of reckoning comes. We struggle trying to find three quarters of a billion dollars to fill holes and that is extraordinarily difficult. I can't imagine the difficulty of finding $3 billion or more and then for the next year, another $3 billion.

I don't think you can do it all by raising taxes. The public won't stand for that. Tea party? Forget about tea parties. People don't have it. Creative thinking. Yeah, there will be a lot of creative thinking, but I am of the firm belief that we have an unsustainable spending pattern. And as much as now we have notions of borrowing on our state credit card to

pay for current operating expenses, and ladies and gentlemen we did do that in the fall. We were what? $930 million, $940 million short in fiscal year 2009. And we had over a billion dollars in the rainy day fund and what do we do? Seven year notes, borrow and because we didn't want to deal with it.

We wanted to just pray that we could just weather the storm, we pushed off the principal and interest and we didn't have to start paying that for three years. And that day hasn't come yet. But that day is right around the corner.

So whomever is lucky enough to be sworn in to be public servants next year, it's time to start paying for your operating expenses that were incurred in 2009. It will be 2011. We can't borrow our way out of this financial predicament and to then layer on another wonderful, how can you just say no to this project, because it will create such a synergy. So just continue to do these things. When are we going to say no? These are likes. I would like to do this. I would like to do this. Do I have to do this? No. I think we're now quickly moving -- quickly moving from the likes to the what do we have to dos. Oh, we'll have a few months where we can debate that and

go out on the campaign trail and no one's going to want to say how bad it is because all the choices are horrible. But I know my constituents know if in their bones. They realize that we are at a defining moment as a state. Do we start reining in our spending, stop our borrowing, and get our house in order, or do we continue to pray that this is all going to go away.

So there's things we have to do and things we'd like to do. And up until very recently, this is a Project that I wanted to do. I like to do it. It's great and laudable and this facility would be a shining beacon on a hill and we could really put ourselves on the map. But we can't afford it. We - just can't do all the things we would like to do. And I am so concerned that before you know it, within a year, in the next year of our lives, God willing, we're all alive and walking on this planet. The folks that are working here in this building a year from now, because that will be the long session.

You won't be like, oh, beginning of May. You'll be saying, oh, we don't get done until the beginning of June. That's when the heavy lifting will have occurred all during that period of time. A year from now, you will not be debating in this circle things we

like to do. You will be debating hard choices about things we have to do. What do we have to do for the people of the State of Connecticut and how can we possibly cut back on those things? Because they will be looking to us to maintain the safety net. They will be looking to us to maintain basic services. They will be looking to us to make sure bridges don't collapse. They will be looking to us to make sure that prisoners don't run in the streets.

And when you add it all up, there's only going to be so much money to go around and you're going to look at that pie chart and say "How much control do we have? Oh, look at that giant piece of the pie that grew too large. What is that?" That's our bonded indebtedness. That's our obligation to Wall Street. We can't touch that.

If we don't make tough decisions now, we're never going to make them until they're made for us. Every day that we put off these issues is one less day that we have to make decisions that are less painful than tomorrow's. My constituents understand that. That's why it's taken me a long time to wrestle with this issue. It has not been easy. But at the end of the day, to use that hackneyed phrase, I've come to the

conclusion that I have no choice. I have to support this amendment, and if this amendment doesn't pass, I'm afraid I can't support this project.

Whether Uncle Sam wants to send us a check for $100 million or not. You know, it's like winning a car. Hey, great, I won a car. I'm broke. I can't pay the taxes. Guess I can't get the car or I have to sell the car to pay the taxes. We don't have the money to continue to do likes. We need to get down to business and figure out needs. We don't need to do this huge project.

Ladies and gentlemen, I support the amendment and I urge my colleagues to support it as well. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment?

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

Mr. President, I'll keep my comments short. I support the amendment and sort of for a philosophy reason that's been stated. But to me, it's a little bit more precise. What really is happening is as the

underlying bill says, is that the State of Connecticut is going to put up $25 million on the come. So if you're thinking of like a bet, there's $25 million by the team on the come, which is the State of Connecticut. And we're betting with a roll of the dice that either we're going to get $100 million from the federal government or if we don't get the $100 million, we're going to get 100 million is going to be raised by UConn.

Now, if that happens, our $25 million that we put up is a valid investment. If it doesn't happen, we lose the $25 million. So I guess I don't understand the bet. I don't understand the bet. What makes more sense is for UConn to put up the $25 million. Let them have the skin in the game. Then if the $100 million comes in either by virtue of the federal government or it comes in by virtue of charitable donations to raise that $100 million, then I would be happy as a Legislature to come back and reimburse the $25 million.

Well why are we out of the General Fund putting up the come bet? And that's a concern that I have with respect to this underlying project. So Mr. President, in a more laser point fashion, that's the

reason why I support the amendment. Because if the amendment goes through, it doesn't necessarily impair the ability to go forward, it just realigns the financial structure of the deal. So I support the amendment. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator DeFronzo.

SENATOR DeFRONZO:

Thank you, Mr. President.

Mr. President, I rise to support the opposition to this amendment. We've got that straight there. You know, this has been a difficult proposition for me. Last year the proposal that was put forward was a very difficult one and I opposed it. But things have changed dramatically in this proposal, and probably later when we discuss the bill in depth, we'll be able to discuss some of those things. But this amendment really embodies a tough decision that's going to be demanded in us in this bill. And Senator Kissel said and, I agreed with him to some extent, that we are being -- I think the time is upon us when we have to make difficult decisions. It's not what we like.

It's what we have to do.

In the case of the UConn Medical Center, I think the time for doing nothing is long past. I've been here eight years. This issue has been kicked around, been passed around, been tossed around, here's an idea, here's an idea, and nothing's gotten done. We have already invested billions of dollars in UConn. Are we going to protect that investment or are we not going to protect this investment.

There's a vision involved in this proposal before us. You may agree with the vision. You may not agree with the vision. But there is a vision. It's a coherent plan. It's based on a distributive model. You may disagree with it. You may agree with it. This amendment will cut the heart out of that model and will render the entire proposal null and void and destroy it. That's what the amendment does.

Financially, I might clarify for Senator Fasano that the $25 million that is being proposed is coming out of the UConn 2000 fund. It's not new bonding. It's a reauthorization of existing bonding. So that piece needs to be clarified.

In addition, a lot has been said in this discussion earlier about the cost to Connecticut

taxpayers of paying this $232 million, which only becomes a real cost if we receive $100 million in federal funds. And I would suggest to members of the Senate that our cost would be 40 percent or 50 percent higher if we do not get that $100 million. I mean, that is a fact to bring into this. If in the future, we want to make these types of systemic changes, our costs are going to be borne by the same taxpayers. But we're not -- who's kidding who here? UConn 2000 is still the taxpayers of the State of Connecticut. It's only an accounting distinction as far as I'm concerned.

So those arguments that are put forth are -- certainly we've got to consider all of our bonding capacity and all of that impact on our bond situation going forward. But this amendment will essentially destroy the underlying purpose of the bill and the image and the vision that's put forward here. So Mr. President, I would urge members of the circle so defeat this amendment. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further on the amendment?

