

PA 11-183

HB5048

House	6148-6169	22
Public Health	14-26, 53-71, 140-143, 264-291	64
<u>Senate</u>	<u>7097-7118, 7129-7139</u>	<u>33</u>
		<b>119</b>

**H – 1109**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2011**

**VOL.54  
PART 18  
5829 – 6187**

The House of Representatives is voting by Roll Call.

Members 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? Have all the Members voted? If so, the machine will be locked. The Clerk will take a tally and the Clerk will announce the tally.

THE CLERK:

House Bill 6224 as amended by House "A".

Total Number Voting	148
Necessary for Passage	75
Those voting Yea	148
Those voting Nay	0
Those absent and not voting	3

DEPUTY SPEAKER GODFREY:

The Bill as amended is passed.

The House will come back to order. Mr. Clerk, kindly call Calendar 71.

THE CLERK:

On Page 2, Calendar 71, House Bill Number 5048, AN ACT  
REQUIRING CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION

OF INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL.

Favorable Report of the Committee on Public Health.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Public Health Committee, Representative Betsy Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I move for acceptance of the Joint Committee's Favorable Report and passage of the Bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage. Explain the Bill, please, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this bill essentially would require any hospital that seeks to terminate inpatient or outpatient services currently offered, as well as any outpatient surgi center to file a certificate of need application with the Office of Health Care Access. It is intended to correct an unintentional omission from legislation that we passed last year.

Mr. Speaker, the Clerk has an Amendment, LCO Number 7275, which is not a total strike all, but essentially replaces the heart of the underlying Bill.

I would ask that the Clerk please call the Amendment and I be granted leave of the Chamber to summarize.

pat/gbr  
HOUSE OF REPRESENTATIVES

June 1, 2011

DEPUTY SPEAKER GODFREY:

The Clerk is in possession of LCO Number 7275, which will be designated House Amendment Schedule "A". Will the Clerk please call the Amendment.

THE CLERK:

LCO Number 7275, House "A", offered by Representative Ritter and Senator Gerratana.

DEPUTY SPEAKER GODFREY:

The gentlewoman has asked leave of the Chamber to summarize. Is there objection? Hearing none, please proceed, Representative Ritter.

REP. RITTER (38th):

Thank you very much, Mr. Speaker. Mr. Speaker, as I indicated, this Amendment essentially will add to the underlying Bill and clarify that the intention of the Bill is also to require any outpatient surgi center to go through, so notify the Office of Health Care Access.

Mr. Speaker, this Bill essentially arises from, I will move adoption.

DEPUTY SPEAKER GODFREY:

The question is on adoption. Proceed, Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this Bill comes from a situation involving Rockville Hospital and was brought to the Committee on Public Health from the Legislators representing that district, and most of the details of that situation, I believe, will be available to the Legislature from those Legislators, and that would be Representative Janowski and Representative Ackert.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam. Representative Perrillo.

REP. PERRILLO (113th):

Mr. Speaker, thank you very much. Just one quick question on the Amendment, through you if I could.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. PERRILLO (113th):

Just to clarify. I think there may have been some concern early on that this was just applying to hospitals and not treating other facilities providing many of the same services in the same way. Just to clarify.

Is that indeed what the Amendment is intended to do?

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. The Amendment is intended to provide that hospitals as well as outpatient surgical centers seeking to terminate their surgical services, go through this process, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, Mr. Speaker, and I thank the Chair of the Public Health Committee for her answer.

Given that we are creating some parity here and leveling the playing field, I do support the Amendment and I urge its adoption.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Will you remark further on House Amendment Schedule "A"? Representative Janowski.

REP. JANOWSKI (56th):

Thank you, Mr. Speaker. I rise in support of the Bill. May I proceed?

DEPUTY SPEAKER GODFREY:

You certainly may.

REP. JANOWSKI (56th):

Thank you, sir. I am, I would simply like to thank the Chairs, the Ranking Members and the leadership for

pat/gbr  
HOUSE OF REPRESENTATIVES

June 1, 2011

shepherding this Bill, hoping to shepherd this Bill and bring it forward.

It is very important, especially to small community hospitals and it does restore transparency in the process, and again, I appreciate both sides working together and coming together on the language, as well as the hospital association and the outpatient surgical facility lobbyists.

Again, thank you very much.

DEPUTY SPEAKER GODFREY:

Thank you, madam. Will you remark further on House Amendment Schedule "A"? Representative Ackert.

REP. ACKERT (8th):

I was going to remark on the Bill, sir.

DEPUTY SPEAKER GODFREY:

Will you remark further on House Amendment Schedule "A"? 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? Now, Representative Ackert.

REP. ACKERT (8th):

Thank you, Mr. Speaker. A little bit of background, quickly first is, I typically don't look to have more governance and/or mandates, but in this case here, and what happened with Rockville Hospital, there are area. It's not like a Home Depot closing the gardening shop or another business closing like an auto parts or brake department.

These hospitals serve a community and when Rockville and ECHN, in which I give them all the credit, Eastern Connecticut Health Network does a great job under Peter Carle, close the birthing center in a hospital that was operating for decades, it was of concern, and I do believe that this Bill will correct those concerns, and I rise in support of that. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Representative Perrillo.

REP. PERRILLO (113th):

Mr. Speaker, thank you very much. If I may, through you, just a few questions to the proponent.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. PERRILLO (113th):

Through you, Mr. Speaker. As I understand it, the specific situation was in relation to a hospital closing their labor and delivery.

I'm wondering if this Bill specifically relates to that or if it goes beyond the scope of just that one level of service, would require that hospitals receive a CON for other types of services that they offer.

Through you, sir.

DEPUTY SPEAKER GODFREY:

And to whom, Representative Perrillo are you directing the question? I believe Representative Janowski seems to be prepared to answer.

REP. PERRILLO (113th):

That would be wonderful. Thank you, sir.

DEPUTY SPEAKER GODFREY:

Representative Janowski.

REP. JANOWSKI (56th):

Thank you, Mr. Speaker. The Bill is basically just, restores what previously had been the case. So it would apply to all hospital termination of services.

DEPUTY SPEAKER GODFREY:

Representative Perrillo.

REP. PERRILLO (113th):

Mr. Speaker, thank you. So as I understand It, a hospital wishing to close its rehabilitation center would have to receive a certificate of need in order to make that termination. Is that correct? Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Janowski.

REP. JANOWSKI (56th):

The decision is made, obviously, by the hospital membership, or the board. They would have to file an application with the Public Health Department and the Public Health Department would review it and basically make the final, give them the final okay.

DEPUTY SPEAKER GODFREY:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, Mr. Speaker. So indeed, that is correct. For a service like that, they would, the hospital would still need to go through the CON process, and that would be true for anything, even something as simple as you know, a sleep center that studied sleep disorders. It is a service provided by the hospital and indeed, the hospital would have to incur the expenses going along with the Certificate of need process. Is that correct? Through you, sir.

DEPUTY SPEAKER GODFREY:

pat/gbr  
HOUSE OF REPRESENTATIVES

156  
June 1, 2011

Representative Janowski.

REP. JANOWSKI (56th):

I'm sorry. (Inaudible) the question, please.

DEPUTY SPEAKER GODFREY:

Representative Perrillo, could you please repeat the question?

REP. PERRILLO (113th):

Certainly, Mr. Speaker, thank you. I'm just trying to dig into the depth of what, indeed, hospitals need to utilize the CON process for in terms of terminating services.

And in the specific instance in my question, I asked about sleep centers where they study, where hospitals study sleep disorders. That is not something that appears to emergent to me in any way, shape or form, and perhaps not even something that is vital within a community. You know, the community is going to survive just fine if they don't have somebody to study sleep disorders.

So my question is, would things like that of a non-emergent, non-critical type level of care still have to go through the CON process?

DEPUTY SPEAKER GODFREY:

Representative Janowski.

REP. JANOWSKI (56th):

pat/gbr  
HOUSE OF REPRESENTATIVES

June 1, 2011

Thank you. Through you, Mr. Speaker, I believe that if it is part of a department, then it would. But if it's part of a service that's being offered through a general kind of, through another area or part of another area, I don't think that it does.

DEPUTY SPEAKER GODFREY:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, Mr. Speaker. And I'm going to oppose the Bill even though I supported the Amendment. I do think the Amendment made the Bill better.

I have a philosophical problem with the CON process as it exists right now, and I certainly don't approve of or support the expansion of that process.

I think in many ways this places an undue burden on hospitals in the State of Connecticut and in this instance whereby a hospital needs to pull back a service they provide, either a) because it's simply not profitable or b) they don't have the proper clinicians in place to provide the service, as was the case with Rockville General.

We are now putting that hospital in the crosshairs of DPH to determine whether or not that service should be withheld.

And what I've heard in the past is that well, you know, DPH won't deny a CON, a certificate of need, in those instances where it doesn't make financial sense or clinical sense for the hospital to offer the service.

But at the same time what we are stating in this Bill is that DPH can prohibit a hospital from terminating a service that it provides, even if they don't have the clinicians to provide it, and even if it is cost prohibitive to provide it.

With that, I certainly appreciate the intention of the Bill. It's meant to address a specific instance, but I certainly cannot support it today.

Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, to the proponent of the Bill.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. I also felt supporting of the Amendment, but the underlying Bill I will not be able to support, too.

And through you, I remember in the public hearings when the hospitals came up and addressed us and talked about the rationale or the reasons, and the reasons why they had to terminate their services, it was a very logical reason that they had to do what they needed to do to keep moving on.

And in this climate, where just a couple of, not even a couple of weeks ago last week, I think now, we passed an increase, a tax on the hospitals on the one hand, and now when they're curtailing their services, we are holding them tight and accountable and saying you cannot do this and the other. I find that very difficult for hospitals to do.

And I also feel the title itself of the Bill need approval for the termination of inpatient and outpatient services, and I find that difficult because here they are terminating because they're not able to provide those services as Representative Perrillo very appropriately said, whether it be financial or it be the lack of services.

You know, they don't have the support staff and are we going to jeopardize our patients in that environment, in that area because we don't have adequate facilities, adequate physicians, adequate healthcare providers, and

pat/gbr  
HOUSE OF REPRESENTATIVES

160  
June 1, 2011

that was why the hospital in Rockville had to shut down the particular service.

To go back to this entire process for a need, when the need is there, I can imagine the certificate is required. But when the need, the hospital feels is not there anymore for reason a or b, to then hold them accountable to another body I find is asking too much of a hospital and of the healthcare system at this time.

And for that, through you, Mr. Speaker, I have to say that I will not be able to support this Bill today.

Thank you.

DEPUTY SPEAKER GODFREY:

Representative Betts.

REP. BETTS (78th):

Thank you, Mr. Speaker. A question to the proponent if I may.

DEPUTY SPEAKER GODFREY:

To the proponent or to Representative Janowski?

REP. BETTS (78th):

To Representative Janowski, please.

DEPUTY SPEAKER GODFREY:

Please prepare yourself, Claire. Proceed.

REP. BETTS (78th):

Yes, through you. How long does the certificate of need process take from beginning to end?

DEPUTY SPEAKER GODFREY:

Representative Janowski.

REP. JANOWSKI (56th):

Thank you, Mr. Speaker. Through you, the purpose of streamlining the process last year was to shorten the timeframe because there are many other reasons why someone would have to go through the certificate of need process.

And it is my understanding that once the application is filed, there is a 30-day time period for which the Public Health Department would be responding or request additional information.

And although I'm not, at this point I don't know the exact timeframes, I know that the timeframes have been streamlined so that it does not take as lengthy a process as it used to take.

DEPUTY SPEAKER GODFREY:

Representative Betts.

REP. BETTS (78th):

I thank you for that answer. And through you, Mr. Speaker, most hospitals have a board of directors, and one of the fiduciary responsibilities that they have is to review the finances of the operation of the hospital, and

if they in conjunction with the administration determine that a particular program or service is losing so much money or there's not enough demand to be able to justify that service, it seems to me to be very prudent and appropriate, particularly given the limited resources the hospital have not, to terminate that.

However, it seems what this Bill is doing, and correct me if I'm wrong. They don't have the ability to make that decision. What you have to do is, you have to go to DPH to get a certificate of need approval for that decision.

And I find that inconsistent with the hospital that's losing a lot of money and I wonder why you want to extend the period of time in which they are losing money, and why we have to even actually pass a long and why this can't be done administratively or through some other process?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Janowski.

REP. MANOWSKI (56th):

Thank you, Mr. Speaker. I would first like to mention that this is the process that was in place prior to October of last year when it was changed at the last minute in the last few days of the budget.

This does not, this Amendment or this change, does not preclude the board from making that decision. Even at Rockville General Hospital, that decision was made by the board to close the birthing center.

What this allows us to do is to have the Office of Health Care Access, it gives them some oversight.

As a result of the change last year, the Office of Health Care Access currently has no oversight whatsoever. The hospital can make that decision. OHCA does not have the jurisdiction to hold a public hearing or gain any input from the community or the host community where the hospital resides.

And in fact, it is my understanding that there aren't that many decisions that have been made by OHCA that have resulted in refusing such a request.

What this does is make the process transparent so that the community, the town officials and also members of the community, especially those who have a stake in the process also have the opportunity to request a public hearing from OHCA as part of the decision-making process. That's all this Bill does. Thank you.

DEPUTY SPEAKER GODFREY:

Representative Betts.

REP. BETTS (78th):

Thank you for that answer, and thank you, Mr. Speaker.

I strongly have to oppose this for a number of reasons. One is, I really believe and I have faith that local hospitals will do the right thing for their community. They are no small part of the community. They are a very large part of the community and it affects employees. It affects programs and services, and believe me, anything that they terminate, the whole community is going to know about it, and it's not going to be in their best interest not to make the decision transparent.

The second thing is, I think that's why the board is there and why the administration is there. That is their fiduciary responsibility to do that and I'm sure it's an extreme situation that leads to a termination. I would think it's the exception to the rule rather than the norm.

I also think, given this fact that the hospitals have very limited resources now. They are being taxed again and they are barely able to stay in the black. Most are in the red. I think this is an additional and poorly timed burden placed on them, and for those reasons, Mr. Speaker, I will be opposing this Bill. Thank you very much.

DEPUTY SPEAKER GODFREY:

Thank you, sir. My good friend from Danbury,  
Representative Giegler.

pat/gbr  
HOUSE OF REPRESENTATIVES

June 1, 2011

REP. GIEGLER (138th):

Thank you, Mr. Speaker. A question, through you, to Representative Janowski.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. GIEGLER (138th):

Thank you, Mr. Speaker. I have a concern about the Bill before us as well, and it kind of feeds what my predecessor has spoken about.

But we have made reference to the hospital tax and the implementation of it in order that it requires a CON to terminate a service.

When a hospital realizes that it really needs to close one of their programs as a result of not having the funding for it, you mentioned that the timeframe for the process, I believe you said was 30-day timeframe. Is that correct?

DEPUTY SPEAKER GODFREY:

Representative Janowski.

REP. JANOWSKI (56th):

It is my understanding that once the application is made, there is a 30-day waiting, or a 30-day period in which OHCA or the Office of Health Care Access or the Public Health Department has to respond.

