



OFFICE OF THE ATTORNEY GENERAL
CONNECTICUT

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December 6, 2022

By Electronic Submittal

Kimberly Martone
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Office of Health Strategy
Health Systems Planning Unit
450 Capitol Avenue
MS#51OHS P.O. Box 340308
Hartford, CT 06134-0308

Re: *Comments concerning Certificate of Need Application: Docket Number: 22-32511-
CON Termination of Labor and Delivery Services at Sharon Hospital*

Dear Ms. Martone:

I appreciate the opportunity to comment on the proposed closure of labor and delivery services at Sharon Hospital.

After receiving a number of consumer complaints, I feel compelled to offer my perspective on the above-referenced application. These comments are based on a review of those complaints, as well as the application, conversations with patients, constituents and local stakeholders and other publicly available information.¹

I understand that the applicant has provided several reasons for terminating labor and delivery services. These include the need to close underutilized services in order to divert limited resources to serving other community needs as part of a transformation plan aimed at ensuring the small rural hospital's sustainability. The applicant also cites a declining birth rate, as well as challenges attracting and retaining professional staff to support maternity services. The applicant indicates it is not proposing the closure due to quality or safety issues.

These stated reasons must be balanced with the needs of the community. [Sharon Hospital's 2022 Community Health Needs Assessment](#) (CHNA) identified "Women's and Maternal Healthcare" as an issue of high importance to residents of the hospital's service area. It also notes that "a slightly higher proportion of people within the service area receiv[e] late or no prenatal care compared to the state overall" and that there are "wide disparities in access among pregnant people of color in both

¹ This letter should not be construed as legal advice or a formal opinion of the Attorney General pursuant to Conn Gen. Stat. § 3-125.

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Connecticut and New York service areas. These disparities contribute to more negative birth outcomes like low birth weight and preterm birth among people of color.” Further, the CHNA notes statewide data showing that infant mortality impacts Black babies at two to three times the rate as white babies and approximately twice the rate of Latinx babies.

The applicant’s proposal to close labor and delivery services risks exacerbating the very health disparities identified in the applicant’s own CHNA. In the absence of labor and delivery services at Sharon Hospital, patients, particularly Medicaid and other low-income patients, will have to seek these services elsewhere and may face new access and cost barriers. The alternate labor and delivery locations identified by the applicant are Charlotte Hungerford Hospital in Torrington (25 miles away), Danbury Hospital (40 miles away), Fairview Hospital in Great Barrington, Massachusetts (25 miles away), Northern Dutchess Hospital (32 miles away) and Vassar Brothers Medical Center (34 miles away), both in New York. In its application and responses to the First Completeness Letter, the applicant indicates that it will coordinate a patient transfer to one of these facilities but explains the cost of a non-emergency transfer or other transportation to another facility will be the responsibility of the patient. It is not clear who would cover the cost of an emergency transfer. Even though most people in the Sharon Hospital service area report having access to cars, patients of color disproportionately lack access to reliable transportation, according to the CHNA.

The applicant also does not explain who will pay for any additional costs incurred by the patient for receipt of services out-of-state or out-of-network if such services are not covered by insurance. This is significant because nearly half of Sharon Hospital’s labor and delivery patients are low income; 48% of its post-birth discharges in fiscal year 2021 were covered by Medicaid according to its responses to the First Completeness Letter. This proposal risks erecting new access barriers for Medicaid and other low-income patients.

While Litchfield County has a slightly higher than average per capita income for Connecticut, a significant number of people live paycheck to paycheck. According to the CHNA, 7% of residents have incomes below the federal poverty level but an additional 31% have incomes that fall below the Asset Limited, Income Constrained, Employed (ALICE) threshold necessary to meet all basic needs. ALICE measures the proportion of working poor and households who struggle to meet basic needs and are a paycheck or two away from acute financial strife, per the CHNA. Even if ALICE patients have Medicaid or commercial insurance, a large medical bill for uncovered transportation or out-of-network services could put them into debt.

In short, before requiring parents without transportation to travel 25+ miles to another labor and delivery unit, asking a mother in active labor to travel 40 minutes or more for maternity services – and perhaps paying thousands of dollars for emergency transport – or asking a family living paycheck to paycheck to pay thousands of dollars for out-of-network care, the applicant should demonstrate that there is a clear public need for the proposal.

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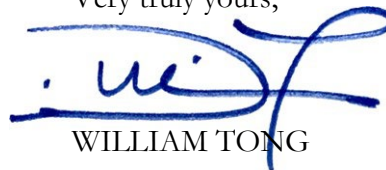
Unfortunately, the challenges cited by the applicant are not unique. Rockville Hospital announced the closure of its maternity unit in 2010, citing declining birth rates, the departure of an obstetrician and difficulty recruiting physicians. Since then, Milford and New Milford Hospitals have closed their maternity wards. In addition to Sharon Hospital, Windham Hospital and Johnson Memorial Hospital in Stafford Springs are currently proposing to close their maternity units.

To that end, I strongly urge your office to closely examine this application and balance the benefits of ending obstetric services at Sharon Hospital with the consequences of this proposal on accessibility and cost effectiveness of health care delivery in the region, and its impact on low-income patients. Sharon Hospital's nonprofit status reflects a covenant between the institution and the community and carries with it the obligation to place community needs at the forefront of any financial decisions. Given the growing trend of maternity unit closures, I would also urge policymakers to consider what steps might be taken to bolster access to labor and delivery care in the far reaches of our state.

Finally, the statutes charge my office with ensuring that charitable gifts are used for purposes consistent with donative intent. Should OHS ultimately approve this application, we will ensure any charitable funds intended to support obstetric services at Sharon Hospital continue to serve the Sharon Hospital community in a similar capacity.

Thank you for the opportunity to comment on this important matter.

Very truly yours,



WILLIAM TONG