If not, Mr. Clerk please announce the pendency of a roll call vote.

THE CLERK:

Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Senator Gomes. Senator Witkos. Senator McDonald. Senator Gomes. Senator Witkos. Senator McDonald.

Have all Senators voted? If all Senators have voted, please check the board to make sure your votes are accurately recorded. Have all Senators voted? The Clerk will announce the tally.

THE CLERK:

The motion is on adoption of Senate Amendment Schedule "A."

Total number voting	32	
Necessary for Adoption	17	
Those voting Yea	9	
Those voting Nay		23
Those absent and not voting	4	

THE CHAIR:

Senate Amendment "A" fails.

Will you remark further on the bill as amended? Oh, sorry. Will you remark further on the bill? Will you remark further on the bill?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President.

I rise for purposes of an amendment. Mr. President, I believe the Clerk is in possession of LCO Number 5090.

(The President in the Chair.)

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 5090, which will be designated as Senate Amendment Schedule "B." It is offered by Senator McKinney of the 28th District.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President.

Mr. President, I move adoption of the amendment before us and seek leave to summarize.

THE CHAIR:

Motion on the floor for summarization. Please proceed, sir.

SENATOR McKINNEY:

Thank you. Mr. President, in putting forward this amendment, if I could, I would like to ask through you several questions to the proponent of the underlying bill for clarification.

THE CHAIR:

Senator Handley.

SENATOR McKINNEY:

Thank you, Mr. President.

Senator Handley, if section five of the bill before us and if you're looking at a copy with line numbers as I am, I believe it starts on line 360 and then goes through 390. That would be all of section five.

SENATOR HANDLEY:

I am sorry, I was looking at the wrong numbers. Would you give me those numbers again, please? 360 --

SENATOR McKINNEY:

Absolutely.

SENATOR HANDLEY:

Yeah, okay, I see it.

SENATOR McKINNEY:

Thank you, Senator Handley. Section five, there is a new subsection (e) and a new subsection (f), starting in line 360 through 376 for subsection (e) and 377 to 390 for subsection (f). Does the good Senator have that section?

SENATOR HANDLEY:

I do. I do.

SENATOR McKINNEY:

Through you Mr. President, Senator Handley, is it fair to characterize this section as the section dealing with the funding and the $100 million that we would hope to get through a grant through the federal government, through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Through you, it certainly includes it. Yes, Senator.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you and through you Mr. President, is it also true that in addition to securing $100 million grant from the federal government we could also seek -- the University of Connecticut could also seek private or other non-state monies for $100 million. Through you, Mr. President, is that true?

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Through you, Mr. President. Yes.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you and through you Mr. President. On lines 363 and 364 -- well let me back up if I could, Mr. President, and I apologize to Senator Handley. Online 362 -- 360, it talks about how the plan of funding for the new health center, new construction and renovation shall be, one, the contribution of not less than $100 million of federal, private or other non-state money or any combination thereof. And what I would like to ask, through you Mr. President, is through you, if we were to secure a grant from the federal government of less than $100 million, would

the plan of funding and the additional 200 --

THE CHAIR:

Senator Looney, for what purpose do you rise, sir? Excuse me, sir.

SENATOR HANDLEY:

Yes, they are, sir, thank you.

SENATOR LOONEY:

Yes, Mr. President, for a point of order, just for clarification.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Thank you. Through you Mr. President. Senator McKinney has offered an amendment and I believe his comments are questioning Senator Handley on the underlying bill. Just wanted to clarify the direction and the content. Because normally, it would be the amendment would be explained and then voted upon apart from its effect on the underlying bill.

SENATOR McKINNEY:

Well, thank you. Through you to Senator Looney. I'm actually trying to shorten the prospect and the process here. My amendment deals specifically with the funding plan in subsection (f) and I think it's

important to understand my amendment to have a full understanding of subsections (e) and (f), and rather than spend a lot of time talking about it, I think Senator Handley can at least help set up the basis for my amendment, if she's okay. Thank you. Through you, Mr. President.

THE CHAIR:

(Inaudible) the point of order, sir?

SENATOR LOONEY:

Yes, through you Mr. President, withdraw the point of order and inquiry. Just wanted to clarify that it was going to tie together somehow to the amendment rather than just the underlying bill.

THE CHAIR:

Thank you, sir. Senator McKinney.

SENATOR McKINNEY:

Thank you. And so, through you, I guess Senator Handley what I'm trying to understand is the term any combination thereof. Obviously, the language of this bill is our law and published reports in the media, things that have been put out by the University of Connecticut notwithstanding, but there was a lot of media reports about how if we did not get the $100 million grant from the federal government through

the health care bill that was recently passed by Congress, we had to get that $100 million before the plan went forward.

And is it fair reading of this language, through you, Mr. President, that we don't have to get $100 million from the federal government. We can get something less than $100 million or even nothing, but if we were to raise the money privately, we being the University of Connecticut, we could still go forward as long as that amount of money raised is $100 million. Through you, Mr. President, is that a fair reading of that language?

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

The development of the plan is contingent upon that money, whatever its source, federal or private.

SENATOR McKINNEY:

Thank you.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

And therefore -- and Senator Handley is there a date by which -- a cut-off date by which if the state

or the University of Connecticut as an applicant has not received a grant of $100 million or has not raised $100 million, whereby the project would end? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

2015 or 2016. There is a date certain, but the date's shifted around a little bit, but there was a date certain.

SENATOR McKINNEY:

That's okay. There is a date certain.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you and the reason why I ask that, through you Mr. President, is Senator Handley if I could bring your attention to the second part, which was subsection (f) and line 382, it says that the university shall not expend any funds authorized in this bill, in effect, expect for $25 million which is for planning and design costs. So as I understand this language, through you Mr. President, the University of Connecticut cannot spend any money on

this project other than that $25 million for planning and design until they've secured that $100 million, and if they haven't secured it by that date, whether it be 2015 or 2016, then the project would end as we pass this. Is that correct, through you?

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Yes.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you. And I want to thank Senator Handley that she has answered all my questions and I appreciate that.

Mr. President, the reason why I asked those questions is because there have been a lot of reports about the fact that this project will not go forward if we don't get $100 million from the federal health care legislation. There are rumors obviously that Senator Dodd got into the health care legislation a $100 million grant. As I understand it, there are more than one state, maybe as many as 12 or 13 states that will be competing for those grant dollars. And

that while Connecticut may stand a good chance, I'm sure those other states are equally emboldened by their prospects as well.

The reason why I ask that is because in subsection (f), we are saying that the University of Connecticut is going to spend $25 million to plan and design this project. Yet we don't know if this project's even going to go forward. And we're going to spend $25 million and if we can't find $100 million, stop the project. That to me seems like a very bad bet for the State of Connecticut. We're going to spend a quarter and if we can't raise a dollar, we're going to lose the quarter. We're going to put $25 million at risk, at jeopardy, and spend $25 million, incur the debt costs on those 25 million bonded dollars over 20 years. And if we don't get this money from the federal government, we have wasted $25 million. Now if we don't get the $25 million from the federal government, the University of Connecticut has until 2015 to go raise the $100 million. My guess is they will not be able to raise 100 million private dollars. They probably may be successful in raising some, but they probably won't be able to raise $100 million.