DEPUTY SPEAKER GODFREY:

pat/gbr  
HOUSE OF REPRESENTATIVES

June 1, 2011

Representative Giegler.

REP. GIEGLER (158th):

Thank you, Mr. Speaker. Would it be the expectation then that that program has to continue running during that timeframe? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Janowski.

REP. JANOWSKI (56th):

I don't know the details of how that would work through OHCA. However, it is my understanding that statutorily that once they apply that they would work with OHCA to determine whether number one, a CON process is the process to pursue.

It may be a situation where they don't have to go through that process. So that would be the first step.

And following that, I'm not certain at this point. I can't answer that. I would assume that if it is a situation where it's a question of finances, it probably would not, provided they make some other type of arrangement, as ended up being the case with Rockwell General Hospital.

DEPUTY SPEAKER GODFREY:

Representative Giegler.

REP. GIEGLER (138th):

Thank you, Mr. Speaker, and through you to Representative Janowski. Is there a cost for the CON application process?

REP. JANOWSKI (56th):

Yes, there is. The application process itself, just like everything else we pay for, I think it's \$500.

DEPUTY SPEAKER GODFREY:

Representative Giegler.

REP. GIEGLER (138th):

All right. Thank you, Mr. Speaker and thank you, Representative Janowski for your answers.

I, too, will not be supporting the Bill before us as I feel it's another imposition and an expense on our hospitals. Thank you so much.

DEPUTY SPEAKER GODFREY:

Thank you, madam. 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 Representatives is voting by Roll Call.  
Members to the Chamber.

Members to the Chamber. The House is voting by Roll Call.

DEPUTY SPEAKER GODFREY:

Have all the Members voted? Have all the Members voted? If so, the machine will be locked. The Clerk will take the tally and the Clerk will announce the tally.

THE CLERK:

House Bill 5048 as amended by House "A".

Total Number Voting	146
Necessary for Passage	74
Those voting Yea	93
Those voting Nay	53
Those absent and not voting	5

DEPUTY SPEAKER GODFREY:

The Bill as amended is passed.

The Clerk please call Calendar 139.

THE CLERK:

On Page 35, Calendar 139, Substitute for House Bill Number 5068 AN ACT CREATING A REBUTTABLE PRESUMPTION FOR THE APPROVAL OF AN INLAND WETLANDS PERMIT FOR DRY HYDRANT. Favorable Report of the Committee on Planning and Development.

DEPUTY SPEAKER GODFREY:

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
PART 1  
1 – 331**

**2011  
INDEX**

the staff will bear up with the committee members as we struggle with the technology and also ask the public to understand that if we're fumbling around in front of our seats it's because we're struggling with the technology. But it certainly is our intention -- well absolutely it will happen that all of the testimony and information we receive will be posted electronically and will be part of the permanent public record.

Speaking for myself I just might not be able to have it in front of me on my little screen at that exact moment. So please be patient.

And with that, I will also state that the public health committee reserves the first hour for sign up from legislatures, agencies and the municipalities, public officials, to testify. And they may testify on all or any of the bills as they wish. After that it is open to the public. And we will take our testimony in the order in which the bills are listed in the -- on the agenda, in the order in which you signed up. And we allow three minutes for public testimony although you can hand in far more information as you wish.

So I think I've covered everything, if I haven't I'll just interrupt and talk some more. And given that we will begin with our first speaker and that is Natasha Pierre from the PCSW.

NATASHA PIERRE: Good morning, hi. I'm Natasha Pierre from the Permanent Commission on the Status of Women and I'm here to testify on House Bill 5048. And that requires Certificate of Need Approval for the Termination of Inpatient and Outpatient Services. And I'm sorry I jumped back in, but I wanted to thank you for allowing us to

testify.

House Bill 5048 would restore power to the Office of Health Care Access to require hospitals to seek state approval of the termination of essential services. This power was eliminated when OCHA was merged into the Department of Public Health during the last legislative session. Now hospitals only have to provide notice to OCHA of its intent to eliminate services and only have to seek approval when it is proposing to eliminate short term acute care of mental health and substance abuse services.

The CON process ensured that that if a hospital planned to eliminate patient services it would have to notify the State and public and hold a public hearing to get the public's reaction. Without the CON process there is no reliable mechanism to ensure that a hospital's plan to eliminate patient services will be vetted or made known to anyone in the community. This means that access to all services, except short term acute care, mental health and substance abuse services are not monitored by the State in a timely manner to prevent termination of services if needed.

PCSW is concerned about the lack of oversight because woman's health services are often the first targeted for elimination. In the past decade PCSW used the CON process three times to work toward a resolution when women's health services were threatened by a proposed change in hospital services.

We did that in 2007 with the Hospital of Saint Raphael in New Haven; 2005 with Lawrence & Memorial Hospital in New London; and 2001 with Sharon Hospital in Sharon. In each of these instances health care services were preserved

4  
par/cd/gbr PUBLIC HEALTH COMMITTEE February 9, 2011 11:00 A.M.

or a compromise was made between the community and hospitals to ensure that adequate services were provided elsewhere.

Restoring oversight to the State would ensure that adequate health services are provided in all communities and the process is open and assessable to the public. And we look forward to working with you on this issue.

REP. RITTER: Thank you for your testimony.

Are there questions or comments from the Committee for Ms. Pierre?

Senator Stillman.

SENATOR STILLMAN: Good morning.

NATASHA PIERRE: Good morning.

SENATOR STILLMAN: Have you noticed -- you're obviously asking us to make -- make a requirement that is somewhat iffy. I -- I'm trying to understand, if you are concerned about facing the same battles that many of us were working on in -- you know, in the previous -- I hate to say it, in the previous decade.

NATASHA PIERRE: Me too.

SENATOR STILLMAN: But it was and based on the dates that are in the testimony. But are you concerned that -- that these battles will -- could continue and that's why you're here?

NATASHA PIERRE: Yes.

SENATOR STILLMAN: Have you been hearing something in --

5  
par/cd/gbr PUBLIC HEALTH COMMITTEE February 9, 2011 11:00 A.M.

NATASHA PIERRE: Yes.

SENATOR STILLMAN: -- in the underground, so to speak.

NATASHA PIERRE: Within the month of the bill being effective they closed the Women's -- the maternity ward at Rockville Community so we saw an immediate effect of this and nobody knew about it until it became. It was published I think, and that's how we knew about it. And all they had to do was send notice of intent. They don't have to get approval anymore.

So yes, we are, because right when it was instituted -- immediately within a month one of the services were being eliminated.

REP. RITTER: Thank you.

Representative Nardello.

REP. NARDELLO: Thank you. Just one question, in your testimony -- I want to confirm, did you state that there's no longer a need for a public hearing or public notice when this is being done?

NATASHA PIERRE: It is but not for termination of services. But the way those statute read, the current statute is, you have to get a Certificate of Need issued for the establishment of a new health care facility, a transfer of ownership of a health care facility, a free standing emergency department and the termination of short term acute care at general hospital at children's services and a list. But none of them is for the termination of inpatient or outpatient services. And that's why I believe we're here, to -- to add that.

6 February 9, 2011  
par/cd/gbr PUBLIC HEALTH COMMITTEE 11:00 A.M.

REP NARDELLO: Well I'm glad you clarified that because again I think that that has an impact on the community if there's a termination of services as well. So I just wanted to make sure and that you would also make sure that we have language that would address that issue since I think this is important.

NATASHA PIERRE: Well, can I just say something? They do have a provision for public hearings for all those other things I added, just not for impatient -- or all those other things I said, except for termination of services.

REP. NARDELLO: Okay. And again terminations will affect a community so there needs to be some sort of public comment. Thank you.

REP. RITTER: Thank you.

Representative Perillo.

REP. PERILLO: Good morning.

NATASHA PIERRE: Good morning.

REP. PERILLO: A quick question for you. You mentioned that very often women's health services and women's health access is affected by the termination service. Can you give us some examples of where that has happened?

NATASHA PIERRE: Okay. Well in 2005, they wanted to close the Lawrence Memorial Women's Health Clinic in Norwich and because of this process it wasn't closed. It was opened to the public; they had to kind of vet it with the public. And ultimately it wasn't closed. The reasoning may be different as to why it hasn't but that's one example. And Sharon Hospital a non -- a profit hospital was buying a

nonprofit hospital and they were talking about eliminating the maternity ward and at that time a community advisory council was put together to evaluate whether they could eliminate the maternity ward and where those patients would go.

So this process has been used -- it -- it can be used for any termination of services. Of course we get involved when it's women's health services.

REP. PERILLO: Thank you very much. I appreciate it.

NATASHA PIERRE: You're welcome.

REP. RITTER: Representative Betts.

REP. BETTS: Thank you, Madam Chair.

Did they give the reasons as to why they were closing? Was it due to a lack of demand or financial problems?

NATASHA PIERRE: In some of those cases it was they though like -- well I don't have -- I can't talk about that one because it didn't have a process. But in Sharon it was a profit hospital coming in and evaluating what was going to make them profit in the maternity ward and that area of the State didn't do a lot of -- or wasn't making a profit.

So sometimes it is profit based, sometimes it's that they think another hospital can do those services. And that maybe very well true but we need to set it up before they terminate.

REP. BETTS: And -- and during that process do they also make arrangements to make sure that the

8 February 9, 2011  
par/cd/gbr PUBLIC HEALTH COMMITTEE 11:00 A.M.

public knows where to go if they no longer provide that service?

NATASHA PIERRE: That's part of the active discussion of if they develop a community advisory board or something of that nature. Each situation is different with what the outcome is but -- for example, Sharon Hospital, that was the whole point of the community advisory board to get out where the services would be once they decided on that.

REP. BETTS: Thank you.

NATASHA PIERRE: You're welcome.

REP. RITTER: Senator Welch.

SENATOR WELCH: Thank you.

I have a few questions and I'm going to apologize for my ignorance in advance because I'm somewhat new to the process.

So as I understand it, you're seeking for a determination that there's a Certificate of Need for a termination of a service. Okay, and -- and we don't have that right now, as I understand it?

NATASHA PIERRE: We don't have it in the current statute.

SENATOR WELSH: And -- and ultimately who would the arbitrator be to -- that ultimately makes that determination, that there is --

NATASHA PIERRE: The Office of Health Care Access has --

SENATOR WELSH: Okay.

9 February 9, 2011  
par/cd/gbr PUBLIC HEALTH COMMITTEE 11:00 A.M.

NATASHA PIERRE: -- the Certificate of Need requirement, the existing one, so I assume it would go back to that office. They used to do it.

SENATOR WELSH: So does -- does a situation -- could the potential for a situation arise where a hospital is losing millions of dollars providing a service and then this agency would say, well you can't terminate the service because the community needs it and then they're forced to keep it open -- keep providing that service and just -- either continue to lose dollars or try to make it up through revenues elsewhere?

NATASHA PIERRE: Potentially that could happen but it has not happened in the three we've done in the last ten years. It was some modifications where needed. The only one that fully kept the services was the Lawrence Memorial where it was a clinic, they kept that.

SENATOR WELSH: Okay. And -- and -- in my -- I'm not sure --

NATASHA PIERRE: But part of this is compromise. It's never going to be a -- and it's just getting the community involved to come to a solution that both sided can work with. Sometimes the services are eliminated but at least people got out there to say what they -- what they -- to be able to voice how it would impact them and their community.

SENATOR WELSH: Okay. But the -- so I understand it, the person that determines whether or not the services can be eliminated is not the hospital, is not necessarily the community but it is the -- the Office of Health Care?

NATASHA PIERRE: Yes, it's not the community. It's

just bringing awareness to the community and bringing the information to OCHA. What happens when you do a Certificate of Need process you have to provide all this documentation to support why you want to do what you ask to do. If we don't have a process, none of that is out there.

SENATOR WELSH: Thank you.

REP. RITTER: Representative Carter.

REP. CARTER: Thank you, Madam Chair.

In the current process of notification how -- how long does that process go? Do they just have to send you a letter and say, we're going to be getting rid of this essential needed service? That's it?

NATASHA PIERRE: Yes. The bill just started in October so we're only aware of one incident that has happened. They basically had to provide 30-days' notice.

REP. CARTER: Thirty days. Okay, thank you.

REP. RITTER: Representative Srinivasan. And I apologize, this is not the first time I'll probably mispronounce it.

REP. SRINIVASAN: Madam Chair, you did a very good job of that. You pronounced it very well.

My question to you is when -- as Senator Welsh had said, if the service is losing as much as it is, and that is the basis for the hospital to -- to not provide that any more, I find it difficult how somebody else can then tell the hospital that they need to provide the service and not that the hospital give you adequate time, I do understand that. Just shut the

door today for tomorrow, but giving adequate time frames I don't understand why you would need somebody else to say that we need their permission for the services not to be rendered any more.

NATASHA PIERRE: Well part of it was they were providing the services to the community and they have decided not to. And I think we have invested in hospitals to help them work.

So it's not a -- a dead -- it's not a -- set in stone what OCHA says is the end result. And it rarely happens where they're losing tons of money and OCHA says you still have to provide this service.

What we're saying is we want an opportunity to see this -- for them to show that they can't afford to do this and OCHA to make a decision versus them just saying, we don't want to do this anymore and we're eliminating it.

So there's no guarantees what the end result will be and it's rarely that -- to that situation where you tell a hospital, do what we say because it's always a negotiation but if we let this process stay out, there will be no negotiation. There would be nothing. Services will just be stopped. And we're talking about women's health services, but his could be any health services except those limited categories that are protected.

REP. SRINIVASAN: Could you enlighten me if other than losing millions of dollars, what would be the other motivation for a hospital to cut down or to terminate some services? I cannot think of any, could you think of any?

NATASHA PIERRE: I'm not sure; I'm not an expert in that area.

REP. SRINIVASAN: I'm finding it hard as to when a hospital does terminate the services it probably only for one reason. And for the hospital to survive in this -- in this present economy, they may have to do certain things and they have no other choice.

NATASHA PIERRE: They may have to.

REP. SRINIVASAN: The hospital would like to do certain things but they just not able to do that. So I find it difficult that we need some other people to say, you have to provide these services. That's the part I'm having difficulty with.

NATASHA PIERRE: Well I'll give you an example. When the profit hospital came into Sharon's community and wanted to eliminate services it wasn't a lot about -- they said that they thought this was a losing -- an area that they weren't going to have enough patients and all that but when they evaluated it, after community input they didn't have that same decision.

So it's really -- if they come to the end and say that's what it is, then it's up to OCHA to weight whether or not there's another place for serviced. It's really just to open discussion. If you can find another place for services close to where people live, then that would be suitable. But in an example like Sharon, there weren't a lot of hospitals close by, so they had to really address the issue.

REP. SRINIVASAN: Thank you.

REP. RITTER: Any chances for the first time for anyone else on the committee?

Representative Carter.

REP. CARTER: Real quickly, the essential health services, right now are those currently defined by the Office of Health Care Access?

NATASHA PIERRE: No, that was my terminology. I could have said inpatient outpatient services but I repeated it so much in the testimony --

REP. CARTER: Right.

NATASHA PIERRE: -- that I didn't --

REP. CARTER: Because I asked -- I asked because in the Federal Health Care Reform that's coming down the pike they actually spell out what some of those services are. For instance, ambulatory patient services, emergency services, hospitalization et cetera.