So one of two things are going to happen. Either the project will die and we will waste $25 million or the University of Connecticut will be back before the Legislature saying we're $20 million short, please give us the $20 million. Who wants to bet me it's going to be the latter? And I would stand here today and tell you that if we've already spent $25 million on planning and design, and they're $20 million or $50 million or even $100 million shy of their goal, it would be fiscally irresponsible not to give them the rest of the money, rather than lose and waste $25 million.

So when we say, we're not going to spend any money and this project is not going to happen until we get this $100 million from the federal government or we raise it privately, we're not being entirely accurate with the people of the State of Connecticut. We're saying we're going to spend $25 million on the hopes that this project happens. That's a bad bet.

So this amendment, Mr. President, which I have offered here, would simply say this. It would simply say we're going to make an application under the federal health care legislation, University of Connecticut or the state. I don't know who would be

the applicant, probably the University of Connecticut, maybe the medical school or the medical center. And we're going to wait until we hear whether we get that $100 million, and if we get that $100 million, then the project goes forward, we spend the $25 million in planning and design and we build the project. But what this amendment would say is we're not going to spend that $25 million until we first know whether or not we are successful in our grant application with the federal government.

Why would you spend 20 -- this isn't -- you know, this isn't you know a small soft-cost figure, Mr. President. This isn't a couple of thousand dollars on architects' fees. this is $25 million that we are going to spend on a project that we have said in the law will not go forward if we don't get $100 million from the federal government. Why would we want to risk that $25 million? Now, what are the down sides of my amendment? The down sides are, there's probably a year or two delay in the project. I don't know how fast we're going to hear from the federal government. Perhaps Senator Dodd, as a swan song, can get that application through faster. It appears that he got it written into the bill. Maybe he can get the

applications. I honestly stand here not knowing what that application process is. But why would we want to spend $25 million and I thank Senator Handley for her answers, and she's right. We spend $25 million and if we don't get the $100 million, the project stops and $25 million is wasted. So this amendment says we're not going to spend a dime of that $25 million until we first know we've secured the funding to build the project.

How many people, how many small business owners, how many homeowners are going to go out there and say we're going to spend a lot of money you on something we don't know we have the money to build. That would be foolish for a business to do that. In fact, a business couldn't get a loan on those terms. It would be even more foolish for a family to do that with their money. But apparently, as the State of Connecticut and the University of Connecticut, we can do that.

Now I understand that this $25 million comes from UConn 2000, phase 3, 21st century UConn. That doesn't make it not real money. It's still real money. It's still $25 million that we're going to pay interest and principal on over 20 years. It's still part of the

$2.2 billion, with a "b." We've given UConn. And this might sound a little harsh, but sometimes the truth hurts. I understand that more than $25 million of UConn 2000 was wasted with all the construction problems. And we've gone down that road before and this Legislature has taken action and UConn has taken action to correct it so those mistakes don't happen again. Why would we want to be party to making the same mistake, wasting $25 million, on the chance that we get a grant from the federal government for $100 million. Let's make our application. Let's hope that the governor and the University of Connecticut and the UConn Medical School and the health center put the best application possible so we can win.

To be fair, our track record hasn't been great. We applied for Race to the Top, we didn't get it. We applied for transportation funds under the ERA. We didn't get it. Not blaming anybody, but if it is true as reports from Washington say that there are 12 or 13 states that will compete for this money, we are risking $25 million on the chance that we get 100 when maybe a dozen other states are competing for that $100 million. Who in this circle would make that kind of bet with their own personal finances? Who in this

circumstance would make that kind of bet, that kind of gamble with their own business' finances? I don't know that anybody would.

And I don't think we should make that bet with the taxpayers of the State of Connecticut. This does not kill the project. As an opponent of this project, this does not kill it. This will delay it some, yes. But to those who will stand up and say we can't delay it, my response is, well, we've been waiting eight, nine, ten years. John Dempsey Hospital when built was built with the vision of a 400-bed plus hospital, was only built at 224. So one could argue that they've been waiting since it was very first constructed in 1975 for this to happen. I'm sure that we can wait another year in order to protect that $25 million.

So Mr. President, I would say that this amendment does not kill the underlying bill. It makes it a better bill. It might even warrant my support and I would ask that when we vote on this amendment we vote by roll call.

THE CHAIR:

Thank you, sir.

A roll call vote will be ordered.

Senator Handley.

SENATOR HANDLEY:

Thank you. I would urge my colleagues to vote against this amendment. There are a couple of issues. One, it is the University of Connecticut's Medical School which is going to be foregoing remedial projects in order to provide this money. This is not coming out of stores. It is the medical center. It is their commitment to what they believe is necessary for the future of the medical school, the research and the hospital. I think this is important to understand.

It also is important that the planning begin. Number one, because it may be necessary to have -- it probably is necessary to demonstrate when the grant proposal goes to Washington that we have begun a commitment. That this is not just a pie in the sky idea and we don't know what's going to be in the request for proposal from Washington, but certainly the ability -- the decision of the university medical school to commit this kind of resource to the planning is a demonstration of good faith.

Secondly, if the grant proposal fails in Washington, we certainly will need -- or the university and the medical school will certainly need

to have a plan to demonstrate to potential supporters that what is going to be constructed and what is going to be designed and planned for has real substance.

So for those reasons, I encourage my colleagues to vote against this amendment.

THE CHAIR:

Thank you ma'am. Senator Debicella.

SENATOR DEBICELLA:

Mr. President, briefly in favor of the amendment. You know, one of the things that I like to think about in this circle is common sense. And if you think about the amendment that Senator McKinney has brought forward, it just makes common sense to say that we are not going to spend $25 million of taxpayer dollars until we know whether or not we're actually going to do this project. It's also common sense, with all due respect to Senator Handley, that you don't need $25 million of planning to actually have a good enough plan to go get the grant. $25 million is an awful lot of planning if you're trying to put together some architectural drawings, a small model of the place. This is not $25 million. And so my worry, Mr. President, is that with this amendment does not pass, the risk to the State of Connecticut and to the

taxpayers is we spend $25 million and end up with bupkis. We end up with a nice plan. A really expensive plan, but no patient tower, no grant from the federal government.

Again, Senator McKinney's amendment just makes common sense and I urge its adoption.

THE CHAIR:

Thank you, sir. Will you remark further on Senate amendment "B?" Will you remark further on Senate amendment "B?"

If not, Mr. Clerk, please call for roll call vote. The machine will be open.

THE CLERK:

A roll call has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Senate Amendment Schedule "B."

Total number voting	34
Necessary for Adoption	18
Those voting Yea	12
Those voting Nay	22
Those absent and not voting	2

THE CHAIR:

The amendment fails.

Will you remark further on House Bill 5027?

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President.

On the underlying bill, I stand in opposition reluctantly to this bill. And I say reluctantly because I do think there are good aspects of this bill with UConn health network. Unfortunately, Mr. President, I think the bill misses two key facts. One is any sense of fiscal reality about the State of Connecticut right now. We can't afford this bill. Plain and simple. We cannot be bonding $237 more for a patient tower that is not recommended by CASE, but is simply something that Dempsey Hospital wants. It is at the end of the day, a nice to have.

But second, Mr. President, I also think that this bill misses what is sure to be a topic of conversation

for the next two years and that's the future of John Dempsey Hospital. Is -- with our budget crisis looming. An $8 billion of a deficit for the next two years. With no stimulus package, with no rainy day fund, we are going to be looking at all options. And there's been talk on the Higher Education Committee of looking at other models. Of looking at models like Harvard Medical School, which partners with a private hospital. We all know Dempsey Hospital has a loss year after year after year that the taxpayers have to fill.

This bill is a missed opportunity for us to actually discuss what Dempsey Hospital should look like in the future. Should it be public? Should it be private? Do we need it at all, given the strength of our hospitals and teaching hospitals in the State of Connecticut?

So Mr. President, I believe that this bill before us, both for physical reason -- for fiscal reasons and for the fact that it misses a tremendous opportunity to talk fundamentally about whether we even need Dempsey Hospital or not is a bad bill and we should vote against it. Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark further on the bill?

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Mr. President.

I rise for a point of question to the proponent of the bill please.

THE CHAIR:

Senator Handley, please proceed, sir.

SENATOR McLACHLAN:

Thank you, Mr. President. Senator Handley, thank you for all your hard work on this. I see many wonderful points about this plan. I can see that an awful lot of effort has gone into it and a lot of people have worked very hard on this. I have one very specific question that I'm not sure about and that is where is this $100 million from federal government coming from? What was the purpose of that? Was it an application for a grant? Could you clarify where that money, you anticipate that coming from? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. The origin of that $100 million is the health care bill which passed recently through the Congress and was signed by the president. Included in that bill was a $100 million grant proposal introduced by Senator Dodd as a -- in the hopes that it might support some of the work that would be done at Dempsey Hospital. It has evolved into a grant program, through you Mr. President, a competitive grant program. So we have to engage, or the university and perhaps the state has got to engage in some activity in order to apply for that grant.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Mr. President. Thank you, Senator Handley for that answer. Now just for further clarification, the grant program, as I understood it originally, it was known in sort of political speak as an earmark, meaning that we basically didn't have to do anything to get the money. What do you mean by a grant? We have to apply to qualify for the $100 million or does that go out to all of the United States and another hospital can apply for that money? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Through you -- Thank you, Mr. President. It may have begun as an earmark but it evolved, as I said, into a grant program for which according to the stories I've seen, anywhere from 10 to 12 hospitals in the country may be eligible. It's still not clear.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Mr. President, and so the grant funds -- the total grant funds available countrywide is $100 million and we'll be applying for the full amount of $100 million? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. Yes.

THE CHAIR:

Senator McLachlan.

SENATOR McLACHLAN:

Thank you and thank you, Senator Handley for your answers. And once again, thank you for all your hard

work as ranking member. You've had a distinguished career in the State Senate. I applaud your efforts.

As I read through the bill, I am heartened to see strategic partnerships at all levels. I have continued to advocate for strategic partnerships of this nature in local, state and federal government. I think that's a good thing. My concern though is that similar to my colleagues on the minority caucus who feel that this is an inappropriate time for us to take on such a very large amount of debt for a "what if" scenario. And that perhaps this is the right time to continue the planning process for this strategic partnership until such time as our economy improves and we are not so close to our statutory limitation of state bonding debt.

And so reluctantly, I will oppose this bill in hopes, frankly, that another day will bring per opportunities for us to further this type of a strategic partnership and perhaps many others. Thank you, Mr. President.

THE CHAIR:

Thank you, sir. Senator Boucher.

SENATOR BOUCHER:

Good afternoon, Mr. President. Thank you.

THE CHAIR:

Good afternoon, ma'am.

SENATOR BOUCHER:

I rise actually to support this bill, but also to respond to really accurate comments by some of my colleagues, particularly Senator Debicella when he talked about the actual structure of our UConn Hospital. For years, for those of us that have been here and on appropriations, we struggled on a yearly basis to meet some shortfalls that seemed to be continually coming up and created quite a bit of controversy with regards to deficits that were being run at the hospital, usually to the tune of 20-$22 million a year. Mostly due to the cost structure of the employees of that hospital that far exceeded other hospitals in the area, non-profit hospitals and often times the cost structure of most university, non-profit hospitals. This is a very unique model in Connecticut. Most state university hospitals are structured as non-profit entities, are spun off and because, in fact, they do have to compete and are reimbursed for costs in a way that other non-profit hospitals are charged and reimbursed.

In order to struggle to meet some of the crisis

situations that appeared on a yearly basis, there were many plans and many negotiations to sit down and negotiate with area hospitals as a way to address some of those very serious crisis situations that Dempsey Hospital found itself in. And we also spent quite a bit of time listening to outside consultants that would review possible mergers between the area hospitals, and in do so, it became very clear over the years that it was very difficult to do so. The cost structure for salaries, benefits and other costs with labor between those two hospitals were vastly different.

And if they were to merge, those other hospitals in the area would not be able to sustain themselves due to the reimbursement rates and other charges that they were allowed to have. So I think the whole issue ran into quite a few road blocks and as such, now we find ourselves at this point and as I said, I stand here as a great supporter of the university, but I think that in this process, we've missed an opportunity and a very important opportunity to address that structural difference so that in the future the functioning of the hospital sector of this health care program could sustain itself long-term,

could compete and be similar to the cost structures of all of our Connecticut hospitals.

My concern is that with this kind of infusion of investment, we find ourselves back at the same problem with having shortfalls on a yearly basis because we really haven't addressed the real serious problem internally. And I would hope that others that come after us will take a look at this again. Maybe there will be a different time and a different climate that would be more hope to this. I'm sure that there are a lot of folks that are running for office these days that are going to have address some of these issues as well. But as I said, I do stand here as a supporter of this proposal because I do believe, as I did in UConn 2000, when I had to, as a local board of ed person, persuade my colleagues that were serving in the house and in the Senate at that time. They were asking my opinion of UConn 2000. I believed even then that it was the right thing to do. That we had an amazing higher educational institution with an amazing academic reputation whose buildings and structures left it at the bottom of the pack when it came to competing for the best and brightest.

We had wonderful athletic teams that also were

being addressed at that time to create a division I football people and a stadium. I also came forward and testified in favor of that because we found that in talking to the professors that teach there, they found themselves disadvantaged prior to our team's receiving such national notoriety, such great success. Once they did that, they say that even they were respected more. That within academia that all of a sudden, people knew who UConn was and they saw the value of investing in certain aspects of the university. Buildings and infrastructure, so when students came to look at our schools, they felt they wanted to go there. They wanted to have a quality experience over the four years.