With what you're looking at, is it something that's going to be defined, what are central services?

NATASHA PIERRE: No.

REP. CARTER: Or could it be any service --

NATASHA PIERRE: That wasn't the intent of me at all using that word.

REP. CARTER: Okay. So it could be -- the institution could want to stop any service?

NATASHA PIERRE: Yes, the way it is now it could be any service.

REP. CARTER: Any service.

NATASHA PIERRE: Except those three I called out earlier.

REP. CARTER: Okay, thank you.

REP. RITTER: Are there any other questions from the committee?

I would like to just clarify one point. It's my understanding that this particular case arose because the providing physicians had left the hospital. Am I correct?

NATASHA PIERRE: In Rockville?

REP. RITTER: Yes.

NATASHA PIERRE: I'm not -- I'm not -- we have now even gotten into that situation beyond what everybody else knows. Because part of this is -- now hospitals don't have to -- in the past when we had a CON process and we heard of something like this we would go to the hospital, we've had plenty of negotiations with UConn on their services, and say look, this is what you're service would do. And then we'd have a discussion. Now there's no discussion. So we're not sure of all the particulars of Rockville more than what the public knows.

REP. RITTER: Thank you very much.

Anything else from the committee?

Seeing none, thank you very much for your testimony.

NATASHA PIERRE: Thank you.

REP. RITTER: I'd next like to call up Commissioner Pat Rehmer from the Department of Mental Health and Addiction Services.

REP. COOK: Thank you very much.

REP. RITTER: Our next speaker will be Representative Claire Janowski. After Representative Janowski we will go to the public portion of the hearing.

REP. JANOWSKI: Good afternoon, Representative Ritter, Senator Stillman and members of the Public Health Committee. I am Representative Claire Janowski and I represent the 56th District of Vernon and Rockville, where Rockville General Hospital is currently -- well currently resides.

I am pleased to speak in support of the House Bill 5048, REQUIRING CERTIFICATION OF NEED APPROVAL FOR THE TERMINATION OF SERVICES BY HOSPITALS. First, I would like to thank the Committee for raising this important bill which was introduced because of the situation that happened in my district following the merger of the Office of Health Care Access with the Public Health Department as a result of some changes that were made to the existing -- or previous OHCA oversight regulations.

The bill does not take anything away from OHCA, what it does is -- the purpose of the bill is to restore the public transparency that existed prior to the merger by restoring OHCA's discretion to hold a public hearing which is something they always had the right to do prior to the changes. And also it allows OHCA to honor requests from communities or community leaders to hold such a public hearing as again was the case prior to the changes.

This is particularly important to small community hospitals because it will ensure

proper oversight of those hospitals as well as any other hospital that does not currently operate under a certificate of need. Because if the existence of a hospital came about prior to the certificate of need process, they do not operate under a certificate of need and have no protections because of the changes that were made to OHCA last year, when it comes to termination of services.

The bill does not introduce any new changes or restrictions. It simply restores the oversight that was -- in my opinion, inadvertently eliminated when the hospital termination eliminated -- when the hospital termination of inpatient and outpatient services request was removed from the certificate of need process requirement that previously existed. That change became effective October of 2010 and basically eliminated the public hearing process in my opinion, shut out public input and in essence eliminated any OHCA oversight authority making that important decision automatic.

And basically having it rest with the hospital authority themselves. This is what happened recently at Rockville General Hospital when the parent company decided that as a business decision -- and it may have been a very legitimate business decision to eliminate the maternity ward at Rockville General Hospital and moved those services to another hospital that the parent company held at the same time.

In my opinion the automatic process is a disservice to the public, the clients being served and also a detriment to the community in which the hospital is located. And simply put this bill restores the public hearing process that should never have been eliminated and it privately restores OHCA's

responsibility to fairly review such requests with public input and also restores accountability in the decision to approve or not approve which currently under the changed regulation basically OHCA no longer has the -- that responsibility to make that decision. What this does is it makes OHCA accountable for making that decision as they did before.

And I urge a favorable vote in moving this bill out of committee. Before -- I'm sure -- I'm hoping that there are some questions but I also was here when there was prior testimony given and one of the questions that came up was, well what happens if the hospital is under financial difficulty and they can no longer be able to provide that service?

Again, OHCA does that review and I believe a whole set of other circumstances come into play in that particular situation. This does not take away the review, it enhances the review. What it does is open the door once again to have the public be able to provide input. In my town, when it happened, I didn't learn about it until a decision was already made because the decision became automatic.

And with that I would be happy to answer any questions that you may have.

REP. RITTER: Thank you, Representative Janowski.

Representative Lyddy.

REP. LYDDY: Thank you, Madam Chair.

Thank you, Representative Janowski, for explaining that to us.

Just a really quick question; during that process of them closing down that service was

there any good faith or good will effort to notify the public of that -- of that change?

REP. JANOWSKI: It -- you know, that -- that's a sort of a subjective term -- a good will effort.

REP. LYDDY: In your opinion was there any --

REP. JANOWSKI: In my opinion --

REP. LYDDY: -- notification to the public?

REP. JANOWSKI: -- the public was really not notified in -- in a way that would have provided any type of input from the public. In other words, a decision was made and -- in fact, I received a call after the decision was made jut to let me know that a -- the press release was going out there that they were going to be terminating a service. I don't -- I think that's a disservice.

I think as in prior situations, prior to the changes the public was notified because OHCA had the discretion to have a public hearing. And if OHCA decided to not use that discretion because they felt that it wasn't necessary members of the public -- three members of the public could band together and request a public hearing or an entity that employs 5 individuals or more could have also requested a public hearing and OHCA would have been able to provide it. In this instance there was absolutely no public hearing and no public input.

REP. LYDDY: There was no notification or was there? I'm just curious what the process --

REP. JANOWSKI: No, there was no notification --

REP. LYDDY: Okay; thank you.

REP. JANOWSKI: -- that I'm aware of. I mean, they may have -- you know, some of the employees may have known about it but they didn't have the opportunity to request a public hearing or even request an information hearing for that matter. That was left totally -- and to their credit, the hospital had a problem and they needed to handle it.

And it was a staffing problem to answer another question that was raised. Unfortunately no one was given the opportunity to input. I was not aware of the problem. No one was aware of the problem. And staff themselves never had an opportunity as I understand it -- those who were affected by it, to be part of any type of internal meeting.

REP. LYDDY: Thank you very much.

REP. RITTER: Thank you.

Representative Betts.

REP. BETTS: Thank you, Madam Chair.

You actually touched on what I was going to be asking about, which is, a hospital may have difficulty recruiting staff -- physicians and for example with Ob-Gyn I know a couple of doctors who said the premiums were so high that they just simply just had to get out of the business. And I can envision a situation in which a hospital says -- you know, it doesn't make any -- it's not even justifiable financially to be able to provide this even though we want to, if we're not able to recruit in a timely manner, competent Ob-Gyn doctors. Is there some suggestions you could

come up with in terms of trying to strike a balance between the financial needs of the hospital and their ability to recruit positions and the needs for the public to know that this service may not be provided at this hospital but somewhere else?

REP. JANOWSKI: That is the purpose of this bill. This bill does not change a decision as to how a hospital may come about making that decision. It does not take that decision away from the hospital. What it does -- the only thing this bill will do is provide proper OHCA oversight which hospitals currently that now operate under a certificate of need process currently have. Those hospitals are exempt from these new rules.

This only applies to hospitals that do not operate under a certificate of need process such as small community hospitals. This -- they -- OHCA used to do that but because they streamlined the -- the process for OHCA was streamlined what happened was, this particular item was moved from requiring a CON to not requiring a CON.

So all we're doing is moving it back under the oversight. The decision still rests with the hospital themselves applying to OHCA for a letter of intent and filing an application to do what they want to do, which would be to terminate services. OHCA would then review, have a public hearing and make the ultimate decision of whether they particular request is justified or not. It will become a fairer process as it was before.

REP. BETTS: Thank you.

REP. RITTER: Representative Perillo.

REP. PERILLO: Madam Chair, thank you.

So as I understand it right now, the Office of Health Care Access -- well there is no -- there is no OHCA -- the State of Connecticut does not have anything on this at all whether or not a hospital will terminate the provision of service. Is that correct?

REP. JANOWSKI: That's my understanding when I inquired with regard to my local hospital when they were going through it. I was told that OHCA no longer has any oversight authority under hospital termination of services.

And in doing later investigations I discovered that if a hospital is operating under a certificate of need to begin with -- or the service that they are terminating is covered under a certificate of need to begin with then the certificate of need process -- the public hearing process would apply.

However if there is no certificate of need to begin with then nothing would apply. OHCA basically -- all they do is receive a letter of intent from the hospital, make their review and without public input who else do they have to listen to other than the authority making the request. So to me it's automatic.

REP. PERILLO: Okay, but you had mentioned previously that it -- in the proposed bill if it were to pass OHCA would now make the final decision?

REP. JANOWSKI: Yes.

REP. PERILLO: You're saying that as it stands right now OHCA does not have a say --

REP. JANOWSKI: Right.

REP. PERILLO: -- but if the bill were to pass OHCA would make the final decision?

REP. JANOWSKI: Correct.

REP. PERILLO: So if a hospital felt that in the -- it couldn't provide a service --

REP. JANOWSKI: Correct.

REP. PERILLO: -- for whatever reason, OHCA could then tell the hospital, no, you're wrong --

REP. JANOWSKI: Correct.

REP. PERILLO: -- you need to provide services?

REP. JANOWSKI: Correct. And I trust that they would do their due diligence and come up with the right decision. Just because you get public input doesn't mean it's going to go one way or -- you know, the way the public wanted but it gives them the opportunity to be able to provide that public input so that a more -- a fairer better decision would be made.

REP. PERILLO: Thank you. And I apologize that I keep on referring to OHCA. We don't have OHCA anymore but you know what I mean.

REP. RITTER: Thank you, Representative.

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair; thank you Representative.

In following up with Representative Perillo's question, is OHCA's decision final once it goes -- let's say it does not agree with what the hospital had in mind and OHCA says no, you

cannot do this the services have to continue, is that the final answer or does the hospital have one more place to go to if it chooses that they want to do that?

REP. JANOWSKI: I -- I believe that that would be the final answer but I also believe that that would probably not preclude the hospital from applying again at a later date to when their circumstances may change.

REP. SRINIVASAN: And the assumption then is during that interim period, that those services would have to be continued?

REP. JANOWSKI: I believe so.

REP. SRINIVASAN: Okay. Thank you. Thank you.

REP. RITTER: Thank you.

Representative Carter.

REP. CARTER: Thank you, Madam Chair; and thank your Representative for being here.

The one question I had, do the current statutes -- to the best of your knowledge, cover some of those instances where a certificate of need hospital -- or a certificate of need is required?

For instance, if you're getting rid of an emergency room or something like that, isn't that already covered?

REP. JANOWSKI: Yes, there is a list --

REP. CARTER: Right.

REP. JANOWSKI: -- in the statutes that says these are the things that are -- can be done under a

certificate of need and these are the things that can happen without a certificate of need.

REP. CARTER: Right.

REP. JANOWSKI: And a termination of services used to be covered under these are -- can happen -- these -- a certificate of need has to be filed in order for these things to be done. And it used to be covered under that category. It was moved out last year and I believe it was done inadvertently.

REP. CARTER: Okay. I understand. My my concern I guess is the -- the broadness or the scope of talking about outpatient or inpatient services. If we were talking about essential services again, for instance, an emergency room, maybe in this case maternity services would be in that list, right now this gives a broad basically anything the hospital wants to stop doing has to be done through OHCA. Is that the way I'm understanding it?

REP. JANOWSKI: No. I mean the -- the hospital can transfer equipment to the -- the hospital can do other things, this is a -- a service. This is -- for example, the maternity ward, you know, you have to look at the statutes themselves to see what's under a CON requirement and what is not.

What I am trying to do is put this back on -- because technically if this doesn't go back under a certificate of need requirement any hospital basically -- any -- services at any hospital -- my hospital for example, could be reduced to a walk-in clinic and that wasn't the intent of the hospital to begin with.

And I'm not saying that may not be -- you know, that's a bad thing, all I'm saying is it

needs to be scrutinized and it needs to go through the proper fair process with public input with transparency and with OHCA oversight. And I keep referring it to OHCA because I do believe that as an independent entity they did a very good job in doing what they did.

I'm not sure how it's going to work now under the Department of Public Health but I'm confident that -- you know, it will be -- this will be worked out because -- you know, there may be other things that may be -- will be looked into by the Department as well.

REP. CARTER: And one other quick question, earlier testimony alluded to the fact that there was a requirement for notification of 30 days prior to removing or terminating a service. And -- and somebody had said that might a new law -- new legislation that was requiring that, has that been in place very long?

REP. JANOWSKI: I'm not sure; I think what they may have been referring to was a letter of intent. Prior to this change I think it -- you used to have to have a letter of intent followed by an application to terminate the service under a certificate of need requirement.

The way it is now all you need is a letter of intent then I believe you have to wait 30 days and then you can make a -- there's a timing about the announcement and all of that. You need nothing, just a letter of intent.

REP. CARTER: Okay. Thank you very much, Representative.

Thank you, Madam Chair.

REP. RITTER: Thank you.

Are there any other questions from the Committee?

Senator Welsh.

SENATOR WELSH: Thank you, Madam Chair.

I have a fear of an unintended consequence, and I really don't know how rational this fear is so to the extent that you've been able to think this through and put it at ease, I'd appreciate hearing your thoughts on that. And that is, if we require hospitals to go through this process to terminate a service then we will create an environment where hospitals will be less likely to get involved in certain new services, potentially cutting edge, potentially lifesaving, whatever that might be if they're thinking in the back of their minds, hey if this fails, if this is a flop, we could be stuck with this for the next 30, 40 years.

Have you given any thought to that potential -- again, I don't know how rational that is?

REP. JANOWSKI: Well, that really wasn't an unintended consequence before. As I said, and I will say it again, this is nothing new, this was being done prior to October of 2010. It was a result of the merger that the change took place and I believe that that was an unintended consequence and it created a problem and it's going to continue to create a problem for many communities that have it -- particularly small community hospitals and basically operate under the umbrella of a corporate parent company that can very readily transfer one service -- services from one hospital to another whether it's because of economic decisions or whether it's because of

profit motive that's a -- you know, it doesn't matter.

The point is that what this bill is going to do is restore the transparency and the public hearing process. I for one would like to be able to input in my community if my local hospital is thinking about doing away with a service.

And as I said, this did not have a negative impact when it was being done so I really don't see any unintended consequences restoring what was previously being done. I mean that's the best answer I can give you I -- I hope that alleviates some of your concerns.

REP. RITTER: Are there any other questions from the Committee?

Representative LeGeyt, excuse me.

REP. LEGEYT: Thank you, Madam Chair.

My question has to do with -- in a larger sense we are requiring -- you had spoken in some of your testimony about the process of requiring a certificate of need to terminate services as being a vehicle to allow public notice, transparency and then you also referred to the process of certificate of need for terminating services to be a vehicle for the State, the Department of Public Health or OHCA if it survives in whatever capacity to be the final arbiter of whether or not a health care facility can terminate services.