And the success and the investment in our wonderful successful athletic teams that have added so much to the prestige of the university. Not just prestige. It translated into real money and real investment. Because you can talk to the UConn foundation folks and they will tell you that their donations really grew at a rapid pace the more its reputation was improved and gained widespread recognition. So I do believe in investing greatly in our premier institute of higher education. It has

helped the state. It has brought economic development. It has brought dollars.

But we also need to be reasonable about this and in fact, as I said, this particular difficult problem with the university Health Center, a lot of it does revolve around the fact that it is structured differently and maybe not appropriately in the way it should be as a hospital. That section of it. Maybe not the research section of it, but certainly the hospital that delivers hospital services that should be more in line with the other hospitals in the State of Connecticut, so that it can be sustainable into the future. That it can support itself on the reimbursement levels that they get that are based on a very different employment structure.

And so I raise those concerns because I do agree with many of the concerns that have been expressed this afternoon by my colleagues. But as I said to you before, I do feel that I have to make the commitment to support it in this new venture. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Boucher.

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President.

I would like to respond briefly to Senator Boucher's comments. Number one, the change in the makeup of the hospital beds from the infant beds to medical/surgical beds will add 40 rather higher paying beds in the hospital. And it is anticipated, through you, Mr. President, that that addition will resolve much of the fiscal problem of the hospital. That is part of the design.

I might also add that the position of many of us on the Higher Education Committee was that it was important for us to maintain the Dempsey Hospital as a public hospital. It plays an important part in serving the health needs of the entire state and it provides certain very important programs in terms of psychiatric care and the care of prisoners who need hospitalization. So it was an issue of public policy that we maintain the hospital and as I said, the expectation is that the fiscal problem, which has diminished in the last year or two can be resolved by the changing composition of the beds.

THE CHAIR:

Thank you, ma'am.

Will you remark further on House Bill 5027?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President.

Mr. President, I believe the Clerk is in possession of an amendment LCO Number 5105. I ask that he call the amendment and seek leave to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 5105, which will be designated Senate Amendment Schedule "C." It is offered by Senator McKinney of the 28th District.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President.

Mr. President, I move adoption of the amendment.

THE CHAIR:

Motion on the floor for summarization and adoption.

Seeing no objection, please proceed, sir.

SENATOR McKINNEY:

Thank you, Mr. President.

Mr. President, what this amendment would do is change the funding plan for the hospital before us so that what we were to find, if this amendment were to pass, would be a true partnership. One in which the University of Connecticut would raise $135.5 million and the taxpayers would give them in terms of bonding $135 million. Now why should we have a true partnership? We should have a true partnership because over the last decade and more, the taxpayers of the State of Connecticut have given the University of Connecticut a $2.26 billion in bonding. Forget about the hundreds of millions of dollars in our general fund we spend on principal and interest to stain that level of borrowing. Forget about the operating funds that we give to the University of Connecticut in our general fund. This state and the taxpayers of this state -- not even sure I should say this state, because it's not the state's money. It belongs to the people of the State of Connecticut.

The taxpayers of the state have been extraordinarily generous to the University of Connecticut, and in return the University of Connecticut has been a very good steward of the

people's money. Some mistakes along the way, no doubt, but the University of Connecticut has grown into an extraordinary state university. As a graduate of the University of Connecticut law school, I am grateful for this state's involvement in the University of Connecticut. Its law school, its medical school and everything else in between. But at some point, at some point, you have to say enough is enough. At some point, money runs dry for the people in the State of Connecticut. At some point, we have to stop spending money.

So Mr. President, this amendment would simply create a partnership where the University of Connecticut would have to come up with the same amount of money and raise the same amount of money, $135.5 million that they would receive in bonding. And with that, Mr. President, I urge adoption of the amendment.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. I would urge a rejection of the amendment. This would create a very unusual situation; one that I am not aware of has ever

been imposed upon a state facility. And we do have to realize that the University of Connecticut and the university -- the medical school of the University of Connecticut are two separate institutions, although they have some connections in terms of their goals. They are separate, and I am not at all sure that the University of Connecticut would be in a position to raise this kind of money for its medical school. I think this is not appropriate.

THE CHAIR:

Thank you ma'am.

Will you remark?

Senator McKinney, for the second time.

SENATOR McKINNEY:

Thank you, Mr. President, and for the second time to clarify, while I think Senator Handley's in part right and in part incorrect. This is not -- this is not the funding mechanism and trigger and plan and this amendment is not the first time we've done something like this, because this is modeled under exactly what we do in the underlying bill. The underlying bill, Senator Handley, requires UConn if they can't get a federal grant to go out and raise private dollars. This just says and I said 135, I

guess dyslexia is hitting me today. It's actually 153 and a half, so you get half of 207. But this says where under your bill, they should raise $100 million, this says they should raise 153. This says the University of Connecticut can go out and raise half the money and they'll get half of the money from the taxpayers. That's a true partnership. It may be unique, but the idea comes from the underlying bill. It just creates more equity and more balance, Mr. President. And that's why I urge adoption. Thank you.

THE CHAIR:

Senator Handley, for the second time.

SENATOR HANDLEY:

Thank you, Mr. President. Two things. If, when we vote, I would like it to be on a roll call --

THE CHAIR:

Roll call.

SENATOR HANDLEY:

And I might -- Senator DeFronzo has pointed out that it apparently is part of the federal grant that 60 percent of the cost of the building -- of the project be undertaken by state funds. So we would have to -- this would not keep us in compliance and we

would lose the $100 million that are possible through the grant. So I would again urge rejection.

THE CHAIR:

Thank you, ma'am.

Will you remark further on Senate "C?" Will you remark further on Senate "C?"

If not, Mr. Clerk, please call for a roll call vote. The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on adoption of Senate Amendment Schedule "C."

Total number voting	34
Necessary for Adoption	18

Those voting Yea 9

Those voting Nay 25

Those absent and not voting 2

THE CHAIR:

Senate Schedule "C" fails.

Will you remark on House Bill Senate 5027?

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

I've actually been enjoying the debate that's been taking place in regard to this bill, and especially concerned about the bonding issues that have been brought up. Along those lines though, I have some other concerns in relation to the actual UConn Health Center. So through you, a couple of questions to the proponent of the bill.

THE CHAIR:

Senator Handley.