And from the standpoint of public notice and transparency I absolutely see the benefit but to give over the decision making process to the State to decide whether a hospital or

health care facility can go out of business in part or in whole seems like -- it seems that that's the wrong -- that's the wrong place to allow that decision to rest.

Could you comment on that? How -- how beneficial it is in your mind that -- you know, that the State can require a health care facility to remain in business when it's their intention and preference not to.

REP. JANOWSKI: Yes, I'd be happy to comment on that.

First of all the process itself, a certificate of need process is not the final arbiter that -- it -- it's not the -- the criteria basically that -- that makes the -- results in the final decision made by the State or previously known as the Oversight Agency, OHCA.

The State -- and I will continue to refer as OHCA -- the agency, the Oversight Agency still has oversight and say in making the final decision as to the termination of an emergency department or for example, a short-term acute care general hospital.

So if we're going to ask that -- you know, they make -- that's what they are there for, they look at everything and they make the decision as to whether or not it is a legitimate claim, it is creating other problems in the community, are we losing people at risk in the community -- and I have no -- I believe oversight is good, I think oversight leads to better decisions for the community as well as the State so don't see it as a problem, especially since it was being done before and it is currently being done under other categories such as the termination

of an emergency room, a short-term care facility and there may be others there as well that I haven't -- haven't read of.

REP. LEGEYT: Thank you.

And I -- I appreciate the fact that there are -- you know, each case presents its own set of circumstances, you know, terminating an emergency room versus redesigning the patient lounge, very different.

REP. JANOWSKI: Right.

REP. LEGEYT: But -- and I understand that -- you know, hospitals are unique form of business and deserve to be governed by some regulatory scheme but when it comes to a hospital or health care facility discontinuing some service or in the alternative, being required to stay in business even if its nonproductive for them or creates a situation of liability by staying in business that they can't manage to cover for a variety of reasons, I just think it's -- that the decision-making process is improperly placed with the State if the State is the final arbiter of whether or not the -- that particular portion of the business has to remain in effect.

And I'm wondering if you know -- I realize that you're not part of that, you're a state representative but do you happen to know what the penalty is if the decision is made that a particular service has to be maintained -- what's the penalty if the hospital or health care facility decides even in that situation not to continue it?

REP. JANOWSKI: I don't know that. I mean, I don't have that information but I would also again like to remind this Committee that this bill

has basically very little to do with whether or not OHCA or the State Department has any right to be -- make a decision regarding whether or not a hospital emergency department should continue or whether or not a service should continue.

Their role is to make sure that there is transparency in the process; that the people being served in the community are aware of what is going on and have the ability and opportunity to input into the process. There is a review process in place and that takes place between OHCA and the hospital.

The hospital still makes the decision as to whether or not they wish to terminate a particular service depending on their circumstances and OHCA has to deal with all the input and basically let them know whether yes, it's okay or not. That's not going to change -- in my opinion a termination of services should be under the OHCA transparency and public hearing process, a certificate of need. That's all we're doing.

REP. LEGEYT: I'm sorry, I had heard you say before that the Department of Public Health or OHCA, whatever shape or form that takes, did have the final decision and --

REP. JANOWSKI: Not currently.

REP. LEGEYT: -- you just --

REP. JANOWSKI: Not under the current change. They used to have it, they no longer have that oversight over termination of services and all I want to do is be able to put it back so we don't have another situation like we did in my town where I'm going to wake up one morning and find out that another section of the

hospital, another service is being terminated and there was no ability to have any input into the process whatsoever.

REP. LEGEYT: So I'm still puzzled. We're talking about two separate things. We're talking about oversight and --

REP. JANOWSKI: That is part of the oversight, sir.

REP. LEGEYT: Yes, but oversight and you know, public awareness and transparency and then on the other side, who makes the final decision whether or not the hospital or health care facility can terminate a service? And -- and -- you know, I don't know if I don't know if that's in the bill, I don't know if that's been decided but --

REP. JANOWSKI: That -- that is not -- the -- the -- the oversight authority, that's the whole purpose of having oversight authority that rests with the Department of Health at this point.

REP. LEGEYT: So the final decision is part of the oversight process?

REP. JANOWSKI: Yes, I believe so. That's where it always has been.

REP. LEGEYT: And termination of services was formerly a part of -- formerly covered in the oversight policy?

REP. JANOWSKI: Correct.

REP. LEGEYT: And so this bill would reinstitute that with all --

REP. JANOWSKI: Correct.

REP. LEGEYT: -- in all its layers and flavors?

REP. JANOWSKI: Well I don't know if you consider public input and transparency layers, I personally consider it a public service. That it may not change the ultimate decision of whether or not it's appropriate to terminate a service.

And my hospital probably wouldn't have changed the ultimate decision but it certainly would have given staff and the community and those being served an opportunity to plead their case.

REP. LEGEYT: Which is very different than the -- the regulatory authority having the final decision as to whether or not a service is discontinued or not.

REP. JANOWSKI: I would say so because one is a public process -- that -- that's part of the process, the other is the final decision so yeah, I would say they're different.

REP. LEGEYT: Thank you.

REP. JANOWSKI: You're welcome.

REP. RITTER: Are there further questions from the Committee?

Thank you, Representative Janowski for a --

REP. JANOWSKI: You're quite welcome.

REP. RITTER: -- thorough education on the certificate of need law. Probably --

REP. JANOWSKI: It was an education for me and a lengthy process as well and I'm still learning and I appreciate your indulgence and

appreciate action on the bill. And I thank you so much for all your efforts.

REP. RITTER: Thank you.

And we are ready to start the public portion of the hearing. And on -- as I had said before, we will take the bills in the order in which they are listed on the agenda and speakers in the order in which they have signed up.

Our first bill is Senate Bill 852, AN ACT CONCERNING SUPPORTIVE HOUSING INITIATIVES.

Our first speaker will be Dominique Thornton. And I would like to remind all of our speakers that -- to limit their comments to three minutes. And you will hear the bell follow by -- probably an interruption if you fail to hear the bell.

Thank you very much.

DOMENIQUE THORNTON: Good afternoon, Madam Chairman, members of the Public Health Committee. I don't believe I'll even take three minutes to tell you, my name is Dominique Thornton, I'm from the Mental Health Association of Connecticut and I'm here to support Bill 852.

I understand it's just a quick fix and you're allowing the Department of Mental Health and Addiction Services to expand the supportive housing initiatives that have already begun, that these can be more appropriately done with other departments as well. This is an excellent initiative and one which we support. It will save the state money and it will allow people to live in the community with support.

and providing them the service and opinions.

So it is accepted that confusion over provider and staff identities can adversely affect patient's care and understanding of their health issues. This bill helps to remedy this problem, provides a needs to standardize and simplify the identification product -- process, when health care providers interact with patients.

We also believe that requiring the provider's degree and specialty training on the badge is vital to the identification process, so the patient knows who is caring for them. This will help demonstrate our commitment -- the commitment of health care professionals, to improving transparency in all areas of health care delivery systems.

And I thank you.

REP. RITTER: Thank you very much for your testimony. And I would ask if anyone from the committee has any questions. I think you pretty much filled in the last holes, in terms of our questions. So thank you very much.

Our next bill Item 6, is House Bill 5048, REQUIRING CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION OF INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL. And our speaker will be Lisa D'Abrosca. And she is here.

LISA D'ABROSCA: Good afternoon, Representative Ritter, members of the Public Health Committee. My name is Lisa D'Abrosca. And I'm a registered nurse at Lawrence & Memorial Hospital in New London, Connecticut. I've worked there for approximately seven years.

And the last of those seven years, I've worked

in the capacity of executive board of my union. And the last three of those years, I've held the title of president. I represent approximately 500 members. And I'm here to testify in favor of HB 5048, REQUIRING CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION OF INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL.

When certificate of need reform legislation was passed last session, it removed a provision that required hospitals to seek approval from the Office of Health Care Access, OCHA, before terminating patient service.

This topic is a very familiar one to me, as both a union leader and a nurse. And I have two examples of how it affected Lawrence & Memorial Hospital, specifically.

The first example is how effective it can be when it's in place. Approximately six years ago, the hospital tried to close down the ob-gyn clinic that it runs. It provides obstetric and gynecological care to underprivileged and uninsured individuals in our community. What happened is when the hospital tried to close it down, the intent became apparent, and we were able to rally our members. And we were able to rally members of the community. And to, basically, save the ob-gyn clinic.

And it went on to serve the community for a couple years. And, recently -- we went to fast-forward -- to the reform that I just spoke about that requires -- doesn't require the hospital to -- to get permission before they terminate a service. And they went ahead and they were able to get their wish. And they cut the services of the ob-gyn clinic

quite drastically. They took the gynecological part out of it, so they don't see any people for routine care now. They only see obstetrics. And they actually cut that service in half.

Along with the members of the community who are scrambling for patient care, we also have several members of my union, who are completely laid off. And then we have other member of the union, who had their hours cut so drastically that they no longer have access to health care through the hospital.

So, hopefully, with the passage of this bill, it can -- it can help prevent these things from happening in the future. And, certainly, it will encourage the hospitals to act to in the best interest of the patients that they serve and not look to their pocketbooks.

So thank you all for listening to my testimony today. And if you have any questions, I'd be more than happy to try and answer.

REP. RITTER: Thank you very much.

And thank you for coming and also representing Lawrence & Memorial Hospital, my community hospital.

Are there any questions from the committee?

And I don't know if you were here for all of the earlier testimony --

LISA D'ABROSCA: I was.

REP. RITTER: -- on this bill. Okay. So, please, don't feel slighted. It's been probably discussed broadly --

131

February 9, 2011

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PUBLIC HEALTH COMMITTEE

11:00 A.M.

LISA D'ABROSCA: I understand.

REP. RITTER: -- already today.

LISA D'ABROSCA: I understand. I don't take it personally.

REP. RITTER: Any other questions from the committee? Thank you very much, Lisa.

LISA D'ABROSCA: Thank you.

REP. RITTER: Our next item on the agenda, House Bill 6279, CONCERNING REVISIONS TO STATUTES RELATING TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES INCLUDING THE UTILIZATION OF RESPECTFUL LANGUAGE WHEN REFERRING TO PERSONS WITH INTELLECTUAL DISABILITY.

I don't have anybody signed up to testify. If there's anybody in the room that wishes to, they could at this moment.

Seeing no volunteers, we'll go to the next item on our list that would be item number 8, CONCERNING BUSINESS NAMES USED BY PRACTICING CHIROPRACTORS. And the person we would be hearing from is John Crane. Thank you.

JOHN CRANE: Good afternoon Representative Ritter and distinguished members of Public Health Committee. My name is John Crane. I live in Burlington, Connecticut. And I'm here representing two organizations, The Chiropractic Stroke Awareness Group and Victims of Chiropractic Abuse. And I'm here in opposition to HB 6258, CONCERNING BUSINESS NAMES USED BY PRACTICING CHIROPRACTORS, to allow licensed chiropractors greater flexibility in selecting a business name.

Members of the groups I represent here, who

HB 5048

Dear members of the public health committee:

My name is Ron Bianchi and I am the Corporate Senior Vice President at St Vincent's Medical Center in Bridgeport.

I am writing in opposition of HB 5048, an act requiring certificate of need approval for the termination of inpatient and outpatient services by a hospital.

This bill would fly in the face of changes made to the CON process last session which created an inclusion and exclusion list of CON obligations and eliminated the need for a CON to terminate inpatient and outpatient services offered by a hospital. To my knowledge there have been no consequences or negative occurrences since this bill was passed, making it even more confusing as to why the bill is being changed

It appears that hospitals are being singled out for this unnecessary expense of time and money for controls which have recently been eliminated by an act of the legislature. I am requesting that the bill be opposed and thank you for your consideration.

Sincerely,

Ron Bianchi

**TESTIMONY OF**  
**Yale New Haven Health System**  
**(Bridgeport, Greenwich and Yale-New Haven Hospitals)**  
**SUBMITTED TO THE**  
**PUBLIC HEALTH COMMITTEE**  
**Wednesday, February 9, 2011**

**HB 5048, An Act Requiring Certificate Of Need Approval For**  
**The Termination Of Inpatient And Outpatient Services By A Hospital**

Yale New Haven Health System (YNHHS) appreciates the opportunity to submit testimony concerning HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital. YNHHS Affiliates, Bridgeport, Greenwich and Yale-New Haven Hospitals, oppose the bill.

Yale New Haven Health is Connecticut's leading healthcare system, with more than 12,000 employees and 4700 medical staff who last year provided high quality care health care in over 1 million outpatient visits and nearly 90,000 inpatient visits. Bridgeport, Greenwich and Yale-New Haven Hospitals, and their affiliated organizations, provide comprehensive, cost-effective, advanced patient care characterized by safety, quality and service. We offer our patients a range of healthcare services, from primary care to the most complex care available anywhere in the world. YNHHS operates under a shared governance model; each hospital has its own Board of Directors and there is a System Board of Directors. Bridgeport, Greenwich and Yale-New Haven Hospitals are committed members of their local communities and provide millions of dollars in free and charity care and community benefit activities, such as Habitat for Humanity, workforce development, health education and screenings, school partnerships, and assistance to local nonprofit organizations.

HB 5048 seeks to require any hospital that wishes to terminate inpatient or outpatient services currently offered by the hospital to file a certificate of need (CON) application with the Office of Health Care Access division of the Department of Public Health. The bill would impose significant burdens on hospitals by reinstating the requirement that hospitals first obtain OHCA approval before terminating any service – not just identified essential services. (For example, under current law, hospitals must already file a CON to terminate emergency or mental health services.) Further, there is no such requirement on non-hospital entities, which creates an unfair and un-level playing field that adversely affects hospitals and promotes the interest of other providers. If HB 5048 were to become law, hospitals (but no other providers) would be required to seek permission through an elaborate and costly application, review, and hearing process, to seek termination of any service. HB 5048 will create a new system in which hospitals, and only hospitals, will be forced to incur high legal and consulting costs to prepare CON applications. HB 5048 would place hospitals at a disadvantage to other providers that are not subject to the same administrative and legal processes and delays.

On behalf of YNHHS, we respectfully urge your opposition to HB 5048.



**TESTIMONY OF  
Saint Francis Hospital and Medical Center  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011**

**HB 5048, An Act Requiring Certificate of Need Approval For  
The Termination Of Inpatient And Outpatient Services by A Hospital**

Saint Francis Hospital and Medical Center appreciates the opportunity to submit testimony concerning HB 5048, An Act Requiring Certificate Of Need approval For The Termination Of Inpatient And Outpatient Services By A Hospital. Saint Francis opposes this bill.

HB 5048 requires any hospital that seeks to terminate inpatient or outpatient services currently offered by the hospital to file a certificate of need application with the Office of Health Care Access division of the Department of Public Health.

Saint Francis Hospital and Medical Center is a tertiary acute care hospital affiliated with the University of Connecticut School of Medicine and offers a wide range of inpatient and outpatient services to individuals within the Greater Hartford Region. In FY 2010 Saint Francis provided services to over 32,000 inpatients, treated 69,000 individuals in its emergency department and provided well over 200,000 outpatient visits of various types. Saint Francis currently employs over 5,000 individuals and provided nearly \$83,553,219 dollars in community benefits in FY2010.

In an era where the Governor of Connecticut is asking every citizen and organization to make universal sacrifices to address the looming state budget crisis:

- HB 5048 would impose significant burdens on hospitals by reinstating the requirement that hospitals first obtain OHCA approval before terminating any service. Further, there is no such burden placed on non-hospital entities, which creates an unfair and un-level playing field that adversely affects hospitals and promotes the interest of other providers.
- In an era of shrinking resources it seems very unfair to burden parts of the health care system with extra regulatory requirements or additional unfunded mandates that prevent appropriate and necessary expense reductions.

- The regulation changes made in the certificate of need law (Public Act 10-179) were intended to help hospitals survive in the ever shrinking world of health care reimbursement and this action would eliminate some of the benefits of these changes.
- HB 5048 will create a new – and ultimately unsustainable – system in which hospitals, and only hospitals will be forced to incur high legal and consulting costs to prepare CON applications. At a minimum, HB 5048 would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes and delays. In the worst case situation, hospitals could be forced to curtail necessary programs because less valuable services had to be maintained regardless of their necessity.



**WRITTEN TESTIMONY OF**  
***Dan McIntyre, President and Executive Director***  
***The Charlotte Hungerford Hospital***  
**SUBMITTED TO THE**  
**PUBLIC HEALTH COMMITTEE**  
**Wednesday, February 9, 2011**

**HB 5048, An Act Requiring Certificate Of Need Approval For**  
**The Termination Of Inpatient And Outpatient Services By A Hospital**

Charlotte Hungerford Hospital appreciates the opportunity to submit testimony in opposition to **HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital.**

As you may know, Charlotte Hungerford Hospital is a 109 bed, general acute care hospital located in Torrington, Connecticut, serving as a regional health care resource for 100,000 residents of Litchfield County and Northwest Connecticut. We employ over 1000 individuals and have over 150 physicians practicing in our service area and in affiliation with the Hospital.

As a moderately-sized community hospital, we offer a wide range of services, including: acute care, non-interventional cardiology, partial hospital, outpatient behavioral health, diagnostic imaging, emergency services, inpatient/outpatient rehabilitation, surgery, pediatric care, radiation oncology and maternity. With services typical to most hospitals in Connecticut, **HB 5048** would require Charlotte to file a certificate of need when seeking to terminate an inpatient or outpatient service, which will be costly, burdensome, and have little, if any, public benefit.

**HB 5048** would impose significant workload on hospitals by reinstating the requirement that hospitals first obtain Office of Health Care Access approval before terminating any service – not just identified essential services. Further, there is no such burden placed on non-hospital entities under the bill, and this creates an unfair and un-level playing field that adversely affects hospitals and promotes the interest of other providers.

If **HB 5048** were to become law, hospitals, but no other providers, would be required to seek permission through an elaborate application, review, and hearing process, in order to seek termination of any service. And yet, **HB 5048** does not simply return to the conditions that existed prior to the CON reforms implemented by Public Act 10-179. Instead, and worse, the bill contemplates the creation of a new – and ultimately unsustainable – system in which hospitals, and only hospitals, will be forced to incur high legal and consulting costs to prepare CON applications.

Because HB 5048 would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes and delays, I urge you to not support this proposed legislation and instead permit the important consensus that emerged in the last legislative session to thoughtfully evolve. Public Act 10-179, signed into law less than a year ago, made substantive changes to the certificate of need process and its administration under the Department of Public Health. HB 5048 does not improve upon these changes, and from our perspective will move public policy in the wrong direction.

Thank you again for this opportunity to express our opposition to HB 5048.



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011**

**HB 5048, An Act Requiring Certificate Of Need Approval For  
The Termination Of Inpatient And Outpatient Services By A Hospital**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital**. CHA opposes this bill.

Connecticut's Certificate of Need (CON) laws were first developed in the early 1970s, and grew into a patchwork of mismatched laws and rules over the following 40 years. In 2009, the Office of Health Care Access (OHCA) and the Department of Public Health (DPH) undertook a comprehensive review of Connecticut's CON system to determine which CON laws still made sense in light of advances in medicine and the business of medicine over the last several decades. On December 31, 2009, DPH published its findings in a report titled *Recommendations for Certificate of Need Reform*. The vast majority of the recommendations were adopted by the General Assembly through Public Act 10-179, after lengthy stakeholder meetings and a public hearing on the proposals.

Prior to Public Act 10-179, an institution or facility subject to CON was required to undergo an elaborate process each and every time it sought to terminate an existing service or function. This process was overly burdensome, and made little sense given the modern pace of healthcare advances coupled with the need to allow healthcare providers to budget and plan their business strategies in as nimble a fashion as reasonably possible. Public Act 10-179 preserved only a handful of essential patient care areas (emergency rooms, cardiac services, and mental health services) that would still need permission from OHCA to close. Non-hospital services were given a complete exemption by the reforms implemented under Public Act 10-179.

HB 5048 would impose significant burdens on hospitals by reinstating the requirement that hospitals first obtain OHCA approval before terminating any service – not just these essential services. Further, there is no such burden placed on non-hospital entities, which creates an unfair and un-level playing field that adversely affects hospitals and promotes the interest of other providers, including the interests of for-profit providers. If HB 5048 were to become law, hospitals (but no other providers) would be required to seek permission through an elaborate application, review, and hearing process, in order to seek termination of any service.

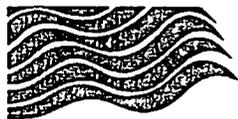
CON applications can take months to process and are very expensive for the applicant. Placing this burden on hospitals alone is extremely problematic and patently unfair.

This change will not return us to the conditions that existed prior to the CON reforms implemented by Public Act 10-179. Instead, HB 5048 will create a new – and ultimately unsustainable – system in which hospitals, and only hospitals, will be forced to incur high legal and consulting costs to prepare CON applications. HB 5048 would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes, delays, and resulting lost business opportunities.

We urge you to reject HB 5048.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.



Griffin Health Services Corporation

**Griffin Hospital**

130 Division Street  
Derby, CT 06418  
(203) 735-7421

**TESTIMONY OF  
Griffin Hospital  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011**

**HB 5048, An Act Requiring Certificate Of Need Approval For  
The Termination Of Inpatient And Outpatient Services By A Hospital**

*Griffin Hospital* appreciates the opportunity to submit testimony concerning HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital. *Griffin Hospital* opposes this bill.

HB 5048 requires any hospital that seeks to terminate inpatient or outpatient services currently offered by the hospital to file a certificate of need application with the Office of Health Care Access division of the Department of Public Health

Griffin Hospital is a full service acute care community hospital serving a primary service area that includes Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton with a combined population of 105,000. Griffin employs 1,357 with 282 active and courtesy members of its medical staff. In the 2010 fiscal year Griffin served 7,719 inpatients and close to 40,000 Emergency Department patients.

During the 2010 legislative session, the laws governing the Certificate of Need process were significantly revised, as proposed by the Office of Health Care Access (OHCA). The revisions were made after significant input from the Connecticut Hospital Association and its member hospitals, updating the law to make it current and relevant. The new law passed with many modifications from the original proposal by OHCA and after considerable discussion with committee chairs and legislators. The new law significantly modified the CON process.

The new law adopted last year:

- eliminates the broad application of CON to changes in services or functions, instead creating an inclusion and exclusion list of CON obligations;
- eliminates the need for a CON to terminate inpatient or outpatient services offered by a hospital (except for termination by an acute care hospital of mental health services, substance abuse services, or an emergency department);
- allows the relocation of a facility without a CON if there is not a substantial change in the population served or payer mix;

- limits outpatient surgical facilities to the addition of only one operating suite within a three-year period without first obtaining a CON; and
- reinforces that the state-wide facilities and services plan, still to be developed, will be the cornerstone of long-range healthcare planning, replacing the piecemeal system that developed over the last several decades.

It would seem that legislators and health care executives should give the new law time to assess its effectiveness and that any changes proposed this session should be delayed.

The following provides additional information related to the changes proposed this legislative session:

- HB 5048 would impose significant burdens on hospitals by reinstating the requirement that hospitals first obtain OHCA approval before terminating any service – not just identified essential services. Further, there is no such burden placed on non-hospital entities, which creates an unfair and un-level playing field that adversely affects hospitals and promotes the interest of other providers.
- If HB 5048 were to become law, hospitals (but no other providers) would be required to seek permission through an elaborate application, review, and hearing process, in order to seek termination of any service.
- HB 5048 will not return us to the conditions that existed prior to the CON reforms implemented by Public Act 10-179.
- HB 5048 will create a new – and ultimately unsustainable – system in which hospitals, and only hospitals, will be forced to incur high legal and consulting costs to prepare CON applications. HB 5048 would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes and delays.

**Griffin Hospital** strongly urges the members of the Public Health Committee to not approve proposed bill HB 5048.



**TESTIMONY OF  
Lawrence & Memorial Hospital  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011**

**HB 5048, An Act Requiring Certificate Of Need Approval For  
The Termination Of Inpatient And Outpatient Services By A Hospital**

Lawrence & Memorial Hospital appreciates the opportunity to submit testimony concerning HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital. Lawrence & Memorial Hospital opposes this bill.

HB 5048 requires any hospital that seeks to terminate inpatient or outpatient services currently offered by the hospital to file a certificate of need application with the Office of Health Care Access division of the Department of Public Health.

**Lawrence & Memorial Hospital Rationale for Bill Opposition:**

- HB 5048 would impose significant burdens on hospitals by reinstating the requirement that hospitals first obtain OHCA approval before terminating any service – not just identified essential services. Further, there is no such burden placed on non-hospital entities, which creates an unfair and un-level playing field that adversely affects hospitals and promotes the interest of other providers.
- If HB 5048 were to become law, hospitals (but no other providers) would be required to seek permission through an onerous application, review, and hearing process, in order to seek termination of any service.
- HB 5048 will not return us to the conditions that existed prior to the CON reforms implemented by Public Act 10-179.
- HB 5048 will create a new – and ultimately unsustainable – system in which hospitals, and only hospitals, will be forced to incur high legal and consulting costs to prepare CON applications. HB 5048 would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes and delays. Connecticut hospitals are already faced with difficult financial challenges that are only projected to worsen in coming years. If enacted, HB 5048 would only add to hospitals' financial problems.

Lawrence & Memorial Hospital is a 280-bed acute care hospital located in New London, CT. The Hospital has 2,500 professional, technical, and support personnel and 350 medical staff physicians. Off-campus satellite facilities are located in New London, Groton, Mystic, Waterford, East Lyme, Stonington, and Old Saybrook.

Lawrence & Memorial Hospital serves approximately 180,000 residents along Connecticut's southeastern shoreline. The Hospital provides a broad range of diagnostic, emergency, therapeutic, and rehabilitative services. Specialty services include the region's only nationally certified stroke center, the region's only nationally accredited inpatient acute rehabilitation facility, Signature Rehabilitation Services in Waterford, East Lyme, and Groton, the region's only Neonatal Intensive Care Unit, Joslin Diabetes-affiliated centers, the Community Cancer Center, surgery, and occupational health services. Over 80,000 patients receive emergency department services at Lawrence & Memorial Hospital's two locations in New London and Groton, CT.

In FY 2009, Lawrence & Memorial Hospital provided nearly \$35 million in community benefits to southeastern Connecticut including \$17 million in subsidized health services or charity care to 15,000 people, \$15 million in unpaid costs of care for 22,000 Medicaid patients, \$3 million in education, outreach, and community building to 74,000 people, and \$1 million in health profession education and research to 3,000 people. Lawrence & Memorial Hospital's community benefit programs and services represented 12% of total revenues in FY 2009.



TESTIMONY OF  
*Jeffrey Flaks, Executive Vice President and Chief Operating  
Officer of Hartford Hospital*  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011

**HB 5048, An Act Requiring Certificate Of Need Approval For  
The Termination Of Inpatient And Outpatient Services By A Hospital**

*Hartford Hospital* appreciates the opportunity to submit testimony concerning HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital. *Hartford Hospital* opposes this bill.

HB 5048 requires any hospital that seeks to terminate inpatient or outpatient services currently offered by the hospital to file a certificate of need application with the Office of Health Care Access division of the Department of Public Health.

HB 5048 will create a new – and ultimately unsustainable – system in which hospitals, and only hospitals, will be forced to incur high legal and consulting costs to prepare CON applications. HB 5048 would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes and delays. Furthermore, HB 5048 will return us to the conditions that existed prior to the CON reforms implemented by Public Act 10-179. If HB 5048 were to become law, hospitals would be required to seek permission through an elaborate application, review, and hearing process, in order to seek termination of any service. We are a hospital with numerous sites and services. Flexibility is paramount to meeting the needs of patients in the region.

Hartford Hospital is the major teaching hospital with over 860 beds, affiliated with the University of Connecticut Medical School, serving the New England region. We maintain the only Level 1 Trauma Center in the region, and operate the state's only air ambulance system, LIFE STAR and have been an innovator in medicine since its inception. We have been a force for good in the community since our founding 150 years ago. Hartford Hospital has provided over \$250,000 in community benefit to the people in our area. Our physicians, board members and staff volunteers contribute countless hours to community service. We are a major economic force in the region employing approximately 7000 people - more than a quarter of them Hartford residents.

Thank you for your consideration in this matter.

**Danbury Nurses' Union Unit #47 Local 5047****AFT-CT, AFT Healthcare, AFL- CIO**

1 Padanaram Road Suite 145 Danbury, CT 06811 (203) 748-4774

FAX (203) 748-2988 E-mail [unit47@aol.com](mailto:unit47@aol.com) <http://ct.aft.org/unit47>**Written Testimony of****Mary Consoli, President****Danbury Nurses' Union Unit #47, AFT Local 5047, AFL-CIO****To Representative Betsy Ritter, Senator Andrea Stillman  
and Members of the Public Health Committee****Re: H. B. No 5048 (Comm) An Act Requiring Certification of Need Approval for the  
Termination of Inpatient and Outpatient Services by a Hospital****February 8, 2011**

The Danbury Nurses Union, Unit #47 AFT Local 5047 is a labor union representing 600 registered nurses at Danbury Hospital, Western Connecticut Health Care. As President, I am submitting these remarks to support HB 5048, to repeal a Certificate of Need "reform" that was passed last session. Currently, hospitals do not have to apply for a CON to change in order to terminate a service. HB 5048 would change that and require a CON approval before service termination.

Danbury Hospital is part of a regional healthcare delivery system that services the majority of the Western Connecticut area. The people in this area rely on the services of the hospitals in this catchment area to provide needed services for their well being. Any cut in services would lead to a decrease in their health and well being. If services are cut without approval, there may not be a provider in the area to care for the people who avail themselves of the services offered by Danbury Hospital or New Milford Hospital, which is also part of Western Connecticut Healthcare.

Any cut in service may mean that people would have to travel out of the area to be treated. They may not have transportation available to them to travel to a facility outside the Danbury-New Milford area. They may not have family or friends that could bring them to another facility. There is limited public transportation, and the cost of a taxi may be prohibitive. For example if a Renal Dialysis patient had to go to Bridgeport for a dialysis treatment, he/she may have to be transported by ambulance. This would not be a cost effective measure.