SENATOR KANE:

Senator Handley, this UConn Health Center is a teaching hospital, correct? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Among -- among its functions, it is a teaching hospital. Yes, through you Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

And Thank you, Mr. President. Our other teaching hospital is I believe Yale New Haven, which is in the City of New Haven? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Through you Mr. President. Yale New Haven Hospital is connected with Yale Medical School, although not as intimately as Dempsey and the UConn Medical School.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Right. Agreed. Thank you, Mr. President. My point was not that it's a state-run facility. We know that it's a private facility, but it is a teaching hospital. And it is located in the City of New Haven. So are there any other teaching hospitals in the State

of Connecticut? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Depending on how you want to define you, through you Mr. President, the hospitals in the greater Hartford area, that is St. Francis, Hartford Hospital, Bristol Hospital, New Britain Hospital, all serve as teaching hospitals and there are many more. That is they provide teaching services and clinical training to the UConn medical students.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President, and I appreciate that. That's I guess kind of where I'm going with this. In addition to what you mentioned, what is the other role of a teaching hospital? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

I'm not an expert, through you Mr. President. I'm not an expert on hospitals, and certainly not on teaching hospitals. I think that -- my understanding

is that among the other functions of the teaching hospital in Farmington is to provide medical service to the community and also provide a site for research which is being carried on in the medical school's research department.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

Through you, would you agree with my assumption or understanding that teacher hospitals were created obviously for what we've spoken about, but also to help maybe the indigent community, low-income community, inner cities, those types of things. Through you.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. When we began this, and I don't mean to the smart-alecky, but when we began this study, somebody said from the CASE Institute, when you've seen one teaching hospital -- medical teaching hospital, you've seen one medical teaching hospital. There is really a great diversity

of the way in which these schools and the hospitals that they are related to carry on. Certainly in many cases that's the care of the indigent and the care folks with particularly very extreme medical needs a part of their job.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. So you would agree that teaching hospitals are typically are located within the inner city or within an urban center. Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President.

That's not always the case. Frankly, in some of the Midwestern medical colleges, as I understand, they are located on large college campuses rather than in urban areas. So as I said, when you've seen one, you've seen one. It's very hard to generalize.

SENATOR KANE:

Thank you, Mr. President. You mean, when you've seen one, you've seen them all?

SENATOR HANDLEY:

No. No.

SENATOR KANE:

Okay, so they're specific is what you're trying to say. See -- I guess the point I'm trying to make is, you know, we're not in the Midwest. The Midwest is obviously very different from the topography and geography where we live. I can only think of New York City, for example, I mentioned many times that my wife is a clinical psychologist and she went to the new school of social research and she did her internships -- her schooling at elm Hearst Hospital, which was located in queens. You know, so that was a teaching hospital located in a very urban area. And many teaching hospitals are located in those communities because they're able to help the people within those communities.

My question in relation to that, and I know you didn't make this decision and someone made it somewhere along the line, but we have a teaching hospital located in Farmington and I'm guessing we can call it the Farmington valley, which is a much more affluent community, probably much nicer homes and the like. Do agree that this teaching hospital should be

out in the suburbia rather than in the inner city, which is typically where teaching hospitals should be? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you. As I said, if I had my druthers, 40 years ago things would have moved in a different direction, Senator. What we have is what we have.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Through you Mr. President. It's been 40 years? Through you Mr. President,

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

I believe so.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you I appreciate that. I did not know that and I was look for that. The people that we're talk being within the inner city, within the urban

community, how do they get to Farmington? Through you Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

I would guess that they come in any number of ways, LIFE STAR and transportation on their own. I understand that the university of -- that the Dempsey Hospital, the university hospital serves people from every town, almost every zip code in the state in the course of a stretch of time. So it does serve for in particular areas, all kinds of people.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. I really wasn't referring to LIFE STAR, but more importantly preventive care, exams, physical exams, checkups, dental, what have you. I guess my concern is that -- and I'll say it again is teaching hospitals in addition to instruction were created to help those individuals who live within an urban setting and need that care and don't have access to that care otherwise. I think Senator Harp, when we talked a few

weeks ago about the budget deficit mitigation, mentioned that UConn Health Center has a great population of Medicaid patients. And I think it could be highest or at least one of the higher ones. I don't know, if you know that for sure, through you Mr. President, whether the Medicaid population is greater at UConn Health Center.

SENATOR HANDLEY:

I'm having trouble hearing whether you said Medicaid or Medicare. The senior health care or the health care for the poor?

THE CHAIR:

Senator Kane, could you repeat your question, and we ask the chamber to keep the noise level down please.

SENATOR KANE:

I think I said Medicaid.

SENATOR HANDLEY:

I am sorry. -- I am not able to hear you. Can you try it again?

THE CHAIR:

Senator, I think you said Medicaid, sir?

SENATOR HANDLEY:

Medicare?

THE CHAIR:

Senator Kane, please.

SENATOR KANE:

Medicaid.

SENATOR HANDLEY:

The intensive care for babies, the newborn babies has a very high Medicaid rate. All of the prisoners are on Medicaid. The dental school, the school of dental medical and the clinic is the clinic of last resort for all Medicaid dental patients in the state. So there are high degrees of Medicaid patients at the Dempsey Hospital. What the Hartford hospitals provide, of course, is immediate service for folks who are in the city and that is why the students at the University of Connecticut Medical School do much of their work -- their clinical work in Hartford, at St. Francis and at Hartford Hospital.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. I'm glad you mentioned St. Francis and Hartford Hospital. I think we are agreeing to the same thing and that is that 40 years ago if you and I had our druthers, we would have not

put the hospital in Farmington. We would have placed it in the inner city. We also know that St. Francis and Hartford are teaching hospitals. Why not scrap this whole plan and put a teaching hospital in the inner city, Hartford, New Haven, Bridgeport, Waterbury, where it's needed most. Through you, Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

It -- through you, Senator if your colleagues on your side of the aisle were concerned about the cost of this tower, I would hate to think what the cost of doing what you suggested is. It would be a very large amount and I think you would find it, in this world in which we are living, almost insurmountable.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you. Through you Mr. President. Do we have studies that show that? I mean, have we looked at that possibility? Have we questioned that? Whether the building in Hartford would be more than the tower that we're proposing here? Through you Mr.

President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

The only study that has been done recently was the study that was done by the CASE -- the CASE Institute, at which argued that there were sufficient numbers of beds for -- until about 2015 to 2020 in the greater Hartford area, and that the medical needs of the area are reasonably well accommodated by the hospitals that we have.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President, and I appreciate Senator Handley's answers, and I appreciate you taking the time with me. I think without putting words in your mouth, I think you tend to agree with me that if we had our druthers, we would have placed this hospital within the urban center. The needs of the inner city community are greatest. That's typically where teaching hospitals go. No one has looked at the question and asked the question. Maybe we should do it in the inner city rather than continue down this

road. I mean we've already said that, you know, jeez, if we had what we call ideal, we wouldn't have put it out in Farmington to begin with. But now we're going to spend more money in Farmington when, in fact, this should be in the inner city.

So I do have a problem with the bonding issue, but that's not even my biggest concern. I think my biggest concern is that teaching hospitals should be in the inner cities. I believe that's where they do the most good and help the most people who need it most. So for those reasons, I'll be opposing the bill. Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark on the bill?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President.

Mr. President, if I could through you, a couple of questions to the proponent of the bill before us.

THE CHAIR:

Senator Handley.

SENATOR McKINNEY:

Thank you, Mr. President.

Senator Handley, in 2006 we passed Substitute House Bill 5695, which became Public Act Number 06-134. This essentially was legislation creating the construction oversight at the University of Connecticut and the prequalifications of substantial contractors. That was due to many of the missteps and mistakes that occurred with some of the projects in UConn 2000. Would the construction and development of this hospital fall under all of those changes we made and the oversight of that public act in 2006? Through you, Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President. I assume so.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

And I assume so as well. If it were the case that we were to learn later down the road that the University of Connecticut were -- this project were to operate differently than the rest of UConn 2000, would the good Senator agree and support that we should make sure that this follows the same rules as those

projects.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you. As far as I'm concerned right now, through you Mr. President, the rules of engagement in the construction are in place and I would expect them to continue to be in place. I've had occasion to look at the work of that oversight council and I'm rather impressed with the level of detail in which they pay attention to construction sites.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you and I agree, and a good friend of mine, Jim Bradley, was very helpful in looking at that. I just want to make sure that since the medical school is different than the University of Connecticut, I want to make sure it fell under that as well.

Mr. President, through you -- well let me just back up before I ask the question. You know, one of the things that I think is very important to bring out in this debate. Senator Kane eluded to it and he's exactly right. Is not whether or not we should help

the university the Connecticut, its medical school and the University of Connecticut Health Center. The question really is how do you best do that. I think that's the question that Senator Handley as cochair of the Higher Ed Committee have struggled with. If you look at where we've come through the years, the project has had a number of different forms. We started out with a new hospital at the cost of I believe some $595 million. We then came -- UConn came with a proposal which was a collaboration between, I believe, Hartford Hospital and the University of Connecticut, and now we have the proposal before us.

What strikes me though is that the initial proposal for a brand new hospital, a brand new hospital with an excess of 400 beds was premised upon the fact that the CASE Study and the Tripp Umbach findings says that there was strong relationship between schools that own their own hospitals and bed capacity. Not that there was one way to have a successful university school and hospital. Senator Handley is right, if you read this report, if you've seen one, you've seen one. But there were common themes. There were common themes for ownership of your own hospital and one of the common themes was

this strong relationship between bed capacity and, in fact, what we know is that all of the top ten medical schools had more than 450 beds and that none -- excuse me, only two in the top 20 had less than 400 beds. So what we know from all of your research is if you want to have a top 20 medical school, if you own your own hospital, you have to have in excess of 400 or 450 beds.

So through you, Mr. President. I understand that we're not adding bed capacity with the NICU unit moving to the Children's Medical Center, I believe we do add 40 to 65 different beds in the hospital, but we still don't get anywhere close to that 400 or 450-bed mark. Through you, Mr. President, is Senator Handley concerned about that? Are we trying to just have a better medical school? Have we lost the goal of having a top 20 medical school? How do we rationalize what was the unassailable research that was done on this project that said if you own your own hospital and you want to be in the top 20, you have to have over 400 beds or 450 beds. Yet here, we don't get close to that number. Through you, Mr. President.

THE CHAIR:

Senator Handley.

SENATOR HANDLEY:

Thank you, Mr. President.

I think that is the blessing of the collaboratives that are being set up here. In effect the UConn Medical School will have access to hundreds and hundreds of beds in both the Hartford area, specifically, and the neighborhood areas. I notice you very carefully said, "Schools which own their own hospitals have large hospitals." Harvard University Medical School, which is one of the great medical schools in the country, owns no hospital beds. But has access to the -- all of the richness of the hospitals in the Boston area.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President, and I think that's the best answer I've heard all day. Because when I fought against the first phase and the first design of this project for a $595 million brand new hospital, all of the advocates and the University of Connecticut said Senator, you don't understand. If you own your own hospital, you have to have the bed capacity. And my answer was, well, and I know I'm a Yale graduate, but

Harvard Medical School is probably the best medical school if not in the country, in the world. One of the most well-renowned medical schools in the world, and they don't own their own hospital.

And I was told repeatedly time and time again, no, Senator McKinney, you don't understand. We own our own hospital. We have to own our own hospital and we have to have over 450 beds to have a top tier medical school because we own our own hospital. The Harvard model won't work here.

I can't tell you how many times I was told the Harvard model won't work here. Yet, when we can't get the funding to build a brand new hospital, Senator Handley is exactly correct. The University of Connecticut can rely on those beds at Hartford Hospital and St. Francis and Bristol and Children's Medical Center and New Britain. Because of a collaborative effort. So then I ask you, if we can rely on all of those beds. If we know because study after study has told us that we don't need greater bed capacity in the greater Hartford area, at least until 2025, then why are we spending $207 million on a brand new tower and brand new beds? It seems to me that there's a group of people that wants new. We're going

to get a new tower, and that's one of my greatest frustrations is that when they said, when you own your own hospital, it is unassailable, nobody disagrees with this report. You own your hospital in order to be a top 20 medical school, you have to have over 400 beds. Top ten medical school, you have to have over 450 beds. Not beds that you can access in the community. Beds in your own hospital that you own.

That is what this report says. And then when I said there's another way to do this. There are medical schools like Harvard and other medical school models around the country that can do it without their own hospital or could do it with a collaborative effort between hospitals, I was told no, that won't work here. And now when the bill is brought out and I ask about why the 224 John Dempsey, which is not enough beds, and we're going to spend an additional $237 million in bonding, the 207 is going to cost us 315-400 million in interest and principal payments over 20 years. Why, when we're not building a hospital to get those 400 or 450 beds, I'm told we can access beds at the area hospitals. Of course, we can. That's why we don't need new beds. That's why we don't need to build a new tower.

It is always hard to argue against a moving target. And over the years this has been an incredibly moving target. I will say that when I met the head of the UConn Medical School, I found him to be an extraordinarily brilliant, intelligent and hard-working asset to our state, as he walks into the room. My conversation with the president of the University of Connecticut was a little more frustrating, and I just wanted to share with the circle some of those frustrations. Because in this report or this packet that has been done in support of this project. It talks about how the University of Connecticut Health Center represents one-half of the University of Connecticut, one-half of its budget, one-half of its employees and one-half of its research portfolio, and I'm happy that we have such an incredibly capable person running that one-half of that University of Connecticut.

So when I ask the president, I said UConn 2000 was slightly over a billion dollars. UConn 21st century was slightly over a billion dollars, which is $2.26 billion that we've given to the University of Connecticut. My assumption would have been that roughly half of this was going to half of the

university. Shocking to find out that maybe only about 10 percent was being districted towards half of the University of Connecticut. Half its budget, half its employees and half of its research portfolio. So who was doing the planning for UConn 2000 when we first decided to ask the people of the State of Connecticut, the taxpayers to spend $2.2 billion? Because when I look at the history of John Dempsey, they tell you it was originally built to have another tower for 400 beds. So the idea that a 224-bed hospital was going to be too small is not something that just creeped up on us just last year or the year before that. It's been with us since very beginning.

So that's why I've been saying and I'm frustrated that when we have over $780 million left on phase 3, UConn 21st century, don't you think the University of Connecticut could reprioritize its programs, its projects, its spending so that they can focus on one-half of the university? And I ask the president, could you do that? No, Senator McKinney, we can't. We have to spend every dime of that 780, $880 million we have left.

It's all critically important to the operations of the university. We need an additional, at the

time, 500 plus million dollars for a brand new hospital. Now an additional $237 million.

And I say that as a University of Connecticut alumni. I love the school. They've done a great job. It's something we should all be proud of. But when does it stop? 3 billion, 4 billion, 5 billion? How much money do we continue to get from the taxpayers and at what point do we say to the administration, if you're getting $2 billion, how can you focus about 10 percent on one-half of your university? And who, if anyone, are we going to hold accountable for that? One of the reasons why I offered the amendment to say let's not spend the $25 million until we know whether or not we get the research grant, because I guarantee as I stand here right now, that if we do not get that federal grant and the university cannot raise that $100 million, we will spend the $25 million and they will be back here asking for more. And you know what? The Legislature at the time is just going to give it to them. Because it seems like there's a blank check and it's a check the people of the State of Connecticut cannot afford.

Senator Kane is 100 percent right. I don't blame those who put John Dempsey in Farmington. I blame

those who want to double down and expand it in Farmington. If we want a world-class medical school with a hospital. If we want to spend hundreds of millions of dollars more to make our University of Connecticut Medical School a world-class facility, we should be doing it in Hartford. Every single one of us has talked about smart growth. About how hard our cities have been hit by flight into the suburbs, and here we are further exacerbating those mistakes of the past.

So when I hear, as I have in the past, the echoes of Senator Penn fighting for his City of Bridgeport and economic development there and Senators from Hartford and New Haven and Waterbury and New Britain, I say you're right. But instead of recognizing that a mistake was made. Instead of recognizing that there's a better way that the State of Connecticut, the University of Connecticut and its medical school and its health center can work on rebuilding downtown Hartford, Connecticut, a city decimated by insurance industry jobs leaving our state and other jobs leaving. Being part of rebuilding our state's capital city, we say, no, let's give it to Farmington. They don't need it.

So it is not acceptable to this Senator to say somebody made a decision decades ago to put it in Farmington. We're stuck with that decision for the rest of eternity. I don't accept that.

Mr. President, I was going to spend a lot more time talking about had bill, but I don't think it's a surprise that it's going to pass and it's going to become law. To those who support this plan, to those who run John Dempsey and the health center and the medical school, I hope you're right and I'm wrong. I hope you're right and I'm wrong. But if we see more deficits in the future. If we see further trouble at our hospitals in the area like St. Francis or Hartford, then you've got some explaining to do. Because all of our hospitals in this state at one time or another have been hurting, especially those in our urban centers, whether it's Bridgeport Hospital, or New Britain Hospital or the hospitals in Waterbury. They've struggled financially.

And to all of those hospitals, I say I'm sorry that we decided to spend $237 million on our state hospital and none on yours. Now I understand there's a little exaggeration because there's $5 million in this bill for New Britain Hospital and $2 million for

Bristol Hospital. There are a lot of other hospitals that I didn't name who aren't getting their favors or extra money for new programs. So as a state we have still have a big health care problem with the viability and long-term success of our hospitals as our main health care providers. And this doesn't do anything to help that. This may actually do something to hurt that.

At a time when we are about $500 million under our bond cap, we're going to spend $237 million new. At a time when we can least afford to waste a penny, we are going to gamble $25 million in design and planning on the hope that we get $100 million from the federal government. In a plan that acknowledges we do not need to have a large-bed hospital if we own it, because we can rely on hospital beds in the area, we're still going to build new beds because we want a new tower. And we're going to build those new beds and that new tower in the suburbs which goes against every smart growth, transit oriented development program we've talked about in this Legislature since I've been here. Since I've been here.

I don't -- I don't oppose or I'm critical of any member of this circle or anyone downstairs who

supports this plan. I'm frustrated in what I think has been an unwillingness on the part of our state, whether it's in the executive branch or in this Legislature, who's been willing to hold up a critical mirror to this entire process and demand better and demand more from the University of Connecticut. Because for $2.2 billion, now add another $237 million, the people of the State of Connecticut have been more generous to the University of Connecticut than anyone could have envisioned or imagined. And yet, we have a plan that hopes to eliminate the structural deficits that hospital has faced. Those structural deficits that in years have been 20, 21, $22 million. That has been made up by the taxpayers of the State of Connecticut. Not a plan that guarantees it, but a plan that hopes.

So Mr. President, I understand that this will pass. I hope I'm wrong, but I would ask those if they're on the fence, to reject this proposal before us and get back to the drawing board and come up a better plan for our region and for our state's medical school. Thank you.

THE CHAIR:

Senator Williams.

SENATOR WILLIAMS:

Thank you, Mr. President.

I rise to support the bill and also to thank Senator Mary Ann Handley, Senator Don DeFronzo for their work on this, together with the other Senators and represents of both parties who have expressed not only interest, but great support for the idea of moving our state medical school into tier 1 and enhancing the medical economic sector in our state.

Now my friend Senator McKinney is correct, I think, in many ways. So if we could go back in time, back when the Dempsey Hospital was constructed in Farmington, maybe we would want to revisit that. Maybe we want to go back in time and change those decisions. Perhaps locate everything in downtown Hartford. I suspect there are many folks who might say that if we could go back in time and change those decisions, we would do that.

However, to do for better or worse, we are faced with the infrastructure that's in place. The fact that Farmington now has come to depend on the Dempsey Hospital in so many different ways and the quality of care that is provided for that part of our state. I would say, at the same time, that this proposal does

move us forward in terms of connecting more of downtown Hartford with our medical school, bringing other hospitals into not only the sphere but into the actual educating process of our medical school. Particular Hartford Hospital, St. Francis Hospital, Hospital of Central Connecticut, the Children's Hospital. So there are significant steps forward here in bringing more of our health care infrastructure and professionals into the process of educating the next generation of medical students in the State of Connecticut.

Now, we also know how important this is to our economic future, and I would like to thank the folks who have been involved in the Legislature, but also the Board of Trustees, and particularly Larry McHugh, who stepped up and recognized that, you know, this has to be part of our economic future. Because we know that in other states medical and technology corridors have produced jobs and contributed to moving the economy of states forward. In these tough times, not only is high quality health care important, but jobs and providing the jobs of the future, that's also a very important goal. This proposal does that. It's estimated that there will be at least an additional

5,000 jobs created from this proposal.

And as we are successful moving the University of Connecticut into tier 1, in terms of the quality of its medical school. That in turn with the research that occurs at the school will help attract the cutting edge medical sector technology jobs of the future here in Connecticut. Is this plan perfect? Of course, not, but as is often said, we cannot let the perfect be the enemy of the good. And in this case, this is not only a good plan, this is an excellent plan for moving our medical school forward, and increasing the number of jobs in Connecticut.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Williams.

Will you remark further? Will you remark further?

If not, Mr. Clerk please call for a roll call vote. The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate. Will all Senators please return to the

chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

The motion is on passing the House Bill 5027, in concurrence with the action in the House.

Total number voting	35
Necessary for Adoption	18
Those voting Yea	28
Those voting Nay	7
Those absent and not voting	1

THE CHAIR:

The bill passes. Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President.

I rise for a point of personal privilege.

THE CHAIR:

Please proceed, sir.

SENATOR KISSEL:

Thank you very much Mr. President. Well, it's a tradition in the Kissel household that on the very first day of session, my wife and wonderful two boys