An approval process would allow the State to ensure that whatever services the hospital(s) plans to cut, would be available to the people of this area by another agency.

Without this approval process, cost cutting measures may be instituted by hospitals that would not be in the best interest of the people for whom they are to provide services. As we move to health care reform there is much uncertainty, but one sure fact is, that cost cutting measures are going to be instituted to keep the hospital solvent. This should not be done to the detriment of the people who need to receive medical treatment.

So I urge you to vote in support of H.B. 5048 that would require a hospital to apply for a Certificate of Need to terminate a service.

Thank you for your consideration,

Mary Consoli, RN, BSN  
President  
Danbury Nurses' Union Unit #47  
AFT Local 5047, AFL-CIO  
1 Padanaram Rd.  
Danbury, CT 06811



**State of Connecticut**  
**OFFICE OF THE SPEAKER**  
LEGISLATIVE OFFICE BUILDING, ROOM 4100  
HARTFORD, CONNECTICUT 06106-1591

**Testimony of Speaker of the House Christopher G. Donovan**  
**To the Public Health Committee regarding**  
**House Bill 5048, AA Requiring Certificate of Need Approval for the Termination of Inpatient**  
**and Outpatient Services by a Hospital**  
February 9, 2011

Good morning Representative Ritter, Senator Stillman, and members of the Public Health Committee.

I appreciate the opportunity to testify on HB 5048, AA Requiring Certificate of Need Approval for the Termination of Inpatient and Outpatient Services by a Hospital. This bill restores the certificate of need process for hospitals seeking a termination of services. Under prior law, medical facilities were required to apply for a CON from the Office of Health Care Access in order to terminate services. This process included noticing the state and the public and holding a hearing at the public's request. This process was in place to give the public adequate notice that services could be shutting down, permit the community an opportunity to give feedback and make plans for accessing alternate services.

Last session changes were made to the CON process so that currently if a medical facility wants to close a service that predated the CON process, a CON is not required. The facility simply has to notify OHCA 60 days prior to terminating services. HB 5048 restores the transparency of the public notice and comment process.

Members of the public and public officials deserve an opportunity to weigh in on issues of access, quality and cost prior to the final decision is made to close a service. Our communities deserve enough notice to make appropriate alternate arrangements to ensure continuity of care, especially for those among us who are most vulnerable.

I urge your support for this proposal. Thank you for your consideration.



*Healthier together.*

**Testimony of  
Peter J. Karl, President & CEO  
EASTERN CONNECTICUT HEALTH NETWORK (ECHN)**

**Submitted to the  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011**

**Oppose HB 5048: An Act Requiring Certificate of Need Approval for the  
Termination of Inpatient and Outpatient Services by a Hospital**

We would like to take this opportunity to join the Connecticut Hospital Association and member hospitals from across the state in expressing our strong opposition to HB 5048, *An Act Requiring Certificate of Need Approval for the Termination of Inpatient and Outpatient Services by a Hospital*.

Eastern Connecticut Health Network (ECHN) is a not-for-profit community-based healthcare system that serves the residents of a 19-town area in eastern Connecticut. Our healthcare system includes Manchester Memorial Hospital; Rockville General Hospital; Woodlake at Tolland Rehabilitation and Nursing Center; John A. DeQuattro Cancer Center; Glastonbury Wellness Center; Women's Center for Wellness; and a series of community-based medical practices.

HB 5048 would require hospitals that seek to terminate any inpatient and outpatient services currently offered by the hospital to file a certificate of need (CON) application with the Department of Public Health's Office of Health Care Access (OHCA). The bill is unfair to Connecticut hospitals, unnecessarily creates an un-level playing field that favors non-hospital providers, and is duplicative of the responsibilities currently held by the not-for-profit hospital boards.

The bill reinstates the requirement that hospitals – and *only* hospitals – first obtain approval from OHCA before they can terminate any service. Unfortunately, if HB 5048 ultimately becomes law, only hospitals would be subject to this burdensome and costly application, review, and hearing process.

For example, if a Connecticut hospital decides that it needs to stop providing non-acute, primary care services and transitions these patients to another provider in a more appropriate setting, it would have to submit a CON application requesting approval to terminate this service under this bill. However, if non-hospital providers, such as for-profit, freestanding walk-in centers operated by physicians or groups of physicians, make the same determination, they would be able to do so without going through a similar process to secure state approval.

This bill returns only hospitals to the conditions that existed prior to the CON reforms implemented last year in which Connecticut had some of the most restrictive CON laws compared to other states still mandating the CON process after the National Health Planning and Resource Development Act of 1974's

repeal in 1987. Furthermore, reinstatement of such conservative CON regulations will fail to keep Connecticut in line with other states when it comes to applying for and being granted CON approval.

This bill is counterproductive to federal healthcare reform efforts to reduce costly utilization of healthcare services and minimize the unnecessary duplication of services that have contributed the uncontrollable growth in healthcare expenses. Consolidation of services and redistribution of services to more appropriate settings that result in lower costs while improving the quality of care need to happen more frequently as the delivery of healthcare is reformed. The CON reforms implemented last year foresaw the long-term impact of healthcare reform on our local delivery system and were recommended to enable a more agile response by providers to respond to these changes.

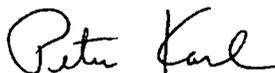
As you may know, ECHN recently closed its maternity unit, the Birthplace, at Rockville General Hospital. ECHN was faced with the departure of an obstetrician who was responsible for nearly 50 percent of the deliveries at the hospital. A work group comprised of ECHN physicians, administrators, staff, and trustees carefully considered several options and made its recommendations to the ECHN Board of Trustees.

The key considerations for the analysis were access to maternity services for residents of its communities and the ability to deliver the highest quality care. Ensuring patient access to care within our community is a primary responsibility of the ECHN Board, and the addition or termination of any service is not taken lightly. The decision was based on several factors. The presence of obstetricians in Vernon and surrounding communities and ECHN's plan to continue operating an outpatient clinic for underinsured women at Rockville General Hospital would adequately address the need for outpatient maternity care. Inpatient obstetrical services, on the other hand, could be easily accommodated at ECHN's other hospital, Manchester Memorial, which is only 10 miles from Vernon. The key determinant for the Board's decision came down to a concern for the quality of care. Over time, the low number of births at Rockville General Hospital would affect staff and physician competencies.

If we had been required to submit a CON application for this change in service delivery, we would have done so. We are confident that our CON would have been granted because the analysis that OHCA requires demonstrating that access to care would not be compromised had already been completed by the work group. Clearly, the CON application, review, and hearing process would have created unnecessary cost and duplicative efforts, and usurped the decision-making authority and responsibility of the hospital's Board to ensure the provision of continued community access to high-quality care.

Our recent experience and decision to terminate inpatient obstetrical services at Rockville General Hospital are the catalyst behind the proposal of HB 5048 this session. For the reasons stated above, it is unfair to all Connecticut hospitals to reinstate this level of CON control. We strongly oppose the bill as it is currently written.

Thank you for allowing ECHN and the state's hospital community the opportunity to express our concerns regarding this bill. If you have any questions or comments regarding our testimony, please feel free to contact me.



Peter J. Karl, President & CEO  
Eastern Connecticut Health Network (ECHN)



Testimony of  
Lisa D'Abrosca, President  
Lawrence and Memorial Hospital RN's, AFT Local 5049

**HB 5048 An Act Requiring Certificate of Need Approval for the Termination of Inpatient and Outpatient Services by a Hospital**

Public Health Committee  
February 9, 2011

Good afternoon Senator Stillman, Representative Ritter and members of the Public Health Committee. My name is Lisa D'Abrosca and I have worked at Lawrence and Memorial Hospital in New London as a Registered Nurse for seven years. As well as being a nurse at the hospital, I have served on the executive committee of my union for five years, the last three of which I have held the title of union president. I represent approximately 500 members. I am here today to testify in favor of HB 5048 An Act Requiring Certificate of Need Approval for the Termination of Inpatient and Outpatient Services by a Hospital.

When Certificate of Need reform legislation was passed last session, it removed a provision that required hospitals to seek approval from the Office of Health Care Access before terminating a patient service. The topic of a certificate of need is a familiar one, and one that which strikes an emotional chord in not only the members of my union but the members of my community as well.

I can speak to this topic as I have had much experience with it in my tenure as a union officer and as an RN. I must start by saying that the re-institution of the certificate of need is the best thing that can happen to my hospital. When in place, I have seen it safeguard both the members of my union and the members of the community. When the application process for the certificate of need has been dissolved, I have witnessed the destruction it has caused.

Several years ago, the hospital administration attempted to close down the OB-GYN clinic. This clinic provided gynecological and obstetric care to the uninsured and underprivileged individuals in the community. It employed approximately 20 employees. Should the hospital have succeeded in its venture to close the clinic, hundreds of women and unborn children would have suffered greatly. Routine gynecological care can prevent a variety of problems, including cancers of different kinds. Mothers that do not receive prenatal care are five times more likely to have a fetal demise or a stillbirth. Aside from the impact of the health of individuals, the employees would suffer an impact as they would have been laid off.

Because of the certificate of need process, the hospital's intentions were revealed ahead of time and the proposed detrimental effects were exposed to the members of the community. Many members of the New London community, along with special interest groups testified on behalf of the patients. Both effected members and sympathetic members of the union came forward to speak on the behalf of the employees. Through the combined efforts, the clinic was saved and went on to serve its patients until just recently.

When the certificate of need process is not in place, it causes devastation. Because of the recent CON reform legislation, the hospital was able to achieve its goal and drastically cut the services provided by the OB-GYN clinic. Services that were previously provided such as routine screenings and routine gynecological care were eliminated and the total amount of patients seen by the clinic was cut in half. Several union members were laid off and several others had their hours cut so significantly, they are no longer eligible to receive health benefits. Had the CON program been in place at that time, it is doubtful that the hospital would have made such changes. Now the members of the community are lacking access to important healthcare, and the union members are left to pick up the pieces of their lives.

The passage of HB 5048 would prevent things like this from happening in the future. It will ensure that hospitals are acting in the best interest of the patients that they serve; not their pocketbooks. I implore you all to support this legislation.

Thank you for the opportunity to testify today. I would be happy to answer any questions you may have.



# Hospital of Saint Raphael

A member of the Saint Raphael Healthcare System

1450 Chapel Street • New Haven, Connecticut 06511 • 203.789.3000 • www.srhs.org

**WRITTEN TESTIMONY OF  
JOSEPH B. BISSON  
VICE PRESIDENT, PLANNING AND BUSINESS DEVELOPMENT  
HOSPITAL OF SAINT RAPHAEL**

**PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011**

**RE: HB 5048, AN ACT REQUIRING CERTIFICATE OF NEED APPROVAL FOR THE  
TERMINATION OF INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL**

The Hospital of Saint Raphael appreciates the opportunity to submit testimony opposing HB 5048, An Act Requiring Certificate of Need Approval For The Termination of Inpatient and Outpatient Services By A Hospital.

Currently, a certificate of need is required to close essential hospital services, such as an emergency department or inpatient and outpatient mental health and substance abuse services. Proposed House Bill 5048 would reinstate the requirement that hospitals first obtain Office of Health Care Access approval before terminating any service. Since HB 5048 would only apply to hospitals, this would create an unfair and un-level playing field that adversely affects hospitals and would result in promoting the interest of other providers.

Although the intent of House Bill 5048 may have been to return to the CON law prior to Public Act 10-179, it would instead create a new system in which hospitals, and only hospitals, will be forced to incur legal and/or consulting costs to prepare CON applications. HB 5048 would place hospitals at a disadvantage to other healthcare providers that would not be subject to the same administrative and legal processes and delays.

We urge the Public Health Committee to oppose House Bill 5048. Thank you for your consideration.

TESTIMONY OF  
STEVEN D. HANKS, M.D.  
EXECUTIVE VICE PRESIDENT AND CHIEF MEDICAL OFFICER  
THE HOSPITAL OF CENTRAL CONNECTICUT  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 9, 2011

**HB 5048, An Act Requiring Certificate Of Need Approval For  
The Termination Of Inpatient And Outpatient Services By A Hospital**

My name is Steven D. Hanks, M.D. and I am Executive Vice President and Chief Medical Officer of **The Hospital of Central Connecticut**. I appreciate the opportunity to submit testimony concerning **HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital**. **The Hospital of Central Connecticut** opposes this bill.

**HB 5048** requires any hospital that seeks to terminate inpatient or outpatient services currently offered by the hospital to file a Certificate of Need application with the Office of Health Care Access division of the Department of Public Health

**The Hospital of Central Connecticut ("HCC")** reflects the combined talent, resources, and capabilities of the 2200 employees who work at our two campuses in New Britain and Southington Connecticut. The mission of the hospital is fostering and improving the health status of the people we serve in central Connecticut. We are a 414-bed acute care teaching hospital affiliated with the University Of Connecticut School Of Medicine and serve as the primary referral center for the central Connecticut region. Our service area comprises a population of 250,000. As a full-service hospital, **The Hospital of Central Connecticut** offers many clinical services that are recognized for their comprehensiveness and excellence. They include. The George Bray Cancer Center, The Wolfson Palliative Care Program; The Joslin Center for Diabetes, The Wound Care Center, The Family Birth Place; Critical Care Services, The Sleep Disorders Center, among others at **The Hospital of Central Connecticut**.

**HB 5048** would impose significant burdens on hospitals by reinstating the requirement that hospitals first obtain OHCA approval before terminating any service – not just identified essential services. In addition, there is no such burden placed on non-hospital entities, which creates an unfair and inequitable playing field that adversely affects hospitals and promotes the interest of other providers. If **HB 5048** were to become law, hospitals (but no other providers) would be required to seek permission through an elaborate application, review, and hearing process, in order to seek termination of any service.

**HB 5048** will create a new and costly system in which hospitals and only hospitals will be forced to incur high legal and consulting costs to prepare CON applications. **HB 5048** would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes and delays.

For these reasons, **The Hospital of Central Connecticut** opposes **HB 5048**. Thank you for your consideration of my position.

TESTIMONY OF  
THE STAMFORD HOSPITAL  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE

Wednesday, February 9, 2011

**HB 5048, An Act Requiring Certificate Of Need Approval For  
The Termination Of Inpatient And Outpatient Services By A Hospital**

The Stamford Hospital ("TSH" or "Hospital") appreciates the opportunity to submit testimony concerning HB 5048, An Act Requiring Certificate of Need ("CON") Approval For The Termination Of Inpatient and Outpatient Services By A Hospital ("HB 5048" or "bill"). HB 5048 requires hospitals that propose to terminate inpatient or outpatient services they currently provide to the community to file a CON application with the Department of Public Health's Office of Health Care Access ("OHCA"). After careful consideration of this important issue, TSH respectfully opposes HB 5048 given the Legislature's efforts in its last session related to CON reform and the undue burden this bill would impose on hospitals.

Last year, TSH was supportive of OHCA's initiatives to make the CON process more efficient and meaningful in this new health care environment and appreciative of its efforts to solicit input from providers. Public Act 10-179 implemented these CON reforms. Unfortunately, it appears that HB 5048 is inconsistent with the spirit of this legislation to streamline the CON process by reinstating the requirement that hospitals obtain CON approval prior to terminating any inpatient or outpatient service. This requirement goes beyond those services specifically listed in Conn. Gen. Stat. Sec. 19a-638 (a) (4) and (6), namely inpatient and outpatient mental health and substance abuse services and an emergency department, which require OHCA approval before a hospital terminates such services. By broadening the reach of the CON process to include termination of any inpatient or outpatient service, this bill is contradictory to the intent of the CON reform legislation to make this area of State regulation more efficient and cost-effective.

Another area of concern with HB 5048 is that it limits this CON requirement for termination of services to only hospitals. This unduly places administrative and financial burdens on hospitals related to the CON application, review, and hearing process that is not imposed on non-hospital providers. Also, this bill creates an unfair and un-level playing field that adversely affects hospitals and enhances the interest of other providers that would not be subject to the same regulatory process, legal and consulting costs, and associated delays.

In summary, TSH opposes HB 5048 because it is an unnecessary step backwards that will return us to the conditions that existed prior to the passage of the CON reform legislation. Thank you for your consideration of this testimony.

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**PCSW**

Permanent Commission on the Status of Women

*The State's leading force for women's equality*

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**Testimony of  
 Natasha M. Pierre, JD, MSW  
 Policy & Legislative Director  
 The Permanent Commission on the Status of Women  
 Before the  
 Public Health Committee  
 February 9, 2011**

**Re: H.B. 5048, AA Requiring Certificate of Need Approval for the Termination of Inpatient and Outpatient Services by a Hospital**

Senators Stillman and Welch, Representatives Ritter and Perillo, and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) in response to the introduction of H.B. 5048, AA Requiring Certificate of Need Approval for the Termination of Inpatient and Outpatient Services by a Hospital.

H.B. 5048 would restore power to the Office of Health Care Access (OCHA) to require approval of the termination of essential health services. This power was eliminated when OCHA was merged into the Department of Public Health during the last legislative session. Now, hospitals only have to provide notice to OCHA.

The Certificate of Need (CON) process ensured that if a hospital planned to eliminate services, it would have to notify the State and public, and hold a public hearing to get the public's reaction. Without the CON process there is no reliable mechanism to ensure that a hospital's plan to eliminate a service will be vetted or made known to anyone in the community. This means that interested members of the public no longer have recourse through public hearings to comment on the proposal. It also means that patient access to healthcare is not monitored by the State.

In the past decade, PCSW used the CON process three times to work toward a resolution when women's health services were threatened by a proposed change in hospital practices: 2007: Hospital of Saint Raphael, New Haven, 2005: Lawrence & Memorial Hospital, New London, 2001: Sharon Hospital, Sharon. In each of these instances, health care services were preserved, or a compromise was made between the community and hospitals to ensure that adequate services were provided elsewhere. Restoring oversight to OCHA would

PCSW Testimony  
Before the Public Health Committee  
February 9, 2011

ensure that the process is open and accessible to the public.

We look forward to working with you to address this important issue. Thank you for your consideration.



State of Connecticut  
**HOUSE OF REPRESENTATIVES**  
 STATE CAPITOL  
 HARTFORD, CONNECTICUT 06106-1591

**REPRESENTATIVE CLAIRE L. JANOWSKI**  
 FIFTY-SIXTH DISTRICT

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+

**COMMITTEE ON PUBLIC HEALTH 2/09/11**  
**HB 5048: AN ACT REQUIRING CERTIFICATE OF NEED APPROVAL FOR THE  
 TERMINATION OF IMPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL**

**GOOD MORNING REPRESENTATIVES RITTER, SENATOR STILLMAN AND MEMBERS  
 OF THE PUBLIC HEALTH COMMITTEE. I AM REPRESENTATIVE CLAIRE JANOWSKI  
 FROM THE 56<sup>TH</sup> DISTRICT OF VERNON & ROCKVILLE.**

**I AM PLEASED TO SPEAK IN SUPPORT OF BILL HB 5048, AN ACT REQUIRING  
 CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION OF IMPATIENT AND  
 OUTPATIENT SERVICES BY A HOSPITAL. FIRST, I WOULD LIKE TO THANK THE  
 COMMITTEE FOR RAISING THE BILL WHICH WAS PROPOSED TO ADDRESS AN ISSUE  
 THAT SURFACED FOLLOWING THE MERGER OF THE OFFICE OF HEALTH CARE  
 ACCESS (OHCA) WITH THE DEPARTMENT OF PUBLIC HEALTH IMPACTING OCHA'S  
 OVERSIGHT RESPONSIBILITIES RELATED TO HOSPITAL TERMINATION OF  
 INPATIENT & OUTPATIENT SERVICES. THE PURPOSE OF THE BILL IS TO RESTORE  
 THE PUBLIC TRANSPARENCY THAT EXISTED PRIOR TO THE MERGER BY RESTORING  
 OCHA'S DISCRETION TO HOLD A PUBLIC HEARING RELATED TO SUCH  
 TERMINATIONS AND HONOR REQUESTS FROM THE COMMUNITY TO HOLD SUCH  
 PUBLIC HEARINGS AS WAS PREVIOUSLY THE CASE.**

**THIS IS PARTICULARLY IMPORTANT TO ENSURE PROPER OVERSIGHT OF SMALL  
 COMMUNITY HOSPITALS AS WELL AS ANY HOSPITAL THAT PRE-DATES THE  
 CERTIFICATE OF NEED PROCESS AND ARE NO LONGER SUBJECT TO THE SAME  
 OVERSIGHT PROTECTIONS AS HOSPITALS THAT OPERATE UNDER A CERTIFICATE  
 OF NEED.**

Public Health Testimony 2/9/11  
Page 2

**THE BILL DOES NOT INTRODUCE ANY NEW CHANGES OR RESTRICTIONS...IT SIMPLY RESTORES OVERSIGHT THAT WAS INADVERTEDLY ELIMINATED WHEN A HOSPITAL TERMINATION OF INPATIENT & OUTPATIENT SERVICE REQUEST WAS REMOVED FROM THE CERTIFICATE OF NEED PROCESS REQUIREMENT LAST YEAR.**

**THAT CHANGE, WHICH BECAME EFFECTIVE OCTOBER, 2010 ELIMINATED THE PUBLIC HEARING PROCESS, SHUT-OUT PUBLIC INPUT AND, IN ESSENCE, ELIMINATED ANY OHCA OVERSIGHT AUTHORITY, MAKING THAT IMPORTANT DECISION "AUTOMATIC". THIS IS WHAT HAPPENED RECENTLY AT ROCKVILLE GENERAL HOSPITAL WHEN THE PARENT COMPANY BOARD MADE A "BUSINESS" DECISION TO ELIMINATE THE MATERNITY WARD AT THAT HOSPITAL & MOVED THE SERVICES TO ANOTHER HOSPITAL.**

**THAT "AUTOMATIC" PROCESS IS A DISSERVICE TO THE PUBLIC, THE CLIENTS BEING SERVED AND A DETRIMENT TO THE COMMUNITY IN WHICH THE HOSPITAL IS LOCATED. SIMPLY PUT, HB 5048 RESTORES THE PUBLIC HEARING PROCESS THAT SHOULD NEVER HAVE BEEN ELIMINATED AND PROPERLY RESTORES OHCA'S RESPONSIBILITY TO FAIRLY REVIEW SUCH REQUESTS WITH PUBLIC INPUT AND RESTORES ACCOUNTABILITY IN THE DECISION TO APPROVE OR NOT APPROVE.**

**I URGE A FAVORABLE VOTE ON MOVING THIS IMPORTANT BILL FORWARD AND THANK THE COMMITTEE FOR RAISING THE ISSUE AS A COMMITTEE BILL.**

**Claire Janowski  
State Representative  
Vernon & Rockville**

**S - 633**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2011**

**VOL. 54  
PART 22  
6915-7208**

cd/lg/sg/mhr/gbr  
SENATE

494  
June 8, 2011

Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The bill passes.

Mr. Clerk.

THE CLERK:

Calendar page 16, Calendar Number 607, Files  
Number 94 and 876, House Bill 5048, AN ACT REQUIRING A  
CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION OF  
INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL, as  
amended by House Amendment Schedule "A"; Favorable  
Report of the Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, I move acceptance of the Joint  
Committee's Favorable Report and passage of the bill,  
in concurrence with the House.

THE CHAIR:

The question is on passage.

Will you --

SENATOR GERRATANA:

Yes, Madam President.

I spoke about this bill, just a little bit earlier, and it comes to us by way of the House, the member down there who proposed this legislation through our Public Health Committee.

And the situation happened in a part, a rural part of our State of Connecticut whereby a department was closed in a local, small community hospital. When I spoke earlier, it was -- it was specifically the OB, Obstetrical Delivery Suite of the hospital and practice, because the OB/GYN who was practicing, a lone practitioner, left the state due to the cost of malpractice insurance.

So this happened during a very difficult time, and the Representative and, indeed, one of the Senators here in our Chamber, received many, many phone calls because literally, although the practitioner did send out notification that she was closing her practice, what happened is that women who were due to deliver became very distressed that they could no longer go to their local community hospital, therefore, and currently they have to travel quite a distance.

cd/lg/sg/mhr/gbr  
SENATE

496  
June 8, 2011

The bill requires any hospital seeking to terminate current inpatient or outpatient services to file a Certificate of Need -- a Certificate-of-Need process in our state is usually when you open a hospital or make some changes in service; it's delineated in the bill and the statute -- and to file this Certificate of Need application with OHCA and the Department of Public Health.

It also requires, under certain conditions, a CON for termination of surgical services by an outpatient surgical facility or a facility providing such services as part of the Outpatient Surgery Department of a short-term, acute-care, general hospital.

Again, this goes to a notification. Because of the Certificate-of-Need process, it would go through a process. It would go through a hearing so that people in the community would know that their -- either their hospital is closing or some services of that hospital or facility.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

cd/lg/sg/mhr/gbr  
SENATE

497  
June 8, 2011

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

If I may, through you, a few questions to the  
proponent of the bill.

Through you, Madam President.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

If I may, Madam President, what is the process  
now, prior to this statute, with respect to notice or  
requisite notice to OHCA for termination of -- of  
services?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Yes. Thank you, Madam President.

The bill, because of course it goes to the  
section regarding a Certificate of Need, talks about  
first the conditions where a Certificate of Need would  
be issued by OHCA. It's required for the  
establishment of a new health care facility, transfer  
of ownership of a health care facility, the

cd/lg/sg/mhr/gbr  
SENATE

498  
June 8, 2011

establishment of a free-standing emergency department; as I understand it, a facility would go through a process -- I'm look through the legislation here -- and that process, as I understand it, means putting in an application. There is a fee that is associated with it as -- if memory serves, this particular process, and there are hearings and it is an arduous process there. And to best of my knowledge, there's lots of paperwork and, of course, scrutiny.

I do know, from talking with people and entities, my own hospital, local hospital in the city that has gone through this process, that there has to be an evaluation of a need for a facility or a need for a piece of equipment, many different criteria. It is, as I understand it, one that has to allow for input from the public by way of public hearing, as well as the -- the whole process that you endure, if you will, through the Department of Public Health and OHCA.

Thank you.

Through you, Madam President.

SENATOR WELCH:

And thank you, Madam President. So --

THE CHAIR:

cd/lg/sg/mhr/gbr  
SENATE

499  
June 8, 2011

Senator Welch. Sorry.

SENATOR WELCH:

And thank you for that.

And so -- so as I understand it now, if -- if there's a particular service that falls within a subset of categories, such as emergency services and some of the other ones that Senator Gerratana mentioned, then even to offer those services, you need to go through the Certificate-of-Need process. And -- and I think as I understand it now -- and maybe Senator Gerratana can correct me if I'm wrong -- that if you were to terminate those services, in particular, then you would need to go through the Certificate-of-Need process. Is that correct?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, the bill actually establishes that there would be a process. That process would be triggered with the termination in this -- under this bill and with that language -- would be triggered, and therefore there would be that hearing-notification process in the paperwork.

cd/lg/sg/mhr/gbr  
SENATE

500  
June 8, 2011

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

And -- and so as I think I understand the differences with respect to -- to this bill, this bill, should it pass, would require that Certificate-of-Need process for all inpatient and all out -- for the termination -- excuse me -- for the termination of all inpatient and all outpatient services, notwithstanding whether or not you needed a certificate of service to engage in those services. Is -- is that a correct understanding?

Through you, Madam President.

SENATOR GERRATANA:

Through you --

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, yes. On lines -- 15, it talks about the termination of surgical services. And, of course, if we look, I think just a little bit before that -- I'm using my computer -- the

cd/lg/sg/mhr/gbr  
SENATE

501  
June 8, 2011

termination of inpatient or outpatient services  
offered by a hospital.

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

And -- and I think to some degree I can see that  
the certificate -- oh, actually before I -- I make  
that statement, let me ask another question, through  
you, Madam President. About how --

THE CHAIR:

Please proceed.

SENATOR WELCH:

About how -- how long does it take one to go  
through a Certificate-of-Need process?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, it depends on what  
it is. A piece of equipment, of course -- and I think  
they're delineated here in the statute -- the process,

cd/lg/sg/mhr/gbr  
SENATE

502  
June 8, 2011

as I understand it, is a little bit shorter, if you will.

I spoke with my local department in our community hospital about -- or I should say when they acquired an MRI. And I think at this time, I, when I was talking to the technician, he told me it was about three months.

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

And I guess another fundamental question that -- that I failed to ask so far, and -- and I really ought to have asked earlier is: At the conclusion of the Certificate-of-Need process, is it possible that OHCA could say to the institution that's applying, no, we don't need this service; you can't do it or not you cannot terminate this service?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

cd/lg/sg/mhr/gbr  
SENATE

503  
June 8, 2011

Through you, Madam President, the bill talks about the termination and -- termination of services when that happens and sets up that Certificate-of-Need process to have people be informed that that service is being terminated.

And I'm sorry, Senator Welch. What was the other part of your question --

THE CHAIR:

Senator Welch.

SENATOR GERRATANA:

-- that you asked?

SENATOR WELCH:

Well, let me -- let me kind of forget the first part of that question and just follow up with what -- what you just said, because I think that that is important.

So OHCA is involved, through the Certificate-of-Need process, under this bill, and that would involve a public hearing, should one be requested, and an ultimate determination by OHCA.

• It is conceivable that you could wind up with a situation where you have a hospital providing a service that potentially is a money loser for it, and

cd/lg/sg/mhr/gbr  
SENATE

504  
June 8, 2011

-- and OHCA could say to them, No, you cannot stop providing that service?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, I believe that when OHCA makes determinations whether a service is necessary or not necessary, that could extend the process.

Now, I have not gone through the Certificate-of-Need process, myself, I've only talked with people or entities, institutions that have done it. I know that when the process is started -- for instance, let's say a new hospital or a new surgical center -- that the surrounding population is looked at, that there's a determination that is made. I can't for sure tell you, to the best of my knowledge, exactly how the department or how OHCA determines whether there is a need, other than looking at that particular criteria.

Now, they -- I do know that they can also say this service is not necessary in this area. I have heard of that, that there is a denial. I know there was quite a bit of discussion with the entities and --

cd/lg/sg/mhr/gbr  
SENATE

505  
June 8, 2011

and medical centers, and so forth, in my community when MRI, Magnetic Resonating Imaging equipment came out for the first time. There was a limit on who could acquire or have this machine. And I know many people wanted it or many entities wanted it.

I do know that they -- whether they can say or the department or OHCA can say, Gee, you know, you cannot terminate this particular service, that I'm not aware of.

Through you, Madam President.

THE CHAIR:

Senator -- Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

And -- and that's -- those are all the questions I have, for now, for Senator Gerratana. I -- I do thank her for those answers.

And, you know, she, in -- in answering those questions, she's highlighted what to me is one of my biggest concerns about -- about this bill. And -- and that is, is we -- we don't know if OHCA's determination after the end a Certificate-of-Need process is now or may be in the near future an

cd/lg/sg/mhr/gbr  
SENATE

506  
June 8, 2011

absolute bar from an institution from terminating those -- those services.

And so I, you know, as -- as I read the statute, we're requiring -- we're requiring institutions to go through the Certificate-of-Need process for establishing a new health care facility. That's current law; that makes a lot of sense to me. We're requiring it for a transfer or ownership, too, of a health care facility. That's currently law, Madam President, and that makes a lot of sense to me. And then we're also talking about a Certificate of Need for the establishment of a free-standing emergency department, and, again, that's current law and that makes a lot of sense to me.

But what with -- the change we're talking about making right now is requiring a Certificate of Need for the termination of inpatient or outpatient services offered by a hospital. And -- and that's really, really broad. I think that what we are doing with this language is overreaching. It's -- it's too expansive, and we could be requiring institutions to go through the Certificate-of-Need process for terminating services that just clearly aren't needed at all.

cd/lg/sg/mhr/gbr  
SENATE

507  
June 8, 2011

And, you know, forgive the redux ad absurdia. But, you know, for instance, if a hospital had a special wart removal clinic and it was a money loser, well, now they would have to go, conceivably, through the Certificate-of-Need process to -- to close that down, under a fair reading of -- of this statute.

So, with that, Madam President, I cannot support this bill. Regrettably, I think the Certificate-of-Need process is a process that is good for the state. It makes a lot of public health sense in a number of situations but not in all of the potential situations that could be reached within the purview of what's proposed here.

Thank you for your time, Madam -- Madam President.

And thank you, Senator Gerratana for --

THE CHAIR:

Thank --

SENATOR WELCH:

-- the answers to the questions.

THE CHAIR:

Thank you, Senator.

cd/lg/sg/mhr/gbr  
SENATE

508  
June 8, 2011

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

And to follow up on -- I followed the debate between Senator Gerratana and Senator Welch -- and to follow up on Senator Welch's questions and through my -- in my mind's eye I'm wondering, Well, what services does my local hospital, in Torrington, Charlotte Hungerford Hospital provide in the community?

They go to the senior center, provide nutritional counseling. They send someone to the soup kitchen to be kind of a first line of intake for people that have health issues. I get the little newspaper from my hospital; you know, the PR Department generates a very nice newsletter telling me all the good things that my hospital is doing in the community, screenings for this disease and that disease.

And, through you, Madam President, when I read this bill, the language suggests that all of those good programs that the Charlotte Hungerford Hospital offers in the community could not be terminated, no matter what reason they chose to terminate them, unless and until they had secured a Certificate of Need pursuant to the requirements of this bill.

So, through you, Madam President, to Senator Gerratana, what is the -- is the term "outpatient services" a defined term?

Through you, Madam President, to Senator Gerratana.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Through you, if we look at the bill -- I'm moving up just a little bit -- we see that the bill delineates what a Certificate of Need is required for and what a Certificate of Need is not required for. And if you start reading on line 53, you will see a long list of agencies and entities that a Certificate of Need is not required for.

When you read what it is required for and then the language regarding a termination, the termination is specific to -- it talks of inpatient and outpatient services offered by a hospital.

Now, through you, Madam President, I'm not sure that I would consider that the criteria or the list of things they, you know, a hospital may offer would be considered inpatient or outpatient services.

cd/lg/sg/mhr/gbr  
SENATE

510  
June 8, 2011

Through you, Madam President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

And -- and I was trying to follow Senator Gerratana's answer. I think she referred me to line 53. And I'm -- I'm looking at File 876, Madam President. Through you, is that the line that Senator Gerratana was -- was referring me to, line 53?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, I was actually referring to the lack -- or I should say line 42 where it says, A Certificate of Need shall not be required for. And then I will refer you to, I think it's line 15. I'm sorry; I'm using the computer here, so --

SENATOR RORABACK:

Yup.

SENATOR GERRATANA:

-- through you. Nope.

SENATOR RORABACK:

cd/lg/sg/mhr/gbr  
SENATE

511  
June 8, 2011

Thank --

SENATOR GERRATANA:

Through you, Madam President, what a Certificate of Need is issued by. And then if we go -- and that starts on line 2. And line 4 says a Certificate of Need issued by the office shall be required for -- and then if we look to line 8 -- the termination of inpatient or outpatient services; this is line 8.

SENATOR RORABACK:

Yes.

SENATOR GERRATANA:

(Inaudible) --

SENATOR RORABACK:

And I --

SENATOR GERRATANA:

-- for --

SENATOR RORABACK:

I'm --

SENATOR GERRATANA:

-- the termination of inpatient or outpatient services offered by a hospital, including but not limited to the termination by a short-term, acute care, and it goes on from there.

cd/lg/sg/mhr/gbr  
SENATE

512  
June 8, 2011

Inpatient and outpatient services, in my interpretation -- and I believe Senator Roraback was concerned about some of the activities that may happen in the hospital -- but inpatient and outpatient services are usually those with -- with a fee associated with it, services that the hospital provides, you know, with a fee.

Through you, Madam President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

And my concern is, I -- I understand there's a universe of things that one needs to procure or secure a Certificate of Need in order to do them.

SENATOR GERRATANA:

Uh-huh.

SENATOR RORABACK:

Is it only those things for which you need to secure a Certificate of Need to do that you need to secure a Certificate of Need not to do?

Through you, Madam President, to Senator Gerratana, if she --

THE CHAIR:

cd/lg/sg/mhr/gbr  
SENATE

513  
June 8, 2011

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, the bill speaks to the termination of services, specifically inpatient, outpatient. I was trying to explain to you, Senator Roraback, that I would interpret that -- you were talking about other services that hospitals may offer people --

SENATOR RORABACK:

Right.

SENATOR GERRATANA:

-- and I'm talking about services, inpatient or outpatient, where a fee is usually associated.

I think you were talking about or referring to things that hospitals may provide that may not have that fee associated; it sounds like services that it provides to the community at large rather than specific services offered in the hospital, which are medically related.

Through you, Madam President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

But I guess the -- what -- what I'm trying to understand is if you need a Certificate of Need to get into the business, do you need a Certificate of Need to get out of the business? And for purposes of legislative intent, I'm just trying to establish that you don't need a Certificate of Need to get out of a business if you didn't need a Certificate of Need to get into the business.

Is that the case, Madam President, through you to -- or maybe it's not the case. But whatever it is, that's the answer I'm trying to get at.

Through you, Madam President, to --

THE CHAIR:

Senator Gerratana.

SENATOR RORABACK:

-- Senator --

SENATOR GERRATANA:

Thank you.

Thank you, Madam President.

Yes, my interpretation is a Certificate of Need is necessary to get into business, to -- or purchase a piece of equipment. There's that whole process. There's a variety of reasons why an entity would go through a Certificate of Need or have to or request

cd/lg/sg/mhr/gbr  
SENATE

515  
June 8, 2011

some of that process, if you will, through you, Madam President.

But, in this case, to terminate, the concern here, just to be clear was that --

THE CHAIR:

Senator Gerratana?

SENATOR GERRATANA:

Yes.

THE CHAIR:

Could you wait a moment.

Senator Looney. Senator Looney?

SENATOR LOONEY:

Thank you, Madam President.

I apologize to Senator Gerratana for the interruption, but if this item might be passed temporarily.

And then if the Clerk would mark as the next two items, first, Calendar page 23, Calendar 656, House Bill 6618, and to be followed by Calendar page 31, Calendar 358, Senate Bill 1202.

Thank you, Madam President.

THE CHAIR:

Thank you.

cd/lg/sg/mhr/gbr  
SENATE

526  
June 8, 2011

The Senate will come back to order.

SENATOR LOONEY:

Yes. Thank you, Madam President.

And Madam President, if we might return to the item passed temporarily, a few moments ago, from Calendar page 16, Calendar 607, House Bill 5048.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 16, Calendar Number 607, Files Numbered 94 and 876, House Bill 5048, AN ACT REQUIRING A CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION OF INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL, as amended by House Amendment Schedule "A"; Favorable Report of the Committee --

SENATOR LOONEY:

Oh.

THE CLERK:

-- on Public Health.

THE CHAIR:

(Inaudible.)

SENATOR LOONEY:

Madam President, I'm sorry.

cd/lg/sg/mhr/gbr  
SENATE

527  
June 8, 2011

Before the next item begins, since that last item, Calendar page 31, Calendar 358, Senate Bill 1202 needs additional action by the House of Representatives, would move that that item be immediately transmitted.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

If the Clerk would return to the item being called, Calendar 607.

Thank you, Madam President.

THE CLERK:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

I move acceptance of the Joint Committee's Favorable Report and passage of the bill, in concurrence with the House.

THE CHAIR:

The question is on passage.

Please proceed, ma'am.

SENATOR GERRATANA:

Thank you, Madam President.

cd/lg/sg/mhr/gbr  
SENATE

528  
June 8, 2011

I did talk about this bill before, about the termination of services regarding a Certificate-of-Need process.

THE CHAIR:

Are --

SENATOR GERRATANA:

Thank you, Madam President.

THE CHAIR:

Are there any -- will you remark further? Will you remark further?

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Through you, a few questions to the proponent of the bill?

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Through you, to Senator Gerratana.

And I apologize if I missed some of the debate earlier. Tried to -- paid attention as best I can, but as you know, this place gets a little crazy at times with the amount of activity going on.

cd/lg/sg/mhr/gbr  
SENATE

529  
June 8, 2011

But if you could explain the Certificate-of-Need process for me.

Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

Senator Kane, I did explain to the best of my knowledge, but I actually had a brief discussion with the Department of Public Health, too, just so that I do understand it.

A Certificate of Need in this legislation -- it's actually existing statute -- is required for certain entities establishing their facilities, health care facilities, I should say, in the state.

There's also in this statute those facilities that do not need a Certificate of Need. Certificate-of-Need process is done through the Department of Health and the Office of Health Care, OHCA, and that process, as I explained to Senator Welch, can take a -- depending on what it is. It could be a piece of equipment or something along that line or even a new hospital, and depending on what the thing is that is seeking to do business here as a medical entity, that

cd/lg/sg/mhr/gbr  
SENATE

530  
June 8, 2011

process could be at least, from what I understand and my experience, three months and maybe more.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I appreciate Senator Gerratana for her answers.

Thank you.

THE CHAIR:

Will you -- Senator Suzio.

SENATOR SUZIO:

Thank you, Madam President.

I will be brief. I just have one question, if I might, for the proponent?

Through --

THE CHAIR:

Please proceed --

SENATOR SUZIO:

-- you, Madam --

THE CHAIR:

-- sir.

SENATOR SUZIO:

-- President, I notice that there -- the exceptions for not having to file a Certificate of Need to close a facility include community health centers. They are usually pretty important providers of medical service in their respective communities.

And listening to your presentation before about the hardships caused by some of these facilities that have closed down, would that not apply to them? And -- and so why were they exempted; what was the rationale to exempt them from the requirement that's being imposed on hospitals?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Through you. Senator Suzio, could you just refer to me the lines that you're --

SENATOR SUZIO:

Sure.

SENATOR GERRATANA:

-- talking about?

SENATOR SUZIO:

cd/lg/sg/mhr/gbr  
SENATE

532  
June 8, 2011

Bear with me --

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Yes. Bear with me one second, please. I can tell you it's -- I just saw it. It's on line 61, school-based health centers, community health centers, et cetera, et cetera. It's in --

THE CHAIR:

Senator Gerratana.

SENATOR SUZIO:

-- Subsection 12.

SENATOR GERRATANA:

Through you.

Through you, Madam President, yes, they are. They do not need a Certificate of Need, through you, Madam President.

And I believe, if I may continue, through you, did you ask the question why they do not?

SENATOR SUZIO:

Right. Because they're -- and we have many communities now that are serviced by these -- these health care centers. They're very important providers or sources of medical service, particularly for the

cd/lg/sg/mhr/gbr  
SENATE

533  
June 8, 2011

indigent. And so closing down one of those facilities could be a -- an -- a very big hardship, particularly on those who are most desperate for health care services. So I was wondering why they're exempted from the requirement to file a Certificate of Need to close down.

Through you --

THE CHAIR:

Senator --

SENATOR SUZIO:

-- Madam President.

THE CHAIR:

-- Gerratana.

SENATOR GERRATANA:

Through you, Madam President, I believe that they are licensed and that therefore the licensure is -- is the requirement rather than the Certificate-of-Need process. A license is sufficient for these entities to function.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Okay. I -- I just want to make sure and clarify.

So, again, I -- my understanding of the -- the motivation behind the legislation is to mitigate the potential undue hardship caused by people who rely on these health care providers for services when they close down abruptly or without notice. And so I was just wondering what the rationale is for not imposing such a requirement on the community health care centers, themselves; that if they want to close down one of their facilities, which are heavily relied upon by the poor, why we -- and if I understand, we don't require. They're certainly exempted. They're under that list that doesn't have to file the Certificate of Need to close, so I was just wondering what the rationale is for the exemption.

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, again, when I brought the bill out the first time, Senator Suzio, I did talk about specifically what had happened in the part of Connecticut where this hospital closed the department, so the bill is drawn to address those

cd/lg/sg/mhr/gbr  
SENATE

535  
June 8, 2011

kinds of situations. And we did not change anything. We're not requiring any sort of process if a school-based health center, community health center or others in this particular area of the legislation should close.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you, Madam President.

Those are all my questions, and I thank you for your explanations, Senator.

THE CHAIR:

Will you remark further? Will you remark further?

If not, Mr. Clerk, will you please call for a roll call vote? And I will open the machine.

THE CLERK:

Immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber. An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

cd/lg/sg/mhr/gbr  
SENATE

536  
June 8, 2011

Have all members voted? Have all members voted?

If so, the machine will be locked.

Mr. Clerk, will you please call the tally.

THE CLERK:

Motion is on passage of House Bill 5048, in  
concurrence with the action in the House.

Total number voting	35
Those voting Yea	23
Those voting Nay	12
Those absent and not voting	1

THE CHAIR:

The bill is passed.

Senator Looney.

SENATOR LOONEY:

Yes; thank you. Thank you, Madam President.

Madam President, if we might stand at ease for --  
for just a moment, and then --

THE CHAIR:

Senate --

SENATOR LOONEY:

-- we will --

THE CHAIR:

-- will stand at ease.

SENATOR LOONEY: